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ANNUAL MEETING

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Syllabus and Proceedings



Award Lectures

Saturday, May 20, 2023

Frank J. Menolascino Award Lecture: The Search for Better Autism Treatments: Conventional to Complementary/Alternative

Chair: L. Eugene Arnold

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Distinguish treatments for core symptoms of autism from treatments for associated symptoms; 2) Name some evidence-based treatments for autism; and 3) Describe the rationale for some emerging treatments that require further research.

SUMMARY:

Autism spectrum disorder is a pervasive developmental disorder with core deficits in social relatedness and communication (verbal and nonverbal), and repetitive, rigid behavior, and associated symptoms of irritability/motional dysregulation, ADHD, and anxiety. The associated symptoms have evidence-based treatments, notably antipsychotics for irritability & emotional dysregulation; stimulants & other drugs for ADHD, behavioral treatments for anxiety, but the only evidence-based treatment for core ASD symptoms is applied behavioral analysis, laborious and slow. The search for pharmacological treatments for core ASD symptoms has thus far not yielded an evidence-based treatment. Several promising treatments failed to separate from placebo in clinical trials. Others remain not completely tested, based on different rationales. Varenicline, an A4B3 nicotinic agonist, has 2 case reports claiming significant improvement, but has not had a randomized controlled trial. Other treatments of interest include probiotics, a carbon absorbent of gut bacterial toxins, a GABA modulator, a serotonin receptor inhibitor, essential oils, treatments such as cholesterol or folic acid supplementation targeting a small subgroup identified by a biological marker (e.g., low cholesterol or MTHFR), and omega-3 fatty

acids, broad-spectrum micronutrients, or other nutritional approaches.

George Tarjan Award Lecture: Navigating the Cultural Landscape for Professional Success: an IMG Perspective

Chair: Antony Fernandez, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define an international medical graduate (IMG); 2) Describe stages and factors influencing cultural adaptation in IMGs; 3) Describe challenges for professional advancement in IMGs; 4) Learn ways to navigate the cultural landscape for professional success; and 5) Learn organizational support and mentorship opportunities for the IMG.

SUMMARY:

Cultural adaptation refers to the process by which individuals adjust to a new culture and way of life when they move to a new country or region. This process can be challenging for international medical graduates (IMGs) who may face significant differences in language, customs, values, and social norms in their new environment. Understanding and navigating these differences can be a complex and sometimes stressful process, yet necessary for professional success. The session discusses the stages of cultural adaptation which may be different for everyone and may take different amounts of time for different individuals. Some people may find it easier to adapt to a new culture, while others may find it more challenging. The early honeymoon stage is when IMGs are excited and enthusiastic, and may feel a sense of adventure and exploration (Oberg, 1960). The next stage the culture shock stage is where they may feel overwhelmed by the unfamiliarity of their new surroundings and may struggle to adapt to the social norms and expectations of their new culture. The next stage is the stage of adjustment where they may begin to develop a sense of belonging and start to feel more confident in their ability to navigate and understand their new culture. The final stage of cultural adaptation the mastery stage is when IMGs have fully embraced their new culture and are able to navigate it with ease, feeling confident and

comfortable in their new environment and have a strong sense of belonging. Factors that can influence the ease of cultural adaptation include the level of similarity between the home culture and the new culture, the level of support available from friends and family, and the individual's personality and coping skills. Support from mentors, friends, family, and community resources can be an important factor in helping individuals navigate the process of cultural adaptation. Joining clubs, organizations, or community groups that align with an individual's interests can also be a way to connect with others and find a sense of belonging in their new environment. The session will discuss how mentorship and support from professional organizations can provide social support and guidance for professional growth and success. In conclusion, cultural adaptation is a complex and multifaceted process that can be challenging for IMGs and navigating this is also an opportunity for personal growth and development. Understanding the challenges and opportunities for professional advancement and seeking out support from mentors, friends, family, and community resources can help IMGs navigate this process and find professional success.

Patient Advocacy Award: The Law Is Not Magic but Collaboration Works

Presenter: Mark Heyrman, J.D.

Moderator: Rebecca Brendel, M.D., J.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Differentiate between those mental health system problems caused by laws and those caused by fiscal or administrative issues; 2) Identify the organizational roadblocks to improving mental health services; 3) Identify what types of collaboration are successful in reforming systems of care; and 4) Identify what types of organizational structures are necessary to improve access to care.

SUMMARY:

Mental health advocates often mistakenly believe that changing mental health laws will improve access to mental health services. This belief results in wasted effort and frequently divides persons who

would otherwise be allies. A prime example is the effort to relax the standard for inpatient commitment. This presentation will discuss why lowering the standard for inpatient care has not and cannot increase the volume of commitments or increase access to inpatient care. Rather, access to inpatient care is primarily determined by the availability of inpatient psychiatric beds, the willingness of third-party payers to reimburse hospitals for inpatient care and the willingness of prosecutors, courts and other entities involved in the judicial system to devote resources to involuntary commitment. On the other hand, collaboration has worked to divert thousands of persons with mental illnesses from prisons and jails. Judges have used their power and authority to convene groups of lawyers, court personnel, mental health professionals and administrators, and persons with lived experience of mental illnesses to create mental health court criminal diversion systems. Across the country, these groups have worked together to create clinical and legal standards for diversion, identify and provide mental health services to those diverted and to create administrative structures to coordinate court and treatment systems. Finally, the presentation will address how the collaborative model used to create mental health courts can and is being used to create other mental health system reforms needed to address some of the access and coordination problems negatively affecting the mental health system in the United States.

Solomon Carter Fuller Award: Reconsidering Vicarious Racism and Trauma - It Could Happen to Someone Like Me

Chair: Danielle Hairston, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify examples of systemic racism's role in mental healthcare inequities, racial disparities, and clinical care.; 2) Recognize the deleterious impact that media exposure to discrimination-based violence can have on patients; and 3) Discuss the literature surrounding traumatization from media coverage of racially motivated violence on marginalized patients and communities.

SUMMARY:

Vicarious racism refers to experiencing racial discrimination indirectly through close contacts, such as family members and peers. However, this definition is not inclusive enough. When considering treatment of stress and trauma disorders, we must consider that racism experienced by those who are not directly involved with the event, but who identify with the victims of racism generally on the basis of race has an impact. Systemic and generational trauma must be included in assessments, if the goal is inclusive and equitable care. When members of Black communities hear and read news reports about African-American victims of race-based trauma, many other traumatic experiences may resurface. These events may not have happened in an individual's life, but many have family members or know people in their community who have, and their stories have been passed down. This familiar cultural knowledge of these sorts of events make it easy to identify with victims. "It's not the incident that causes stress, distress or trauma; it's the helplessness in the face of the incident." Carl Bell, MD. The DSM-V and preceding volumes include the following criterion for the diagnosis of PTSD: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related. Is it time to reconsider this exclusionary criteria? When Black/African American patients are constantly exposed to perpetual racialized trauma, should they be treated differently than someone diagnosed with post traumatic stress disorder? This presentation will ask the audience to consider these questions.

Sunday, May 21, 2023

Administrative Psychiatry Award: Preparing for the Next Frontier of Mental Health Care: Opportunities for Current and Future Leaders

Introduction: Tobias Wasser, M.D.

Presenter: Manish Sapa, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify drivers of change in mental health care delivery; 2) Plan for trainings

needed to prepare for non traditional roles; and 3) Apply knowledge of emerging trends to their current practice to influence care delivery transformation.

SUMMARY:

The Mental healthcare delivery system is constantly changing and transforming. Recently we have experienced trends of growing consumerism, use of digital technology, increasing demand for services and workforce shortages, all further exacerbated by COVID-19 pandemic. Telehealth and virtual applications are now widely used to access treatment. Use of advanced technologies such as remote patient monitoring, natural language processing, and deep machine learning hold the promise of significantly improving diagnostics, monitoring and patient engagement. There is growing interest from private equity and other business interests to disrupt the mental health care delivery models in an effort to make them more efficient. Some efforts to improve access to care are leading to innovation in care model design with use of multidisciplinary teams. We are seeing a change in workforce as increasingly nurse practitioners, physician assistants, coaches, peers and community health workers are integrated in the care model to make our services more accessible, engaging and affordable. Effective physician leadership is crucial in navigating these changes and steering the system towards impactful change. Psychiatrists need to develop skills to lead teams with values of innovation and collaboration, as the system becomes more consumer-driven, team-based, technologically-driven, and measurement-based. Studies show that physician leadership leads to better patient outcomes, financial performance, and provider and patient satisfaction. This lecture will focus on identifying drivers of change in the field and encourage interactive discussion on emerging trends, with the speaker presenting case presentations and experiences from his own career to illustrate opportunities for psychiatrists to be leaders in new care delivery models.

Adolf Meyer Award Lecture: Can Psychiatry Really Make Medicine Better? Lessons From Three Clinical Trials

Introduction: Rebecca Brendel, M.D., J.D.

Presenter: Michael Sharpe, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the role of CBT in treating chronic fatigue syndrome; 2) Understand the role of collaborative care delivered treatment for major depression in people with cancer; 3) Understand the role of proactive psychiatry in improving care of elderly acute medical inpatients; 4) Interpret clinical trials of integrated medical and psychiatric care; and 5) Be able to discuss the potential roles of psychiatry in general medical care.

SUMMARY:

Over 100 years ago Adolf Meyer argued that good patient care requires an understanding of the whole patient, using a scientific approach. This whole-person perspective advocated by Meyer, which considers biological, psychological, and social aspects of the patient and their treatment, is one that psychiatry continues to uphold. However, in many other, more technological medical specialties it has been lost, to the detriment of patient care. Psychiatry, therefore, has the potential to make medicine better by adding a whole patient perspective to these specialties. Whilst such a contribution can be argued on theoretical grounds, its adoption in practice requires robust research evidence that it really does make medicine better. In this lecture, I shall consider three areas of medicine to which psychiatry has the theoretical potential to contribute to good patient care. For each, I shall describe a specific clinical problem, a bespoke psychiatric intervention designed to address that problem, and the findings of a randomized trial testing it. The three areas, specific problems, psychiatric interventions, and the associated clinical trials are: Illnesses that are poorly understood by biomedicine. An example is chronic fatigue syndrome (CFS), the intervention is cognitive behavioral therapy and the trial is 'the PACE trial'. Depression comorbid with medical illness. An example is major depression in people with cancer, the intervention is collaborative care delivered depression treatment, and the trial is 'the SMaRT Oncology-2 trial'. Medical-psychiatric multi-morbidity. An example is older acute general medical inpatients, the intervention is

proactive integrated Consultation-Liaison psychiatry and the trial is 'The HOME Study'. The implications of the findings of each trial will be explored and the progress and challenges in implementing these findings described. I will then suggest some future avenues for both research and the clinical implementation of its findings. To close, I shall encourage my fellow psychiatrists to follow Adolf Meyer by being confident in their role as physicians of the whole patient whilst retaining the humility of a clinical scientist. If we can do this, psychiatrists will surely have much to offer other areas of medicine, and their patients, well into the future.

Kun-Po Soo Award Lecture: Journey From the West to the East: Diagnostic and Therapeutic Approaches to Treatment Resistant Mood Disorders

Introduction: Dora-Linda Wang, M.D.

Presenter: Tung-Ping Su, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Diagnostic challenge for depression switching to bipolar disorder; 2) Novel Therapeutic approach rTMS for treatment refractory depression (TRD); and 3) Ketamine infusion for TRD and suicidality and different responses between Caucasian and Asian patients.

SUMMARY:

Dr. Tung-Ping Su received dual residency training in Taipei Veteran General Hospital (TVGH) and Medical College of Georgia (MCG). Dr. Su began his academic career in 1989 with the Fellowship Research Program at the National Institute of Mental Health (NIMH) in Bethesda. His research focused on mood disorders and schizophrenia in brain imaging and clinical trials. In 1996, he returned back to Taiwan. He was appointed as the Psychiatry Chair at both TVGH and National Yang-Ming University (NYMU). During his administrative period, he had sent nine students to receive fellowship training in the USA and had seven students completed their PhD at NYMU. Dr. Su's major contributions to the scientific and clinical psychiatry fields: First, Dr. Su brought brain imaging research to Taiwan. Using what he had learned at the NIMH, he established a platform for studying the mechanisms for mood disorders. He was the first one

to untangle the relationship from unipolar depression switching to bipolar disorder using NHRD. Second, Dr. Su introduced TMS technique to Taiwan. In 2018, his research team advocated for and won approval for indication use in depression. Today, this treatment modality is widely used in Taiwan. Third, Dr. Su and his research team have contributed great knowledge about the effects of ketamine with their more than 20 published clinical papers. Noticing the increasing prevalence of treatment-refractory unipolar and bipolar depression and higher suicide rates, Dr. Su collaborated with Professor John Krystal of Yale University. He performed the first trial of ketamine infusion in Taiwan in patients with treatment-refractory depression (TRD), discovering that low-dose ketamine had similar efficacy in Asian TRD patients and Caucasian ones; Asian TRD patients had a slightly lower response rate of about 45%. The results were possibly attributed to lower ketamine concentration levels in certain dosages of ketamine and a higher occurrence of a Met allele of BDNF polymorphism in Asian populations. TRD patients with the Met allele were found to respond less to ketamine. They also found that low-dose ketamine infusion significantly reduced suicidality in a population of 84 severe suicidal patients. Dr. Su is currently searching for strategies to prolong the duration of this effect. Dr. Su has taken on leadership roles in several professional societies. He served as President of the Taiwanese Society of Biological and Neuropsychopharmacological Psychiatry and the Asian Society of Neuropsychopharmacology (AsCNP). Additionally, Dr. Su became the 4th awardee of the "Life-Long Academic Achievement Award" from Taiwanese Society of Psychiatry in 2018. He has published more than 300 scientific papers and written several chapters of psychiatric books.

Manfred S. Guttmacher Award Lecture: Antisocial Personality Disorder: From Myths to Multimodal Imaging

Chair: Donald W. Black, M.D.

Presenter: Nathan Kolla

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will learn the

epidemiology, genetics, and risk factors for antisocial personality disorder; 2) Participants will be able to confront the myths about antisocial personality disorder that impede progress in understanding and treating antisocial personality disorder; 3) Participants will be able to appreciate the usefulness of positron emission tomography in studying the neurochemistry of antisocial personality disorder; and 4) Participants will be able to identify abnormalities of monoamine oxidase A and the endocannabinoid signaling pathway in antisocial personality disorder.

SUMMARY:

The first half of the talk focuses on the myths that swirl around antisocial personality disorder (ASPD) that prevent the psychiatric field from confronting the disorder. Despite high prevalence and enormous societal cost, few clinicians diagnose ASPD, and few researchers investigate it. ASPD is truly a disorder that psychiatry has forgotten. Myth 1. ASPD doesn't exist: Antisocial behavior occurs everywhere and always. Its course and outcome have been defined, its genetic roots have been confirmed, and now researchers are starting to unravel its neural underpinnings. Myth 2. ASPD is an excuse for bad behavior: Critics argue that official classification schemes medicalize bad behavior, threatening the notion of personal responsibility. But psychiatrists know ASPD does not entail a break from reality and antisocial persons know right from wrong. Myth 3. People with ASPD are evil: Determining if someone is evil is the job of theologians, not psychiatrists who know the antisocial person is not mired in a religious crisis. Myth 4. Antisocial is another term for criminal: ASPD is a broad behavioral syndrome of which crime is only one aspect. Myth 5. People with ASPD never improve: While many antisocial persons face bleak futures, many improve, and some will no longer meet ASPD criteria. Myth 6. Outlook is hopeless as there are no treatments: Many experts voice grim opinions, yet the reality is that treatments have never been adequately studied. Thus, we cannot conclude that ASPD is untreatable. Future research may help identify effective treatments. The second half of the talk involves discussion of the neurochemistry of ASPD assessed using positron emission tomography (PET). PET is a functional imaging technique that is used to measure metabolic

processes, quantify receptor density, or measure neurochemicals in the living brain. There are only a handful of PET studies that have focused exclusively on the phenotype of ASPD. In one study, the radioligand [¹¹C]harmine was used to measure monoamine oxidase A (MAO-A) in the brains of 18 violent offenders with ASPD and 18 control participants. MAO-A is a brain enzyme located on outer mitochondrial membranes that degrades serotonin, dopamine, and norepinephrine. Results revealed a global reduction in MAO-A in ASPD and several self-report, clinician-administered, and behavioral measures of impulsivity showed an inverse correlation with MAO-A in the ventral striatum. In another PET study of ASPD that used the radioligand [¹¹C]CURB to sample fatty acid amide hydrolase (FAAH), an enzyme of the endocannabinoid system, results showed that amygdala FAAH binding was lower in the amygdala and that cerebellar and striatal FAAH binding were inversely correlated with impulsivity. Cerebellar FAAH binding was also negatively associated with assaultive aggression. The implications for the understanding the pathogenesis of ASPD and potential for novel therapeutics based on these two PET studies of ASPD will be discussed.

Nasrallah Award Lecture: New Biology and New Treatments for Schizophrenia and Mood Disorders: My 30-Year Journey With Ketamine Research

Presenter: John H. Krystal, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To describe how parallel studies in healthy humans administered ketamine and schizophrenia patients led to characterization of two properties of glutamate synaptic dysfunction in schizophrenia.; 2) To introduce pharmacotherapy mechanisms in development for schizophrenia that target glutamate signaling deficits (GlyT1 inhibition) or network disinhibition (TAAR1 agonism, Muscarinic M4 agonism).; 3) To review the process that led us to test ketamine in depressed patients.; 4) To review the therapeutic use of ketamine for treatment of depression.; and 5) To describe research that identifies potential novel mechanisms and

neuroplastic consequences underlying the rapid antidepressant effects of ketamine..

SUMMARY:

The discovery of the rapid antidepressant effects of ketamine profoundly affected our thinking about the biology and treatment of psychiatric disorders. Since 1950, nearly every FDA-approved medication for schizophrenia and mood disorders targeted monoamine signaling, i.e., dopamine, serotonin, and norepinephrine. This presentation will highlight how conceptual shifts related to the biology of these illnesses led to research advances that may make it possible to treat psychosis without blocking dopamine D2 receptors and to treat depression without a primary effect on monoamine transport. **SCHIZOPHRENIA:** This presentation will introduce the rationale that we used for pursuing the nature of glutamate synaptic dysfunction in schizophrenia using ketamine as a probe for NMDA glutamate receptor signaling alterations. Studies of the effects of ketamine in healthy animals and humans and as well as studies in schizophrenia patients led to the recognition of two core convergent findings: synaptic functional deficits and network disinhibition. Schizophrenia was also associated with an additional abnormality, progressive synaptic loss. This presentation will highlight new evidence of clinical efficacy for a medication targeting deficits in glutamate signaling (GlyT1 inhibition treatment for cognitive impairment) and two novel medications that may work to treat psychosis by reducing glutamate network disinhibition and secondary increases in striatal dopamine release (TAAR1 agonism, M4 agonism). **DEPRESSION:** Challenges to the monoamine hypothesis of depression led us to hypothesize glutamate synaptic dysfunction in depression. Testing this hypothesis led us to identify the rapid antidepressant effects of ketamine in patients. It is now clear that ketamine (*r,s*-ketamine) and its *s*-isomer (Esketamine) are effective treatments for treatment-resistant symptoms of depression. This presentation will characterize our research identifying two forms of glutamate synaptic dysfunction in depression: reductions in synaptic efficacy and reductions in synaptic density. We will then review a decade of research from our collaborative group, building on the groundbreaking work of the late Ronald Duman, identifying the

ability of ketamine to both restore synaptic function and synaptic density. It will also highlight novel psychotherapeutic and pharmacologic strategies for enhancing the effectiveness of ketamine. In summary, this presentation will highlight how translational neuroscience is now driving the discovery of treatments for psychiatric disorders that are fundamentally different from traditional medications and that offer hope to many patients.

Oskar Pfister Award Lecture: From the Margins to the Center: It Is Not Just About "Them"

Presenter: William C. Gaventa Jr., M.Div.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the ways that spirituality, as expressed and lived by people with IDD and their families, illuminates spirituality for everyone.; 2) Describe a model of spirituality that is inherent at the core of values in human services and supports for people with intellectual and developmental disabilities.; and 3) Understand ways that a model, arising from work with a marginalized minority, has implications for everyone, including the ways we deliver supports and our understanding of professional identity.ja.

SUMMARY:

My unexpected entry into pastoral care for and with people with intellectual and developmental disabilities happened by an unrequested assignment to an interdisciplinary evaluation center and training program where spirituality had almost no space at the medical model table, nor, unfortunately, much of a positive one in the lives of the people being served. Two successive chaplaincy roles in residential institutions highlighted the tragedy of disconnection from community life and relationships as well as the challenge of inclusion. As my roles "deinstitutionalized" along with the people being served, I gradually developed an inductive model of spirituality closed related to, or inherent in, the core values of independence, productivity and inclusion that have been at the heart of policy and practice for the past forty years. The model addresses the core existential (spiritual) questions of identity, purpose, and community, along with choice (agency and self-

determination) and cultural competence. The latter has particular importance because of the spiritual traditions often at the center of ethnic, immigrant, and minority communities. The failure to include spirituality in the assessment of needs, planning, and service delivery is a failure of the core values of both policy and practice. Understanding disability leads to spirituality, and vice versa. Respectful and inclusive spiritual supports also call for collaboration with faith communities and other ways of expressing spiritual supports. Care is communal. Beyond inclusion is belonging. Faith communities also represent a potential port of entry into multiple parts of community life and major sources of social capital. People with intellectual and developmental disabilities illuminate and challenge the core beliefs and practices of faith communities, again around issues of identity, purpose, and community. Collaboration between faith-based and secular systems of care means shared responsibility for doing so. Professional practices are challenged when professionals can also cross paths with the people they support in multiple venues within communities. Professionals are also called to be community builders over the long haul, helping "clients" to develop multiple sources for relationships and friendships. Challenges to understandings of professional boundaries and roles also abound, mirroring the wide question of how health and human service systems can enhance, rather than take away from, natural relationships and supports. Do professional identities and values help or hinder that task? In sum, the spiritual needs and questions at the heart of services and supports with people with intellectual and developmental disabilities end up being not just about "them," but about all of us, and how we live our own sense of vocation and calling to serve and support others.

Simon Bolivar Award Lecture: The First Call for Human Rights in the Americas (1511): Father Antonio De Montesinos and His Relevance to the Mission of the Psychiatrist

Introduction: Andres Pumariega

Presenter: Eugenio M. Rothe, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) At the conclusion of this presentation the attendee will learn about historical events surrounding the first call for Human Rights in the American Continent in 1511.; 2) 2) Will learn about the understanding of aggression from a biological, cognitive, psychodynamic and developmental perspectives; 3) 3) Will learn about the psychodynamic understanding of dehumanization, racism, scapegoating, ostracism, bullying, group aggression, hate crimes, genocidal aggression and genocidal religion.; 4) 4) Will learn how the call for Human Rights of 1501 resonates with the identity and the mission of the psychiatrist as the treating physician of many of the worlds' vulnerable populations.; and 5) 5) Will learn that psychiatrists are highly qualified to educate the public, the authorities and influence policy about treatment and prevention of behaviors that result in violence against others..

SUMMARY:

In the year 1492 Europeans arrived in the American continent setting forth a dramatic encounter between peoples and cultures that had been unknown to one other until then. These events were soon followed by an all-out war of conquest, characterized by the dehumanization, enslavement, subjugation and mass murder of the native population. All forms of aggressions and savagery were perpetrated against the original inhabitants of these lands, with the added mission of converting them into the Catholic faith. With this last purpose in mind, eighteen years later in 1510, Dominican friars from Spain arrived on the island of Hispaniola (now the Dominican Republic and Haiti) which had been designated as the administrative headquarters of the Spanish conquering enterprise. A year later one of the priests, Father Antonio de Montesinos, outraged by the abuses he was witnessing, delivered a thundering sermon describing how the conquering Spaniards had a crafted a dehumanized conception of the natives as the argument to justify the atrocities they were committing against them. This sermon became the first call for Human Rights in the New World and had far-reaching consequences, inspiring future leaders like Father Bartolome de las Casas. It also sparked an important European ethics

debate that led to the creation of the Laws of Burgos (1512) and the Laws of Valladolid (1513), the first set of laws in history protecting the Human Rights of colonized people. The sermon of Father Montesinos resonates very closely with the identity and the mission of the psychiatrist as the treating physician of many of the worlds' vulnerable populations. After narrating these important historical events, this presentation will explain the etiology of hate and aggression by reviewing our human origins as hunter-gatherers, our similarities with primatology and will explain the theories of aggression from the Darwinian and Freudian perspective. It will also discuss the understanding of aggression from the biological, cognitive, psychodynamic and developmental perspectives, taking into account attachment, self-psychology, object relations, narcissism and trauma. It will also explain the motives and psychodynamic understanding of dehumanization, racism, scapegoating, ostracism, bullying, group aggression, hate crimes, genocidal aggression and genocidal religion. It will then tie these concepts to the mission of psychiatry as the science that strives to understand the deepest motivations of human behavior. Ultimately, it will propose that the psychiatrist is one of the most qualified professionals to help promote self-reflection, to facilitate the analysis and understanding of the human condition, to provide information, to educate the public and inform the relevant authorities, and to help influence policy about the treatment and prevention of pathological behaviors that may result in violent outcomes against others.

Monday, May 22, 2023

Chester Pierce Award Lecture: Chester Middlebrook Pierce and Human Dignity

Chair: Ezra E. H. Griffith, M.D.

Moderator: Rebecca Brendel, M.D., J.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Provide examples of notions of human dignity that were a part of Chester Pierce's anti-racism discourse; 2) Discuss several historical sources of the concept of dignity; 3) Explain three

key varieties of human dignity; and 4) Describe how we may apply the lived experience of dignity to clinical work and wellness.

SUMMARY:

The ethics scholar Edmund Pellegrino has referred to human dignity as estimations of our personal worth and worthiness. Such evaluations may be carried out by ourselves or by others. Pellegrino also emphasized that dignity must be seen both as a conceptual notion and a lived experience. Chester Middlebrook Pierce was concerned about the tendency of minoritized persons to devalue their own worth. He also disliked the inclination of those sitting high on the so-called “caste ladder” to treat individuals on lower rungs with scant respect. It is essential we understand that the systematic deprivation of human dignity leads to degradation of the human spirit. We make imputed judgments of value or worth, of ourselves and others, consciously and unconsciously. It is in our interactions with others that we acquire a sense of how we esteem each other and ourselves. It is this knowledge that we may use in the humanization of organizational cultures, workplaces, and relationships. In this presentation, I point out notions of human dignity that can be found in Pierce’s sociopolitical and psychological discourse. I briefly discuss historical sources pertaining to the origins of the notion of dignity before contemplating three principal varieties of dignity applied in medical ethics and psychiatry. I return to Pellegrino’s emphasis on grasping the lived experience of human dignity and illustrate examples of dignity and its violations in psychiatry and medicine. I suggest that if we maintain a focus on human dignity, we can improve our interactions with each other, define our personal identities, and reaffirm our moral commitment to serving patients and the community.

John Fryer Award Lecture: Out of the Frying Pan and Into the Fryer: 54 Years of LGBTQ+ Advocacy Within Psychiatry

Presenter: Nanette K. Gartrell, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this

session, the participant will be able to describe historical impediments to the removal of all diagnoses associated with sexual orientation from the DSM.; 2) At the conclusion of this session, the participant will be able to discuss ingredients for a high retention rate in a longitudinal study of sexual minority parent families.; and 3) At the conclusion of this session, the participant will be able to describe the challenges of changing ethics codes to render sexual conduct with current or former patients unacceptable..

SUMMARY:

Out of the Frying Pan and into the Fryer: 54 Years of LGBTQ+ Advocacy within Psychiatry Coming out as a lesbian pre-med student at Stanford in 1967, Nanette Gartrell anticipated a rocky road ahead if she pursued her dream of becoming a psychiatrist. Homosexuality was listed as a mental illness in the DSM. She had no role models who were healthy, happy, productive LGBTQ+ people. Poring through journals in the medical library revealed a dearth of information about nonclinical populations of sexual minority individuals. In 1971, with her first study—a survey on psychiatrists’ attitudes concerning the treatment of lesbians—Nanette Gartrell launched her academic and clinical career with a commitment to social justice through research and education. After homosexuality was removed from the DSM in 1973, as a medical student, Nanette Gartrell organized the first APA panel presenting lesbianism as a normal sexual identity. Drs. Robert Spitzer and Charles Socarides both played key roles in her early career. During psychiatric residency, Dr. Gartrell was awarded an honorary Falk Fellowship and appointed to an APA task force to develop a curriculum on the psychology of women and men. It was completed in 1980, but leadership denied approval due to a single sentence in a chapter written by Dr. Gartrell: “Homosexuality is a normal form of sexual expression.” As a faculty member at Harvard Medical School, Dr. Gartrell chaired the APA National Committee on Women. She advocated for an APA investigation into sexual misconduct by physicians. In over a dozen scientific publications, Dr. Gartrell and colleagues reported on sexual abuse of patients by psychiatrists, psychiatric residents, and physicians in other specialties; physician attitudes about this abuse; sexual contact between psychiatric

residents and their supervisors; and ethical boundaries in psychotherapy relationships, including same-sex clinician-patient dyads. Based in part on this research, the APA and AMA amended their ethics codes to rule sexual conduct with current or former patients unacceptable. In the 1980s, when judges routinely denied custody to sexual minority parents, Dr. Gartrell launched the ongoing U.S. National Longitudinal Lesbian Family Study—the longest-running and largest prospective investigation of lesbian mothers and their children in the world, with a 90% retention rate after 37 years. The findings have been a resource for specialists in healthcare and family services, and were instrumental in the American Academy of Pediatrics' support of same-gender marriage. The results have been published in the *New England Journal of Medicine* and also cited in international efforts to achieve equality in marriage, adoption, and foster care—including briefs filed with the U.S. Supreme Court. Dr. Gartrell's lecture will describe these and other chapters of her vibrant professional career.

Tuesday, May 23, 2023

Alexander Gralnick Award Lecture: Redefining Normal: Brain Growth Curve Charting in First Episode Psychosis

Chair: Nina Kraguljac, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) learn about neurobiological heterogeneity in psychosis; 2) gain an understanding of the concept of normative modeling (brain growth curve charting); and 3) see examples of normative deviations in cortical thickness and subcortical volumes in first-episode psychosis patients.

SUMMARY:

Current diagnostic criteria and psychopharmacological strategies do not take clinical or neurobiological heterogeneity into account in psychosis spectrum disorders. Contemporary treatment strategies for treatment of this complex neuropsychiatric syndrome are based trial-and-error, which can delay effective patient care. There is an urgent need to develop clinically relevant biomarkers

that aid in dissecting clinical heterogeneity and treatment decisions with the ultimate goal to improve patient care and clinical outcomes for patients who suffer from this complex neuropsychiatric syndrome. To make further progress towards precision medicine, it is important to move beyond the group-level, where inter-individual differences are considered noise, and instead capture this variability in context of the normal range. We use normative modeling ("brain growth charting"), a statistical technique that allows characterization of neurobiological disease signatures at the individual level. Data our team has collected in a large group of antipsychotic medication-naïve first-episode psychosis patients shows that normative modeling allows to capture inter-individual heterogeneity in neurobiological disease signatures in psychosis spectrum disorder patients. We also demonstrate, for the first time, that region level structural brain volume deviations from the reference range in key dopaminergic brain regions are better predictors of subsequent clinical response to antipsychotic treatment compared to raw volume measures. This holds great promise for progress in precision medicine in psychiatry, where group-level studies have failed to derive definitive maps of brain pathology in psychosis spectrum disorders.

Alexandra Symonds Award Lecture: Severe Mental Illness During Pregnancy and the Postpartum Period

Chair: Veerle Bergink

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) The prevalence, incidence and recurrence risks of mood episodes, anxiety and psychotic episodes during pregnancy and postpartum will be discussed.; 2) This lecture will provide guidance how to weight the short and long-term effects of antidepressants, antipsychotics, stimulants and lithium on the child, against the benefits for the mother.; and 3) Prevention of severe postpartum episodes, proposed new classification in DSM-V, biology and treatment..

SUMMARY:

Pregnancy and childbirth are challenging for women with (severe) mental illness. Decisions about psychotropic medication during pregnancy and lactation require thoughtful discussion between physician and patient to determine the best course of treatment that will ensure good outcomes for both mother and infant. This session will discuss these challenges and provide guidance on how to treat during pregnancy and the postpartum period. I will discuss antidepressant, antipsychotic, lithium and stimulant use during pregnancy and relapse risks after discontinuation before- or during pregnancy. In addition, I will give an overview on the short and long term effect of in utero exposure of these medication on the children. In the last part of the lecture, severe episodes after childbirth will be discussed. The exceptionally high occurrence of psychosis and/or mania in the weeks after childbirth has been described for centuries, but unfortunately postpartum psychosis has not been listed in the DSM system. The DSM-V committee invited international experts to propose a new classification for postpartum psychosis within the bipolar spectrum. We collected all the evidence and in 2022 we formally proposed a subclassification within the Other Specified Bipolar and Related Disorders category with a Distinct diagnostic code. In this lecture will be discussed that Postpartum psychosis has a specific onset, phenotype, phenomenology, risk profile and prognosis, leading to distinct prevention and treatment recommendations.

Award for Research in Psychiatry Lecture: The Brain Stimulation Revolution in Psychiatry: Past, Present, and Amazing Future

Presenter: Mark Stork George, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Realize that the new field of brain stimulation is an emerging area of therapeutics in psychiatry; 2) Be aware of how transcranial magnetic stimulation (TMS) works in the brain to treat depression.; 3) Understand that there are many new forms of brain stimulation being researched, some of which may be disruptive and replace current therapies.; and 4) Appreciate that the rate of

progress with brain stimulation treatments in psychiatry is limited by the number of psychiatrists trained and interested in translational research.

SUMMARY:

American psychiatry has several important therapeutic traditions, including psychoanalysis, cognitive and behavioral therapies, electroconvulsive therapy, and the miracles of modern neuropsychopharmacology. During the almost 40 years of my professional career, we have at last succeeded in imaging the structure and function of the brain, discovering brain regions and networks involved in emotion regulation, fear, craving and the addictions. Simultaneously, scientists have invented amazing new technologies that allow us to therapeutically stimulate these regions. I have been lucky to play a leading role in these imaging and stimulation revolutions. In this talk I will review these historical paradigm shifts, emphasizing the roles of mentorship, collaboration, patient involvement in research, and some darn good luck! Brain stimulation is a new therapeutic branch for psychiatry. It combines and overlaps with the older traditions in exciting ways. It is not either or, but rather clever combinations of our other traditions. For example, new TMS treatments coordinate the stimulation with brain activity like craving or exposure. Several medications can augment brain stimulation effects. The new FDA approved brain stimulation treatments include new forms of ECT, TMS for depression, OCD, or smoking cessation, invasive cervical VNS for epilepsy, depression, stroke recovery, and noninvasive cervical VNS for migraine... The future is bright for brain stimulation which destigmatizes brain diseases and brings our disparate traditions together in exciting ways.

David Mrazek Award Lecture: Pharmacogenetics and Precision Psychiatry: How Can We Do Better?

Introduction: Maria Antonia Oquendo, M.D., Ph.D., M.A., M.S.W.

Presenter: Jordan W. Smoller, M.D., Sc.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Summarize the current status of pharmacogenetics in psychiatry; 2) Describe the

goals of precision psychiatry; and 3) Summarize an example of leveraging big data to improve the treatment of psychiatric illness..

SUMMARY:

Treatment approaches in psychiatric practice remain largely a trial-and-error proposition. Evidence-based strategies have been primarily based on group-level differences in the absence of biomarkers that might guide more personalized approaches. The use of pharmacogenetics has the potential to transform the treatment of psychiatric disorders by tailoring treatment to individual differences. However, despite progress in the field, much work remains to be done to fully realize the potential of genomic medicine in psychiatry. This presentation will begin with an overview of the current status of psychiatric pharmacogenetics, highlighting key challenges and opportunities. Recent years have seen the emergence of a new framework for improving health and treating disease: precision medicine. The idea behind precision medicine is to move beyond a one-size-fits-all approach by accounting for our individual differences in biology, environment, and lifestyle to develop more targeted and effective approaches to diagnosis, treatment, and prevention. Other areas of healthcare have already seen major dividends from precision medicine, including the development of targeted treatments for cancer and heart disease, and new methods for predicting individual risk of these and other diseases. I will describe emerging opportunities to bring the goals of precision medicine to psychiatry, including the use of genomic and to inform drug development and the optimization of therapeutic outcomes. In addition, I will discuss the potential that big data and artificial intelligence may hold for advancing the diagnosis, treatment, and prevention of psychiatric illness, providing examples from recent studies that leverage real-world healthcare data. I will discuss how a precision psychiatric may offer substantial advances for mental healthcare and also address the challenge of translating innovation to implementation.

Psychiatric Services Achievement Awards

Presenters: Robert M. McCarron, D.O., Jane Gagliardi, Jaesu Han, M.D., Gerard Gallucci, M.D.,

Alexia Wolf, M.P.H., Robert J. Gregory, M.D., Karen DiNardo

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the current state of behavioral health care delivery and lack of access to care; 2) Discuss how continued medical education can optimized behavioral health care and approaches which can expand access to behavioral health care delivery; 3) Recognize the foundational concepts and evidence base for peer support; 4) Recognize how a recovery-based model differs from a chronic illness model; and 5) Describe the components and outcomes of the Psychiatry High Risk Program.

SUMMARY:

Bronze Award: The University of California, Irvine Train New Trainers (TNT) Primary Care Psychiatry (TNT PCP) Fellowship, Child and Adolescent Track (CAP) and the TNT Primary Care Training and Education in Addiction Medicine (PC-TEAM) are one-year, non-ACGME mentorship programs which are specifically designed to train PCP's, mainly outside of traditional clinic hours. Most of the over 50 faculty are dually-trained in psychiatry and family medicine, internal medicine or pediatrics. **Silver Award:** The Psychiatry High Risk Program (PHRP) is an outpatient program developed in 2017 in response to a growing community crisis in Central New York of rising rates of emergency department utilization, hospitalizations, and completed suicides in adolescents and young adults. The PHRP presents an alternative to the chronic illness model of recurrent crises stabilized through hospitalizations and brief interventions, such as telephone calls, safety planning, case management, time-limited psychotherapies, and medications or neuromodulation. **Gold Award:** Peer support is an evidence-based practice delivered by certified peer recovery specialists. In recent years there has been a notable expansion in the use of peer support in a broad range of behavioral health settings, and peers are widely recognized as an essential component of the behavioral health workforce. From 2011-2016, extensive changes occurred in Delaware's behavioral health system to shift focus to community-based

services during the U.S. Department of Justice Olmstead Settlement Agreement.

Courses

Saturday, May 20, 2023

Reproductive Psychiatry: What Every Psychiatrist Should Know

Director: Sarah M. Nagle-Yang, M.D.

Faculty: Lindsay Standeven, M.D., Joanna V. MacLean, M.D., Claire Smith, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Utilize the National Curriculum in Reproductive Psychiatry (NCRP) to learn fundamentals of reproductive psychiatry; 2) Describe the prevalence, symptoms, and treatment of premenstrual and perimenopausal psychiatric disorders and be able to counsel patients on the risk of psychiatric illness during these times; 3) Develop an approach to psychiatric assessment in the perinatal period, incorporating awareness of common mental health presentations in the perinatal period; 4) Describe the risk-risk analysis of psychopharmacology in the perinatal period, balancing the risks of untreated psychiatric illness with risks of treatment; and 5) Understand how to recognize and treat psychiatric emergencies in the perinatal period.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Over 50% of psychiatric patients are women. Over 80% of women will have at least one pregnancy, more than half of which are unplanned. These facts compel every psychiatrist to have a basic fund of knowledge regarding the assessment and management of psychiatric illnesses related to women's reproductive transitions. The National Curriculum in Reproductive Psychiatry (NCRP) was conceived in 2013 by a group of academic reproductive psychiatrists in order to increase access

to education and training in reproductive psychiatry. The NCRP offers a free interactive online curriculum that can be used by residency training programs as well as practicing psychiatrists. This course will provide an overview of the basics of reproductive psychiatry for the general psychiatrist using NCRP course materials. Topics will include premenstrual dysphoric disorder, perimenopausal mood symptoms and treatment, psychiatric assessment, decision making and treatment in the pre-pregnancy through the perinatal period, and the management of perinatal psychiatric emergencies. Participants will develop skills in recognizing and treating psychiatric illness in the context of reproductive transitions and will increase their confidence in interpreting the perinatal psychiatry literature with a focus on core tenets of appropriate psychopharmacology in pregnancy and lactation. A theme throughout all of the presentations will be discussion of how social determinants of health impact women's mental health across the reproductive life cycle. Ample time for questions and discussion will be provided, and participants will practice using materials in small group role play exercises. Participants will also learn to navigate the NCRP website and may continue to use these materials for further self-study or to explore additional topics.

Sunday, May 21, 2023

A Measurement-Based Care Approach to Identification and Management of Treatment Resistant Depression

Director: Madhukar H. Trivedi, M.D.

Faculty: Manish Kumar Jha, M.B.B.S., Alan F. Schatzberg, M.D., Maurizio Fava, M.D., Melissa Martinez

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Diagnose treatment resistant depression (TRD) using systematic collection of prior treatment history.; 2) Implement measurement-based care (MBC) approach to ascertain response to TRD-specific treatment.; 3) Review state-of-science regarding precision psychiatry approaches to prevent emergence of TRD.; 4) Learn how to guide use of TRD-specific pharmacological and neuromodulation

treatments.; and 5) Discuss experimental treatments and options for special populations..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Major depressive disorder (MDD) affects one in five adults in United States during their lifetime. Untreated depression is a leading cause of suicide-related mortality, which has increased by over 30% in the past two decades. As the large-scale Sequenced Alternatives to Relieve Depression (STAR*D) study informed us, over a third of treatment-seeking patients with MDD do not experience adequate improvement with two or more courses of antidepressant medications, i.e., have treatment resistant depression (TRD). The economic burden of TRD is estimated to exceed over \$50 billion annually. Furthermore, as primary care settings implement screening and initial management of depression, it is likely that patients may initially present to psychiatrists after trying one or more first-line antidepressant treatment. Thus, there is a great need within psychiatric community to learn systematic approach to identification and management of TRD in their patients with MDD. This course will start with a brief introduction of burden of TRD. Participants of this course will learn about a systematic yet easy-to-implement approach to collect dose and duration of prior antidepressant medication (including augmentation agents) as well as the degree of improvement associated with these medications. With web-based tools, participants will be introduced to implementation of measurement-based care (MBC) approach including prediction of individual-level outcomes by combining measures of symptom severity and psychosocial function. They will then learn about the state-of-science in use of neuroimaging and blood-based biomarkers to guide selection of one antidepressant treatment over another that obviates the current trial-and-error approach to use of antidepressants. The course will discuss in-depth the various TRD-specific treatment options currently available, including FDA-approved treatments, off-label uses, and experimental therapeutics. These will be broadly organized as pharmacological and neuromodulation treatments.

With the approval of intranasal esketamine, course participants will learn from the experience of implementing this novel treatment in clinical practice while navigating the regulatory and logistical challenges. At the beginning of the course and throughout the Q&A sessions, participants will be encouraged to write their questions with specific case scenarios if applicable to facilitate a discussion with an expert panel. This will allow participants to discuss their clinical cases and identify potential opportunities to consult and collaborate with TRD experts in their area.

Buprenorphine and Office-Based Treatment of Opioid Use Disorder

Directors: John A. Renner, M.D., Petros Levounis, M.D., M.A.

Faculty: Andrew John Saxon, M.D., Dongchan Park, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the rationale and need for medication-assisted treatment (MAT) of opioid use disorder, buprenorphine, methadone, and naltrexone.; 2) Apply the pharmacological characteristics of opioids in clinical practice.; 3) Describe buprenorphine protocols for all phases of treatment and for optimal patient/treatment matching.; and 4) Discuss treatment issues and management of opioid use disorder in adolescents, pregnant women, and patients with acute and/or chronic pain.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

This course will describe the resources needed to set up office-based treatment with buprenorphine for patients with opioid use disorder (OUD) and review the DSM-5 criteria for opioid use disorder and the commonly accepted criteria for patients appropriate for office-based treatment of OUD. Confidentiality rules related to treatment of substance use disorders as well as the DEA's requirements for recordkeeping will also be discussed. Administratively, billing and

common office procedures will be covered. Additional topics include epidemiology, symptoms, current treatment of anxiety, common depressive disorders, ADHD, how to distinguish independent disorders from substance-induced psychiatric disorders, special treatment populations including adolescent, pregnant women with substance use disorders, older adults with substance use disorders, patients who are HIV-positive, patients with chronic pain, and finally, the impact of stigma on patients with substance use disorders. The course will utilize case studies to reinforce learning and include common clinical events associated with substance use disorders.

Evaluation and Treatment of Neurocognitive Disorders

Director: Allan A. Anderson, M.D.

Faculty: Ganesh Gopalakrishna, M.D., Allan A. Anderson, M.D., Pallavi Joshi, D.O., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) The attendee will critically review and analyze cases of patients presenting with cognitive impairment to improve quality and safety of patient care in management of neurocognitive disorders (competen; 2) The attendee will obtain skills in interpreting neuroimaging studies and learn to select appropriate neuroimaging tests to differentiate causes of neurocognitive disorders; 3) The attendee will be able to manage patients diagnosed with neurocognitive disorders including the prescribing of medications to treat the cognitive deficits and neuropsychiatric symptoms; 4) The attendee will be able to counsel patients and families on the use of non-pharmacologic strategies to manage neuropsychiatric symptoms of dementia; and 5) The attendee will be able to counsel patients and families about clinical trials for Alzheimer's disease.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Alzheimer's disease and other related neurocognitive disorders continue to plague our country and the world with increases in prevalence with no cure or disease modifying agents presently available. Currently in the US there are over 6 million cases of Alzheimer's disease and this will grow to nearly 13 million by 2050. The direct and indirect care costs of dementia is substantial at \$321 million and will grow to \$1 trillion by the year 2050 should a cure not be found. There clearly are not sufficient numbers of dementia specialists to manage this growth of patients with neurocognitive disorders. As a result general psychiatrists will often be called upon to help evaluate and treat patients with neurocognitive disorders. This may particularly occur when patients present with neuropsychiatric symptoms that very commonly occur as the disease progresses. Attendees at this course will learn what to look for in history and exam in cognitively impaired patients as well as how to critically analyze results of laboratory testing to rule out possible treatable causes of dementia. There will be a discussion of cognitive screening tools that may be used in an office outpatient setting to evaluate patients with cognitive decline. Attendees will learn how to critically review images of brain scans including CT, MRI, FDG PET, and DaT scans. We will discuss the role of neuropsychological testing. Attendees will learn about novel biomarkers that will soon be available for use to help identify early cases and allow for treatment earlier in the course of the disease. We will discuss other neurocognitive disorders including a discussion of frontotemporal dementia, primary progressive aphasia, dementia with Lewy bodies, Parkinson's disease dementia, Parkinson's-plus syndromes, and vascular neurocognitive disorder. Throughout the course there will be brief case presentations encouraging audience participation. We will review non-pharmacologic approaches to the management of neurocognitive disorders such as effective styles of communication, environmental modifications, and interventions geared towards family members and other caregivers. We will provide an overview of the pharmacokinetics of medications for the management of dementia, prescribing and dosing considerations, and scientific evidence of clinical efficacy. The course will also offer instruction on the newly revised ICD-10 codes for dementia diagnoses.

There will be education about the use of appropriate CPT codes to provide maximum revenues from third party billing.

Neurology Update for the Psychiatrists

Director: Sanjay Pratap Singh, M.D.

Faculty: Rammohan R. Sankaraneni, M.B.B.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the basics of clinical Neurology; 2) Review the recent advances in Neurology; and 3) Review the clinical approach to Neurological Disorders.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

In this course we plan to review the basic clinical approach to Neurological Disorders, in the talk on Localization of Lesion. There will be reviews of common Neurological Disorders like Epilepsy, Stroke, Parkinson's Disease, Headache and Dementia. These topics will be reviewed keeping their relevance to a psychiatrist in mind. There will also be a review of the recent advances in Neurology.

Monday, May 22, 2023

Integrative Treatment of Anxiety Disorders

Director: Edward Silberman, M.D.

Faculty: Hinda F. Dubin, Oscar Bienvenu, M.D., Zoe Luscher

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will know the comparative prevalence of anxiety disorders vs. depressive disorders and will be able to name 4 factors distinguishing the former from the latter.; 2) Participants will be able to name 3 appropriate target symptoms for medications and 3 appropriate target symptoms for psychotherapies in treating anxiety disorders.; 3) Participants will be able to name 5 classes of medication that are effective for anxiety disorders and list the major indications for

each.; 4) Participants will be able to name 3 types of psychotherapy that are effective for anxiety disorders and list the major indications for each.; and 5) Participants will be able to summarize the evidence about benzodiazepine abuse, tolerance, withdrawal, and side effects and list 5 principles for their safe and effective use..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Anxiety disorders are the most prevalent type of psychopathology but they tend to be under-diagnosed and under-treated in current psychiatric practice. Sub-optimal treatment often results from psychiatrists' failure to appreciate the need to use both medical and psychotherapeutic modalities and the proper contribution of each. The aims of this course are to impart current knowledge to participants of the characteristics that distinguish anxiety disorders from one another and from primary mood disorders, the benefits and limitations of medication, the types of psychotherapy that may be necessary, and the indications for each type of treatment. The course will start with a poll of participants about their knowledge and beliefs about anxiety disorder treatment, including commonly held misconceptions. Didactic presentations will include differential diagnosis of anxiety disorders, distinguishing primary anxiety disorders from primary mood disorders, the evidence base for pharmacologic treatment, and the use of cognitive-behavioral therapy. Application of psychotherapy will be illustrated by role-play. A case presentation by a current resident and panel discussion will illustrate the application of material presented in the didactics. Small group breakouts will be led by faculty presenters, including a resident who can describe the perspective of an early learner. Participants will be asked to share questions and dilemmas that they have had in treating anxiety patients, with discussion and group problem solving. The course will end with a brief summary and distribution of referenced handouts summarizing the major topics of the course.

Psychodynamic Psychopharmacology: Enhancing Outcomes in Pharmacologic Treatment-Resistance With Practical Psychodynamics

Director: David L. Mintz, M.D.

Faculty: John Azer, M.D., Kyle Shepard, D.O., Samar S. Habl, M.D., David L. Mintz, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the evidence base linking meaning factors and medication response; 2) Construct a biopsychosocially-integrated and patient-centered treatment frame; 3) Explain how pharmacotherapy and the meanings of medications can either support or interfere with development; 4) Diagnose common psychodynamics underlying pharmacologic treatment resistance; and 5) Use basic psychodynamic interventions in pharmacotherapy to ameliorate psychological and interpersonal contributors to inadequate medication response.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Though psychiatry has benefited from an increasingly evidence-based perspective and a proliferation of safer and more tolerable treatments, outcomes are not substantially better than they were a quarter of a century ago. Treatment resistance remains a serious problem across psychiatric diagnoses. One likely reason is that the systems within which psychiatrists are working often create pressures for doctors to adopt biologically reductionistic framework. In this context, the important impact of psychosocial factors in prescribing have been relatively neglected, leaving psychiatrists to work without some of our most potent tools. Psychodynamic psychopharmacology is a psychodynamically informed, patient-centered approach to psychiatric patients that explicitly acknowledges and addresses the central role of meaning and interpersonal factors in pharmacologic treatment. While traditional objective-descriptive psychopharmacology provides guidance about what to prescribe, the techniques of psychodynamic

psychopharmacology inform prescribers about how to prescribe to maximize outcomes, not only in terms of addressing symptoms, but also in ways that support the patient's development, increase in the patient's personal authority and foster general wellbeing. The course will review the evidence base connecting meaning, medications, and outcomes, and will review psychodynamic concepts relevant to the practice of psychopharmacology. Then, exploring faculty and participant cases, and with a more specific focus on treatment resistance, common psychodynamic sources of pharmacologic treatment resistance will be elucidated. This is intended to help participants better to be able to recognize those situations where psychodynamic interventions are likely to be key to enhance pharmacologic outcomes. Faculty will outline technical principles of psychodynamic psychopharmacology, providing participants with tools for working with psychodynamic resistances to and from psychiatric medications.

Understanding Narcissistic Pathology and Its Treatment With Transference Focused Psychotherapy

Director: Frank Yeomans, M.D., Ph.D.

Faculty: Eve Caligor, M.D., Diana Diamond, Ph.D., Otto Kernberg, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) The participant will be able to differentiate the different clinical types of narcissistic pathology; 2) The participant will be able to diagnose the specific psychological structure that underlies narcissistic personality disorder; 3) The participant will be able to distinguish and use the characteristic countertransferences to narcissistic patients; and 4) The participant will learn to employ an effective clinical approach to treating narcissistic personality disorder.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Narcissistic disorders are prevalent and have long been a challenge to clinicians. Narcissistic patients cling to an internal system of thought that interferes with establishing relations and successfully integrating into and functioning in the world. While aggrandizing the self, either overtly or covertly, those with narcissism devalue and dismiss others. Even though some people with Narcissistic Personality Disorder (NPD) may appear to lead successful lives, their capacity for experiencing satisfaction and intimacy is severely limited. An initial challenge for the clinician is that NPD has multiple presentations depending on the subtype or the level of personality organization. Therefore, our course will first describe the different types and levels of narcissism. After describing the types of narcissism, our course will present a theoretical framework for understanding NPD and a practical approach to treating individuals with the disorder. Once the therapy has begun, NPD patients can engender powerful feelings in the therapist, including boredom, incompetence, anger, and resentment. Experiencing these feelings and using them therapeutically is an essential part of the work of therapy. The specific treatment approach we will present is a manualized psychodynamic psychotherapy, Transference-Focused Psychotherapy (TFP), that has been modified to treat patients with NPD. We will review the therapeutic techniques that can help clinicians connect with and treat these patients. These techniques start with an emphasis on establishing an adequate frame for the therapy in the treatment contracting phase. The work then proceeds to using techniques to help the therapist maintain full empathy with the internal world of the NPD patient in all its emotional intensity as the therapist helps the patient move beyond his or her defenses to gain access to painful internal states that must be dealt with before the patient can establish a full sense of self and have a chance of experiencing the expectable satisfactions of life. This session requires advance registration and an additional registration fee. For more information, please visit <http://apapsy.ch/amcourses>.

Tuesday, May 23, 2023

Agitation: Identification, Evaluation, and Treatment: From the Experts

Director: Kimberly D. Nordstrom, M.D., J.D.

Faculty: Leslie Zun, M.D., Michael Wilson, M.D., Ph.D., Scott L. Zeller, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify agitation early in its course to allow for action, rather than reaction in treatment; 2) Understand common etiologies of agitation, to include toxidromes and 'medical mimickers' of psychiatric illness; 3) Demonstrate a number of practical de-escalation techniques; and 4) Understand strategies for medication use in treating agitation.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Agitated patients can be dangerous to themselves and others. The most severely agitated patients have a 9-11% chance of death; therefore agitation is considered both a medical and a psychiatric emergency. No matter what setting you practice in, outpatient, inpatient, nursing homes, forensic facilities or general medical hospitals, identifying the agitated patient early and de-escalating is a necessary skill. In this course, you will learn the latest information on identification and treatment of agitation from internationally known experts in emergency psychiatry and emergency medicine. National and international guidelines for evaluation and treatment of adults, as well as children/adolescents will be highlighted. How to use these guidelines in practice and other related tools, such as agitation rating scales will be discussed. Preemptive treatment of agitation is key and this can only be accomplished through early identification. While evaluating for etiology, it is important to consider medical factors that may be contributing, or solely responsible for the symptoms. Medical "mimickers" and toxidromes will be focused on with guidance on treatment. Emergency physician and Editor of one of the most widely used emergency psychiatry textbooks will discuss the concept of

medical clearance, key labs and studies to a medical work up and ways to help communication between emergency physicians and psychiatrists. The presenters will also deeply delve into treatments for agitation—with practical tips and training on de-escalation techniques and strategies for medication use. Lead writer of the well-received BETA guideline on pharmacological treatment of agitation will discuss strategies in treatment as well as specific medication use. An evaluation of the latest literature, to include an international perspective, will be summarized. Editor of the popular “Diagnosis and Management of Agitation” textbook and Founder of the BETA Project will instruct on and demonstrate practical de-escalation techniques. The course is divided into two parts; the first focuses on evaluation and the second, on treatment. A combination of lectures, straw polls, and case discussion cover fundamental and pragmatic skills to identify, triage, assess, and manage a range of clinical crises. Course faculty include emergency psychiatrists and emergency medicine physicians to help provide various viewpoints and rich discussion on “what you need to know” to effectively evaluate and treat agitation.

Change Is the Goal of Psychodynamic Therapy: Practical Strategies and New Evidence

Director: Richard Fredric Summers, M.D.

Faculty: Jacques P. Barber, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Diagnose core psychodynamic problems and develop a psychodynamic formulation for appropriate patients.; 2) Recognize the mechanisms of change and strategies for facilitating change in psychodynamic therapy.; 3) Be able to assess the extent of change the patient has experienced and discuss this with patient in relation to goals of treatment.; and 4) Improve treatment effectiveness by applying a contemporary and pragmatic framework for delivering psychodynamic therapy..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

This pragmatically-oriented course will help clinicians provide focused and evidence-based psychodynamic therapy to a wide range of appropriate patients. By providing a clear and consistent model of change in psychodynamic therapy, connected to the growing evidence on mechanisms of change, we simplify and clarify the psychodynamic approach and help clinicians provide more effective state-of-the-art treatment. The course will focus on change in psychodynamic therapy. What are the mechanisms of change that allow patients to feel and function more adaptively, and what are the strategies of change we employ as therapists to promote change in patients? The course will review new empirical evidence that helps to understand the change process and discuss and illustrate the pragmatic clinical applications of these findings. The faculty are international and include clinicians and researchers. The goal of the course is to bring new evidence on psychotherapeutic change to bear in the real world clinical setting, being aware of and sensitive to the dynamics of gender, race and culture, as well as the social context of psychotherapy in our contemporary culture. The presentation will include data on and discussion about racial disparities in treatment response to psychotherapy for depression. Video clips of therapy with participant discussion about technique, a group exercise on defining the core psychodynamic problem of a presented patient, and audience response input on assessment of change in therapy, will make for a highly engaging learning experience.

Family-Focused Therapy: An Outpatient Approach to Bipolar Disorder

Director: David J. Miklowitz, Ph.D.

Faculty: Megan Ichinose, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To explore the role of adjunctive psychotherapy for patients with bipolar disorder across the age ranges.; 2) To review the

research literature on family interventions for patients with bipolar disorder.; 3) to learn to apply the basic strategies of family-focused therapy in treating adolescent or adult patients.; and 4) To appreciate the role of family psychoeducation as an early intervention in the beginning phases of bipolar disorder in children..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

This workshop will explore the role of family intervention in the outpatient treatment of bipolar disorder across the age ranges. The speaker will briefly review evidence from randomized trials that combining family-focused therapy (FFT) with medication management is effective in relapse prevention in adults and adolescents who have been diagnosed with, or are at risk for bipolar disorder. The bulk of the seminar will focus on the 12-session evidence-based FFT program, which involves psychoeducation for patients and family members to recognize early warning signs of relapse and develop a relapse prevention plan, communication enhancement training to reduce levels of family conflict, and problem-solving skills training to enhance community functioning following an acute episode. FFT has recently been applied as an early intervention for youth who are at risk for bipolar disorder based on early symptoms and family history, which involves several developmental adaptations. FFT addresses individual beliefs about the nature of the illness, stigma, and medication compliance. Attendees will become familiar with how to administer FFT for adults and children/adolescents through lecture, videotaped demonstrations, and small group role-play practices. Attendees will be given patient- and family-oriented handouts and access to a treatment manual to enhance their ability to conduct the treatment in their practices.

Wednesday, May 24, 2023

Challenges and Opportunities: Forensics and Corrections: What You Need to Know

Directors: Tanuja Gandhi, M.D., Joseph Penn, M.D.

Faculty: John Northrop, M.D., Ph.D., Clarence Watson Jr., M.D., J.D., Patricia Ryan Recupero

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To increase understanding of general medico-legal concepts/ questions encountered in clinical practice; 2) To increase comfort in addressing commonly encountered medical legal issues in psychiatric practice; 3) To identify key malpractice liability risks associated with internet use in clinical psychiatry; 4) To improve knowledge and comfort around performing forensic evaluations.; and 5) To increase knowledge and understanding about psychiatric work in different correctional settings..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

In psychiatric practice, there is often an overlap between the medical and legal worlds which often raising challenging and unique medico-legal questions. General psychiatrists are often faced with questions regarding confidentiality, civil commitment, mandatory reporting of abuse and risks related to the use of technology in clinical practice. Often psychiatrists have limited training in dealing with situations such as responding to subpoenas and other legal requests. These legal issues and concepts may be anxiety-provoking and challenging. Further, others may be interested but reluctant to perform forensic evaluations and/ or to start a forensic practice. There may be similar interests but safety and other concerns regarding working in correctional settings as well. Through this course, we hope to increase the attendee's understanding, knowledge and comfort in effective approaches to commonly encountered medico-legal situations faced in clinical psychiatric practice, malpractice & liability risks associated with the use of the internet in clinical psychiatry, the nuts and bolts of performing forensic evaluations and/or

starting a forensic psychiatric practice, the ethics of conducting civil and criminal forensic evaluations and both challenges and opportunities in forensic work, and opportunities in correctional settings. Using examples, real world experiences, and case scenarios, presenters will explore the different topics and discuss key issues and take-home points with ample opportunities for audience engagement. The topics to be covered are as follows: Section I: The interaction and intersection of medical practice with the legal system 1. Common medico-legal scenarios: Questions around confidentiality, civil commitment, duty to warn and protect, child abuse reporting and medical malpractice. 2. Addressing legal & letter requests: Responding to subpoenas, completing disability forms & writing letters related to fitness for duty, firearm possession and emotional support animals. Section II: Forensic psychiatric evaluations and practice 1. Ethics of clinical practice versus the ethics of forensic evaluations: same or different? 2. Nuts and bolts of doing forensic psychiatric evaluations. 3. How to create and grow a forensic psychiatric practice 4. Medical malpractice and the risks associated with the use of the internet in clinical psychiatry. 5. Competency to Stand Trial Evaluations and examples of other civil and criminal evaluations. Section III: Opportunities & challenges of working in different correctional settings.

Evaluation and Treatment of Sexual Dysfunctions

Director: Waguih W. IsHak, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Acquire practical knowledge and skills in evaluation of Sexual Dysfunctions; 2) Acquire practical knowledge and skills in treatment of Sexual Dysfunctions; and 3) Apply gained knowledge/ skills to real-world examples of Sexual Dysfunctions.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

The course is designed to meet the needs of psychiatrists who are interested in acquiring current

knowledge about the evaluation and treatment of sexual disorders in everyday psychiatric practice. The participants will acquire knowledge and skills in taking an adequate sexual history and diagnostic formulation. The epidemiology, diagnostic criteria, and treatment of different sexual disorders will be presented including the impact of current psychiatric and non-psychiatric medications on sexual functioning. Treatment of medication induced sexual dysfunction (especially the management of SSRI-induced sexual dysfunction) as well as sexual disorders secondary to medical conditions will be presented. Treatment interventions for sexual disorders will be discussed including psychotherapeutic and pharmacological treatments. Clinical application of presented material will be provided using real world case examples brought by the presenter and participants. Methods of teaching will include lectures, clinical vignettes, and group discussions.

Imminent Suicide Risk Assessment in High-Risk Individuals Denying Suicidal Ideation or Intent: Introduction and Training

Director: Igor I. Galynker, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the difference between long-term and imminent suicide risk; 2) Learn the nuts and bolts of MARIS and NCM-based approaches to the assessment of imminent suicide risk; and 3) Apply the MARIS and NCM-based approaches to assess imminent suicide risk in test cases.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

According to the recent Center for Disease Control (CDC) report, more than half of suicide decedents between 2000 and 2016 were never diagnosed with a mental health condition, and only a quarter disclosed suicide intent prior to ending their lives. These striking findings challenge the practice of using suicidal ideation as a cornerstone of suicide risk

assessment and may partially account for our failure to contain the increase in US suicide deaths. The CDC report also underscores the urgent need for innovative suicide risk assessment methods that do not rely on a history of mental illness or self-reported suicidal ideation/intent. The proposed course aims to train clinicians in a novel framework for the assessment of short-term suicide risk: the Modular Assessment of Risk for Imminent Suicide (MARIS) and the Narrative-Crisis Model of suicidal behavior (NCM). The effectiveness of the MARIS-NCM approach is described in multiple peer-reviewed publications and in the book *The Suicidal Crisis* by Galynker (2017; Oxford University Press), now a recommended resource by the American Foundation for Suicide Prevention. We will open a conceptual framework of the course by polling the audience on their experience with imminent risk assessment and presenting a video of a person with lived experience describing her reasons for concealment of her suicidal intent. We will then present an overview of the research findings supporting the NCM model, the new clinical entity of Suicide Crisis Syndrome (SCS), an acute pre-suicidal cognitive-affective state, and the MARIS-NCM based method for the assessment of imminent suicidal risk. Next, we will conduct practical training in SCS and the Suicidal Narrative, a sub-acute component of the NCM, using the video of simulated patient "Irina" followed by the didactic role-play practice case "Gary." Finally, we will describe the use of clinicians' emotional responses as tools for the assessment and management of imminent suicidal behavior, as well as clinicians' psychological defense mechanisms elicited by suicidal patients, followed by practical training in emotional self-awareness. The class will conclude with Section Four devoted to participants' evaluating their acquired skills through risk-assessment evaluation of provided test cases "Kate" and "Bernie". This session requires advance registration and an additional registration fee. For more information, please visit <http://apapsy.ch/amcourses>.

Integrating Technology and Psychiatry

Directors: Steven Richard Chan, M.D., M.B.A., John Luo, M.D.

Faculty: Darlene King, M.D., Edward Kaftarian, M.D., Sara Johansen, M.D., Nishi Bhopal, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Utilize online resources for lifelong learning, patient care, and collaboration; 2) Integrate online practice management tools in education, communication, documentation, screening, and evaluation; 3) Monitor and maintain your professional identity and privacy; 4) Assess novel technologies such as smartphone apps and predictive analytics to determine their role in patient care; and 5) Understand telepsychiatry laws and regulations for clinical practice.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

This beginner course addresses the important aspects of managing information and technology that has become an integral component of the practice of psychiatry and medicine, in different settings — private practice, community health, integrated health systems, and academics. This course will empower participants to make technology work for psychiatric practice and to keep up to date on the latest practices. Whether it is collaborating with a colleague over the Internet, using videoconferencing for telepsychiatry & telehealth, participating in a social network as a career resource, using smartphone and mobile apps, or evaluating the impact of various treatments in health care management, there are many ways and reasons to integrate technology in the practice of psychiatry. The course faculty will review the technology trends, applications, gadgets, and other novel technologies in the future of patient interaction. This course will explore many of the ways that clinicians can use technology to manage and improve their practice.

Religion/Spirituality as a Determinant of Mental Health: Assessment and Integration Into Clinical Practice

Director: Alexander Moreira-Almeida

Faculty: Francis G. Lu, M.D., Wai Lun Alan Fung, M.D., John Raymond Peteet, M.D., Dilip V. Jeste, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) Identify positive and negative impacts of religion/spirituality on patients' mental health and treatment; 2) 2) Utilize the DSM-5 TR Outline for Cultural Formulation and Cultural Formulation to assess religious and spiritual issues.; 3) 3) Describe opportunities and ethical guidelines for enlisting religious/spiritual resources to enhance the goals of treatment; 4) 4) Identify ways to promote self-transcendence as key component of well-being and support patient's efforts to bring their habits into accord with their goals and values; and 5) 5) Implement strategies of collaborations between psychiatrists and leaders/members of faith communities to enhance mental health and care..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

A robust research body has showed that religion/spirituality (R/S) is a powerful determinant of mental health, but many clinicians lack this knowledge and the skills to integrate them into clinical practice. The course will start by presenting the evidence and mechanisms for the impact of R/S on mental health that is evidence-based, which can contribute to ethically sound bio-psycho-socio-spiritual patient-centered care. Patients' religious/spiritual convictions, practices and communities can be important resources in their recovery. But religiously reinforced stigma, and spiritual concerns such as being punished or abandoned by God can put them at greater risk. Using case examples, participants will explore practical and ethical aspects of the clinician's role in addressing these positive and negative influences of religion during the process of psychiatric assessment, formulation and treatment. The DSM-5 TR Outline for Cultural Formulation and Cultural Formulation Interview including the Supplementary Module on Religious, Spiritual, and Moral Traditions will be reviewed to provide participants clinical tools to use to assess identity, cultural concepts of distress, stressors and supports, and the cultural features of

the relationship between the clinician and the patient. Prospective studies indicate that the cultivation of self-transcendence and well-being involves the dynamic interplay of three processes: the awakening of plasticity (i.e., being able and willing to change), virtue (i.e., having intuitive insight into what is good for a person's self and others), and creative functioning (i.e., being innovative, purposeful and responsible so that our habits are congruent with our goals and values). The cultivation of self-transcendence by these three processes describes the essential features of the path to a life that is healthy, happy, and good. We describe evidence-based practices that are effective in motivating people to create opportunities for their own well-being and that of others by cultivating self-transcendence. Collaborations between psychiatrists and leaders/members of faith communities have been recommended by various national and international psychiatric organizations – to help attain high quality and equitable mental health care. Nonetheless, some are concerned about potential harms of such collaborations. It is imperative that such collaborations be ethical and person-centered. This presentation will discuss some principles and implementation strategies of these collaborations – illustrated by the APA Mental Health & Faith Community Partnership, and other examples across diverse contexts.

Focus Live**Monday, May 22, 2023****Focus Live: Personality Disorders***Chair: Lois W. Choi-Kain, M.D., M.Ed.**Presenter: Erik C. Nook, Ph.D.**Moderator: Mark H. Rapaport, M.D.***EDUCATIONAL OBJECTIVES:**

At the conclusion of this session, the participant should be able to: 1) determine the prevalence rate of narcissistic personality disorder as well as targets for treating the disorder; 2) describe the relationships between brain function and borderline personality disorder; 3) recognize the diagnostic criteria specific to obsessive-compulsive personality

disorder; 4) demonstrate an understanding of risk management challenges clinicians face while treating patients with personality disorder diagnoses; and 5) identify intervention strategies for younger patients diagnosed as having a personality disorder.

SUMMARY:

Personality contains psychological functioning much like the skin does for the rest of the human body. It is a barrier between the outside world and what's internal. It both protects and becomes damaged by what one encounters in life. Like skin, personality is what is visible, so it is how we are known and what we see in ourselves. Despite the obvious fundamental role that personality has in determining how our lives unfold, it has suffered a marginalized position in psychiatry and psychology. Over the last 50 years, most work done by our domain's forefathers was to legitimize personality disorders as a significant category of psychiatric illness. This interactive session provides new updates on personality disorder theorizing, research, assessment, and treatment. This 90-minute interactive session will allow participants to test their knowledge of the newest neuroimaging findings on borderline personality disorder, early intervention, management of comorbid psychiatric conditions such as psychosis, management of narcissistic and obsessive-compulsive personality disorder, and more, to provide practical guidance. Participants will have the opportunity to claim MOC-2 credit for Focus Live! in the APA Learning Center. The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians. Focus Live! Personality Disorders: The APA designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Focus Live: Suicide Preventive Interventions and Knowledge

Chair: Christine Yu Moutier, M.D.

Presenters: Sidney Zisook, M.D., Tami D. Benton, M.D.

Moderator: Mark H. Rapaport, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply knowledge about the multi-factorial risk for suicide; 2) Describe features of the public health approach to suicide prevention, including the importance of education, advocacy by loss and attempt survivors, and the role of clinicians; 3) Become better prepared to screen for suicide risk and utilize brief interventions including safety planning, counseling for lethal means safety, and providing follow up; and 4) Utilize a scientifically informed view of the multi-factorial risk and protective factors for suicide in caring for patients.

SUMMARY:

Advances in evidence-based suicide prevention strategies are occurring at a more rapid pace over the past several years than has likely ever been the case. In addition to newly developed clinical interventions, which this Focus Live! session will largely focus on, the public health model is being applied to reduce suicide risk in community settings as well, with major adoption happening in schools, workplaces, and faith communities, as culture change and a new societal readiness has reached a tipping point when it comes to suicide prevention. People have begun to open up and speak out, reducing the stigma around mental health, help seeking, suicide loss, and prevention. This Focus Live! presentation will present multiple-choice questions to help participants demonstrate an understanding of a current, scientifically, and clinically informed approach to suicide prevention with a focus on psychiatrists working in various clinical settings. Topics will include epidemiology, suicide risk screening, and suicide risk assessment; safety planning; lethal means safety counseling; the role of family; the role of health systems; caring contacts; use of technology; various evidence-based psychotherapies that reduce suicide risk; medications in suicide preventive care; and postvention steps after suicide will be addressed. Additionally, educational resources for patients and their families will be included. Last, actions clinicians can take in their work settings to reduce colleagues' risk, in community settings, and advocacy for public policy at state and federal levels will be briefly included. This 90-minute interactive session will allow participants to test their knowledge of the

newest findings in suicide preventive interventions and knowledge. Participants will have the opportunity to claim MOC–2 credit for Focus Live! in the APA Learning Center. The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians. Focus Live! Suicide Preventive Interventions and Knowledge: The APA designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

General Sessions

Saturday, May 20, 2023

A Blueprint to Frame, Follow, and Treat the Neuropsychiatric Aspects of Long-Covid

Chair: Anita Everett, M.D.

Presenters: Jacqueline Becker, Ph.D., Christopher John McKinney, Ph.D., Alexandra Yonts, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the current activities, at the Federal level, related to diagnosis and treatment of behavioral health conditions that arise as part of Long COVID symptomology.; 2) Understand the current research and knowledge base regarding the neuropsychology of Long COVID.; 3) Identify current best practices in the treatment of behavioral health conditions resulting from Long COVID.; and 4) Recognize how stigma and bias, regarding Long COVID, results in misdiagnosis, poor health outcomes, and failure of patients to seek care..

SUMMARY:

The coronavirus disease-2019 (COVID-19) pandemic, caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), has profoundly impacted individual health and well-being globally. As of May 2022, there were a total of 81,717,488 reported cases and over one million COVID-19-related deaths in the United States (U.S.) alone.¹

While the effects of COVID-19 vary widely, from asymptomatic or mild disease to multi-organ failure and death, most people make a full recovery from the virus. Unfortunately, however, a substantial proportion of survivors continue to report persistent symptoms known as post-acute sequelae of COVID-19 (PASC) or “long-COVID”, presenting a significant and ongoing public health crisis. In response to the pandemic and under direction of the President, multiple federal agencies began research and consultation to identify physical and behavioral health issues associated with Long COVID, underlying causes of COVID-19, and emerging best practices in the treatment of Long COVID related symptoms. As part of this federal effort, the Centers for Mental Health Services within SAMHSA has conducted background research and convened a subject matter expert panel to better understand the effects of Long COVID on cognitive and behavioral disorders, diagnostic criteria, and clinical best practices for the treatment of Long COVID related behavioral health disorders. This session will cover the response of the US Department of Health and Human Services, current knowledge base regarding the neuropsychiatric and cognitive sequelae of Long COVID, and emerging best practices for children and adults, in the treatment of behavioral health disorders arising from Long COVID.

A Collaborative Approach to Managing the Neuropsychiatric Symptoms of Parkinson’s Disease

Chair: Ebony Dix, M.D.

Presenter: Syeda Arshiya Farheen, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review the current knowledge of Parkinson’s disease epidemiology, pathophysiology, diagnosis, and management; 2) Evaluate neuropsychiatric symptoms in Parkinson’s disease and differentiate symptoms related to Parkinson’s disease dementia (PDD) and Dementia with lewy bodies (DLB); and 3) Analyze clinical cases and examine how a collaborative care approach involving psychiatrists and neurologists can improve quality and safety of patient care in Parkinson’s disease.

SUMMARY:

Parkinson's disease (PD) is the second most common neurodegenerative disorder and arguably the fastest growing neurological disorder worldwide. The prevalence of PD increases with age, especially in adults over 65, and the population of people living with PD is projected to double over the next two decades. This suggests that the overall global burden of disease will escalate as will the need for optimization of management of both the motor and non-motor features of this illness. While primarily characterized as a movement disorder that has multifactorial etiology, PD is increasingly recognized to have associated neuropsychiatric symptoms that are challenging to manage and may become equally debilitating as the motor symptoms. Clinical manifestations of PD include motor symptoms (tremor, bradykinesia, rigidity, gait and balance impairment), and non-motor symptoms (autonomic dysfunction, mood disorders, cognitive impairment). Pathologically, PD involves the degeneration of dopaminergic neurons in the substantia nigra pars compacta and associated deposition of misfolded alpha synuclein aggregates called Lewy bodies, which are pathological markers of PD. Hence, dopamine replacement therapy is traditionally used in the management of PD motor symptoms. However, there is limited understanding behind neuropathological mechanisms giving rise to neuropsychiatric symptoms in PD to develop target treatments. Furthermore, undesirable psychiatric effects of dopaminergic agents as well as mood disturbances related to a co-occurring dementia create another layer of complexity in caring for people with PD. A collaborative care approach between psychiatrists and neurologists would optimize the management of this complex neuropsychiatric condition. The session will review the epidemiology and diagnostic criteria of PD, with an emphasis on the neuropsychiatric features, including Lewy Body Dementia. We will review the role of psychiatrists and neurologists in the management of PD emphasizing the importance of collaboration for optimized quality and safety of patient care. We will discuss a few complicated cases related to PD neuropsychiatric symptoms, their management, and areas for opportunity to further advance patient care utilizing a collaborative care

approach, reflecting upon the further need for research in this area.

Achieving Mental Health Parity in New York State: Patient-Centered, Quality-Focused, Clinically-Driven Utilization Review and Eliminating Disparities

Chair: Thomas Smith, M.D.

Presenter: Flavio Casoy, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand federal parity requirements established in the MHPAEA and associated regulations, as well as New York State parity regulations; 2) Understand the history of classic utilization management and its implications for mental health parity and clinical care of complex patients today.; 3) Understand NYS efforts to shift to a new approach to UM where the focus is on a collaborative relationship between plan and clinicians, rather than clinicians experiencing UM as an audit or critique o; and 4) Understand NYS' efforts to achieve parity compliance with MHPAEA..

SUMMARY:

Non-quantitative treatment limitations (NQTLs) are a primary strategy that insurers use to limit access to care. When applied more restrictively to mental health, agencies that provide care become starved for resources, and access to quality mental health care suffers. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was passed to ensure mental health parity, but enforcement has been difficult. NYS has taken a leading role in enforcing parity laws. Lessons learned in NYS could be helpful to regulators in other states. In 2019, NYS passed legislation that requires the State to approve all payers' clinical review criteria for medical necessity determination and utilization review (UR) practices for mental health. The Office of Mental Health (OMH) created a "Guiding Principles" document and a "UR Best Practices Manual" to provide guidelines on minimal standards plans' review criteria and UR policies must meet. Approximately 70 plans submitted policies, and none met minimal standards. Payers failed to account for refractory conditions, co-morbidity with medical or SUD conditions, levels of stress and supports in the community, engagement

in care, and treatment history. Payers also failed to meet the standard that opposes application of prior authorization and concurrent review to all psychiatric admissions. Instead, plans are expected to conduct utilization review only when predefined clinical triggers are met. Approximately 80% of plans are fully adopting all the provisions of the Best Practices Manual and either adopting the American Association for Community Psychiatry (AAP) Level of Care Utilization System for Psychiatry and Addiction Services (LOCUS) for medical necessity determinations or have modified their pre-existing clinical review criteria to adhere to the State's standards. The remainder of plans are out of compliance or are still in review. Simultaneously, NYS undertook a comprehensive evaluation of the Medicaid Managed Care Programs, Alternative Benefit Plans, and Children's Health Insurance Programs to evaluate and document compliance with MHPAEA and/or identify potential parity issues that required corrective action. This evaluation was based on financial requirements and treatment limitations, with a significant focus on 19 distinct NQTLs. Given the scope of the reporting and documentation requirements for the NQTLs, NYS divided the review into 3 phases. NYS has completed the first 2 phases of the evaluation which resulted in over 100 citations to insurers. The third phase is expected to be completed by the end of 2022 and anticipated to yield similar findings and citations. NYS is committed to continuing their oversight and monitoring of MHPAEA compliance, including the establishment of the Parity Compliance Program and other State regulations and Medicaid contract requirements.

Acutely Suicidal Young Patient: Delivering Intervention at Time of Crisis to Target Emotional Aftermath and Repetition of Self-Injurious Behavior

Chair: Yulia Furlong

Presenter: Zamia Pedro

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explore the issues of suicidal thoughts and behaviors in young people.; 2) Introduce the concept of non-suicidal self-injury and characterize it.; 3) Discuss "Therapeutic Assessment"

(Ougrin et al., 2011), a targeted brief intervention at the time of crisis.; 4) Bring in lived experience by sharing patient's perspective via a case study discussion.; and 5) Advocate for improved aftercare following an episode of self-injury that requires clinical presentation.

SUMMARY:

The rates of child and adolescent deliberate self-harm (SH) have increased in prevalence, severity, and chronicity in Australia and worldwide. In emergency departments and in psychiatric clinics, more SH is being encountered than ever, with this presentation emerging at a younger age. Non-suicidal self-injury (NSSI, Nixon and Heath, 2009) is a deliberate and repetitive self-inflicted body injury without suicidal intention and for purposes of hurting one's own body in the absence of lethal intent. NSSI is a distinct concept that is associated with a wider definition of suicidal behaviour. The current disconnect between NSSI's assessment and treatment erroneously assumes the young person as depressed or prejudices them as attention seeking and displaying abnormal illness behavior. Specialist treatment allows work on the putative concerns, whilst retaining a compassionate stance, and supports a deeper understanding (as opposed to judgment and labeling) and the instilling of hope as a transformative catalyst. Identification of the co-morbid psychiatric conditions that are affecting a young person and potentially driving NSSI stigmatizing behaviors, is a clinical priority. If suicidal ideations are elicited, or if any specific risk factors are identified, they must be addressed as part of robust risk assessment. Multi-axial diagnostic formulation that accounts developmental challenges and strengths, paves way to making targeted treatment recommendations. Hot (e.g. involving emotional, motivational, reward/punishment based, and social stimuli) and cold (e.g. attentional control, inhibition, error detection, and working memory) executive function theories as related to psychopathology, are important in informing diagnosis and treatment. There is increasing support for specific interventions that promote engagement in aftercare services in the sub-acute phase, and target specific psychological components involved with disengagement, problem avoidance, social withdrawal, and avoidance of negative emotions in

the acute phase. Therapeutic Assessment (TA) is a brief psychological intervention that has been designed to make the assessment of young people who have engaged in DSH behavior more therapeutic (Ougrin et al., 2011). TA builds upon standard clinical assessment to identify factors that drive and maintain DSH behavior. TA involves brief recovery-focused problem-solving therapy to identify the young person's strengths and uses this to encourage help-seeking behaviors. A recent Cochrane review found that young people who receive the TA intervention are five-times more likely to attend follow-up appointments and engage in aftercare compared to those who receive standard clinical care (Hawton et al., 2015). A clinical trial conducted (ANZCTR Trial No: 381383) at Perth Children's Hospital in Western Australia examined the impact of TA on rates of representation to ED's for children and adolescents who present with acute self-harm/suicidal crisis.

Addictions and Psychiatry and Law: Issues in LMICs

Presenters: Pratima Murthy, M.D., Venkata Lakshmi Narasimha, M.D.

Moderator: Bhagirathy Sahasranaman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the problem of addictive disorders in low and middle income countries; 2) Understand legal provisions in the context of addiction; and 3) Explore areas that need attention in the addiction and legal interface.

SUMMARY:

There has been a rise in the problems due to addictive disorders in low and middle income countries (LMICs). In addition to an escalation of substance use disorders, behavioral addictions are also on the rise. These have an enormous impact on individuals, community and society. While there is paucity of accurate data on the contribution of addictions to mortality and morbidity, national estimates of the prevalence of substance use disorders are now becoming available in countries like India. However, such data due to behavioral addictions is still lacking. There is a huge treatment gap, stigma and barriers to accessing treatment and

services are inequitable. The problem is rising among women and a cohort effect is also noted. While the scant treatment services have focused mainly on treatment of dependent users, recognition of these as public health problems, necessitating a range of prevention, early detection and intervention approaches is only just emerging. The laws related to substance use in India include laws related to alcohol and the Narcotics and Psychotropic Substances Act of 1985. The Mental Health Care Act of 2017, although rights-based, has significant implementation challenges. The interface between addiction and the law is highly complex. The common co-occurrence of mental and neuropsychiatric conditions further complicates the scenario. The role of mental health and addiction is not adequately considered in culpability, sentencing or post-release support. Many persons with substance use disorders are likely to land up in the criminal justice system rather than in treatment and rehabilitation. The pervasive expansion of these disorders into younger populations pose newer challenges. This presentation will focus on the human rights challenges in the care of persons with addiction, challenges in the management of co-morbidities and the current approach of the law with respect of such addictions. Potential learnings from other settings and their suitability for adaptation in LMICs will also be discussed. The judicious adaptation or de novo development of services which are presently mainly focused on adult males, for women, children, elderly and marginalized groups will be discussed.

ADHD Across the Lifespan

Presenter: James J. McGough, M.D.

Moderator: Jacqueline Posada, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify two personal and/or social consequences of ADHD.; 2) Identify one standard tool useful in ADHD assessment.; and 3) Describe three evidence-based ADHD treatments..

SUMMARY:

Attention-Deficit/Hyperactivity Disorder (ADHD) is a brain-based neurodevelopmental disorder common

among children, adolescents, and adults. ADHD is associated with increased risk for comorbid psychiatric disorders as well as multiple impairments across a range of impairments in academic, occupational, family and social settings. ADHD is further associated with poorer health related outcomes and significant societal economic cost. ADHD is of the most heritable of any psychiatric disorder, and likely arises from the interaction of numerous genes of small effect and various environmental factors. Imaging studies consistently show group differences between ADHD-affected and unaffected individuals, and recent imaging studies suggest the disorder is associated with abnormalities in neural circuitry and cognitive processes. ADHD assessment is broad-based and includes careful assessment of DSM-5 defined symptoms, consideration of related-impairments and the potential for other comorbidities, psychosocial and family history, and medical evaluation. Treatment is typically multi-modal. Pharmacotherapy remains the mainstay of clinical management combined with various patient-specific psychosocial interventions. Guidelines exist for treatment of simple and comorbid ADHD, as well as management of particular issues relevant to treatment of adult patients, including treatment in the presence of substance abuse and concerns about medication misuse and malingering. Little evidence supports the use of complementary approaches to ADHD management, but recent research suggests a potential role for some forms of neuromodulation as ADHD therapy.

Advocating for the Integration of Culture Into Forensic Therapeutics

Chair: Bushra Khan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the end of this session, participants will assess how culture is currently integrated into forensic practice through both clinical work and tools.; 2) At the end of this session, participants will evaluate how outcomes are currently framed within forensic psychiatry and the importance for aiming for equity of outcomes by ethnicity.; and 3) At the end of this session,

participants will examine the role of the measurement-based care framework and the tools that can be used to evaluate cultural safety in forensic services..

SUMMARY:

As societies become increasingly interconnected, there is an increased level of diversity encountered in Psychiatry. Forensic mental health services provide care for many people of minority ethnicity whose overrepresentation in these areas is a result of complex structural inequities in society. The need for cross-cultural understanding has long been advocated for in forensic practice but earlier calls to action regarding the integration of cultural practice into forensics have been unheeded. The integration of culture into forensic assessment has been well described, the literature regarding cultural responsiveness in forensic rehabilitation and recovery-based services is still emerging. Cultural responsiveness is also commonly expressed as a strategic goal for forensic providers; however, there is limited evidence for how to address and measure the effectiveness of cultural responsiveness initiatives. We will introduce clinical vignettes that will be discussed during the presentation and underscore the relationships between forensics and culture. We will argue that equity of outcome by ethnicity should be the aim of forensic services, and this requires ongoing systematic measurement. We review literature regarding how cultural safety, rather than cultural competence, should be promoted as the patient experience for which services should strive. Finally, we demonstrate how the measurement-based care framework can provide tools to evaluate service responses systematically to address the challenges in achieving delivery of culturally safe forensic services. We will discuss the forensic psychiatry equity, diversity and inclusion framework implemented at the Centre for Addiction & Mental Health in Toronto, Canada. We will review domains including organizational commitment, staff and workforce, service access and delivery, promoting responsiveness, community outreach and data collection. We will discuss the integration of the cultural formulation interview and mixed methods study to evaluate integration of the CFI into forensic work. We will conclude the workshop by reflecting on the clinical vignettes and straw poll the audience

regarding treatment options at both the individual clinical and systemic level.

AIDS and Covid: Similarities and Differences. Lessons for Psychiatry in the 21st Century and Beyond

Chair: Marshall Forstein, M.D.

Presenters: Kenneth Bryan Ashley, M.D., Adjoa Smalls-Mantey, M.D., D.Phil., Will R. Boles

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To be able to compare and contrast the two major world pandemics of HIV/AIDS and COVID in terms of how their biological differences impact the epidemiology, transmission, social, and political response; 2) To identify at least three ways in which pandemics are of particular concern for psychiatrists; and 3) What psychiatrists need to know to prepare for the next pandemic based on the science and the social, economic, and resource limitations.

SUMMARY:

Most humans presently alive have experienced the ravages of two major world pandemics: AIDS/ HIV and COVID -19. The impact of the So called Spanish Flu of 1918 is a note of history to those currently living. The development of antibiotics, and vaccines, in the 20th century, dramatically changed the impact of infections, like polio, measles, TB, that previously had been major causes of disease and mortality. Other endemics have significantly caused disease, death, and destruction of families, institutions, and revealed more health and health care inequities as science struggles to identify and find remedies for existing and newly emerging infections with a shrinking world, and the impact of zoonosis. alone took more lives than both world wars. COVID shut down the world rapidly as never seen before in our life time and took over 1.1 million lives. Examining both pandemics, there are similarities and differences that provide important knowledge about the neuropsychiatric syndromes of viral infections, cognitive and emotional responses to such threats to our world. What are the similarities? the differences? What has been the experience of the medical world, of education, of training during the

different phases of these pandemics? For psychiatry specifically, what have we experienced, and learned to help us as these pandemics continue in less overt ways as we face the human impact and try to prepare for the next onslaught by the microscopic world in which we try to co-exist. The session will be a panel of psychiatrists and a medical student who have either extensive experience with AIDS/HIV and or COVID. The moderator will make a brief introduction of the topic focusing the discussion on how pandemics have and will impact psychiatry. Serving as moderator of a "talk show" like presentation, each of the panelists will address some specific aspects of the pandemics in their education, training, and career. We encourage participants to engage in a lively discussion for at least half the session, with questions and comments.

Am I Ready for My Patients to See Their Records? A Guide to Clinicians on Patient Centered Recovery-Oriented Documentation

Chair: Maria Mirabela Bodic, M.D.

Presenters: Ludwing Alexis Florez Salamanca, M.D., Ph.D., Peter Samuel Steen, M.D., Nubia Amparo Chong, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) - Understand the provisions of the Cures Act and how it impacts access to mental health records; 2) - Name 3 benefits of open notes for patients and providers; and 3) - Re-write a progress note from a patient centered and recovery-oriented perspective.

SUMMARY:

Mental health documentation has traditionally been classified as protected and kept away from the eyes of other providers, patients and to some extent even the law, in the case of psychotherapy process notes (1). However, on April 5th, 2021, Congress passed the *21st Century Cures Act*, one of its provisions being that "healthcare providers give patients access without charge to all the health information in their electronic medical records without delay" (2)-mental health documentation included. Sharing mental health notes with patients remains a sensitive issue, largely due to clinicians' fears that review of this

content might cause harm, specifically psychiatric destabilization (3). However, studies performed over the last decade have shown the benefits of open notes including improved patient satisfaction and safety as access to their medical record has helped patients understand their medications and feel more in control and comfortable with the treatment plan (4). The issue with documentation in health care, and especially in psychiatry, is the use of terms that are not accessible to the average member of society and occasionally even stigmatizing for particular patient populations (5). Considering the CURES act, clinicians might find themselves at a crossroads between wanting to meet the medico-legal and billing requirements of documentation and not wanting the therapeutic relationship or the clinical status of their patients to deteriorate when these notes are shared without any “filtering” or opportunity to process the information jointly. While some leaders in the field have published guidelines for documentation such as Posada et al.’s 2021 article (6), theoretical guidance is not enough and practical workshops and note writing exercises are needed to improve this new skill. In this session we aim to empower the audience with recovery- oriented language and tools to produce documentation that is accurate, timely and not cumbersome, and at the same time helps bridge the gap between patients and providers and opens the conversation about mental health diagnoses and treatment. The co-facilitators of this session have experience participating in and running the Peer Advisor program at Columbia University- a partnership between people with lived experience and public psychiatry fellows and have conducted several workshops on recovery- oriented documentation as part of this program. The insight gained from years of working directly, in a non-hierarchical relationship, with people with lived experience will be shared with the audience through an interactive note writing exercise.

Amplifying Student Voices: How to Seize Leadership Opportunities Within the APA

Chair: Philip R. Muskin, M.D., M.A.

Presenters: Diego Regalado, Brandon Manor, Sean Woodward

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Demonstrate the benefits of being more involved with the APA as students; 2) Review the benefits of participating in organizations such as PsychSIGN; and 3) Discuss the different opportunities that make networking possible.

SUMMARY:

“I’m only a student,” a common thought among medical students that characterizes a mindset of self-undervaluation, i.e., a student interested in psychiatry who becomes a member of the APA. Suddenly, a new world is open to them! Do little with their membership. Similarly, during conferences, a student may be surrounded by attendings and program representatives but feel inadequate to speak with them. The purpose of this session is to change this mindset through the personal stories of three medical students. This year we have been on the committee planning the APA meeting. We will discuss real-life examples of networking, as well as the importance of being familiar with organizations that disseminate student opportunities. While medical students should feel confident interacting with organizations like the APA, the APA must also develop more opportunities for medical students. Even though the three medical students before you are students, they have been able to interact with psychiatrists, voice their opinions, and help plan the upcoming annual conference. They are treated as members instead of “student members.” Although they took different paths to get to where they are now, the APA is attempting to create linear tracks to involve more students in this manner. The Psychiatry Student Interest Group Network (PsychSIGN) is the APA’s national student group. It is charged with creating community among the medical-school-based psychiatry student interest groups in North America and the greater world; providing medical students mentorship and guidance in their pursuit of the psychiatry residency. The basic structure and functioning of PsychSIGN will be outlined. Particular attention will be paid to the roles and responsibilities of the leadership chairs, positions for which PsychSIGN will be accepting applications for the 2023-2024 term. PsychSIGN programs that are relevant to psychiatry residency applications, such as the faculty-student mentorship program, the mock

interview program, and the annual virtual residency fair will be discussed. Students will be prepared to take advantage of the opportunities PsychSIGN offers. We can ascertain the impact of networking by outcomes. These outcomes are but are not limited to: career opportunities, attainment of knowledge, exchange of connections, and development of life-long relationships. For most students, the pandemic has affected our ability to network at some point during our matriculation through medical school, residency, or fellowships. Moreover, data collected during the COVID-19 pandemic has demonstrated a decrease in network size brought about by social isolation (Kovacs et al., 2021). As "normality" and in-person practices return, we must teach trainees the significance of fostering and upkeeping new relationships. In this discussion, we'll emphasize essential skills needed to improve the intentionality of our interactions and connections with others, specifically in places like APA2023.

Answering the Call: Implementing Best Practices for Opioid Use Disorder in General Public Mental Health Clinics to Stem the Tide of the Opioid Epidemic

Chair: Molly T. Finnerty, M.D.

Presenters: Flavio Casoy, M.D., Allison Ober, Ph.D., M.S.W.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the opioid epidemic and large-scale efforts to increase capacity to treat opioid use disorder (OUD) in the United States.; 2) Describe OUD best practices for screening, naloxone provision, referrals, buprenorphine-waivered prescribers, and MOUD.; 3) Identify common barriers in implementing OUD outpatient mental health clinic practices.; and 4) Identify facilitators and strategies to build clinic capacity in mental health clinics..

SUMMARY:

The opioid epidemic has contributed to the first multiyear decrease in US life expectancy in a century. Unfortunately, less than a third of individuals with a likely opioid use disorder (OUD) receive treatment,¹ including those receiving other mental health services.² Although medications like buprenorphine

reduce overdose and dependence,³ in most states, there are more individuals with OUD than the capacity to provide these treatments.⁴ Building capacity of public mental health clinics to screen and treat individuals with OUD is a step in addressing the OUD epidemic. National Mental Health Services Survey data estimate that 22% of the estimated 3.6 million outpatient mental health clients nationwide in a given month have co-occurring disorders (COD),⁵ and other studies suggest the prevalence of OUD in this population is approximately 10%.² Several large-scale efforts are underway including the HEALing communities study and the SCOUTT initiative led by the US Department of Veterans Affairs,^{6,7} however few efforts of this magnitude aim to improve OUD treatment in mental health service settings. During this session, speakers will start by providing a brief overview of the opioid epidemic, clinical best practices, and national and large-scale efforts to increase the capacity to provide treatment. Two brief presentations will follow, describing real world implementation efforts and outcomes in general public mental health settings. first will provide an overview of the development of an NIH-funded toolkit to support the implementation of medication for opioid use disorder (MOUD) pharmacotherapy for people with OUD in public mental health clinics. The presentation will include data on clinic capacity, and psychiatrists and patient perspectives. Next, a speaker from New York's Building Capacity for Best Practices in OUD Treatment initiative, with 485 participating public mental health clinics, will review implementation barriers, strategies, lessons learned, and impact to date. Participants will then break out into small groups to brainstorm will then break out into small groups to brainstorm (1) barriers to implementing MOUD in their practice settings, (2) strategies to overcome these barriers, and (3) tools needed to support MOUD in their practice. The presenter panel and larger group will discuss themes that emerged from small group discussions, and the session will end with a Q&A where the panel addresses open questions from participants. Overall, the session provides an overview of OUD best practices, and works with participants to identify how they may adapt lessons learned and strategies to overcome barriers in their practice settings. The presenters include two board-certified psychiatrists Medical Directors from the NYS Office of Mental

Health, who collaborated on the New York State initiative, as well as a senior researcher from the RAND presenting on the NIH funded toolkit development in California.

Anxious and Irritable Endophenotypes of Major Depressive Disorder

Chair: Alan F. Schatzberg, M.D.

Presenters: Maurice Ohayon, Manish Kumar Jha, M.B.B.S., Alan F. Schatzberg, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review epidemiology of anxious depression and depression with irritability; 2) Review data pointing to relative non-response in the two subtypes in response to pharmacological therapy; and 3) Present data on novel treatment strategies for the two endophenotypes.

SUMMARY:

In the past few years, increasing attention has been paid to clinical subtypes of major depressive disorder with observations that these subtypes might auger poor responses to treatment. This symposium will focus on two subtypes-MDD with anxious features and MDD with irritability. Both these disorders are relatively common and represent clinical challenges for the practitioner. Of note in the STAR*D study anxious features predicted poor response to citalopram in Phase I as well as to follow on switch or augmentation strategies. In the later international study ISPOD-d, anxious features predicted poorer responses to escitalopram, sertraline, or venlafaxine monotherapy. These large-scale studies point to the significance of anxious features in treating MDD. In the EMBARC study, irritability was associated with significantly poorer social adjustment. Alan Schatzberg will introduce the purpose of the panel and present a brief overview of key issues to focus on. The remaining three presentations will present: new epidemiologic data in the United States on prevalence of current these disorders, as well as one year follow up data; suicide risk and f-MRI in adolescents and adults with MDD with irritability; and last innovative treatment strategies. Maurice Ohayon will present unpublished data from an epidemiologic sample of 11,000 subjects in the

United States using his SleepEval System. Significant anxiety was observed in 46% of subjects with MDD. These subjects had significantly greater risk of still being symptomatic three years later. Specifics regarding possible differential effects of classes of medication will be reviewed. Manish Jha will present previously unpublished data from a large (N=2248) real-world cohort of depressed youths (aged 12 to 17 years) and adults (aged 18 years to 64 years) that demonstrate significant association between symptoms of irritability and suicidal ideation, with stronger association in youths as compared to adults. Using resting-state functional connectivity data from the EMBARC study, he will also present previously unpublished data regarding neurocircuit mechanisms that account for the association between irritability and suicidal ideation. Schatzberg will review data on possible alternative therapies for anxious depression, including: adjunctive benzodiazepines, atypical antipsychotics 5HT-2 antagonist antidepressants r-TMS, and zuranolone. r-TMS was recently approved by the FDA for MDD with anxious features. He will review recently presented data from studies on zuranolone that binds to synaptic and extra-synaptic GABA-A receptors. An add on study to traditional antidepressants indicated that MDD patients with anxiety demonstrated significantly greater response than did those without anxiety. Further, a combined analysis of three other Phase II and III trials in MDD patients also indicated significantly greater responses in anxious depressives to zuranolone monotherapy.

“Anyone Could Have Stopped Me”: Early Intervention in the Pathway to Violence to Prevent School Shooting

Chair: Shanila Shagufta, M.D., M.P.H.

Presenters: Andrew Nanton, Daniel Nicoli, D.O., GREG A CONCEPCION

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To review media misinformation about mass shooting; 2) Understanding the behavior of a school shooter and their psychosocial dynamics; 3) Learning to do pragmatic risk assessments in patients with history of violence in pediatric emergency departments; and 4) Practice doing

threat assessments using clinical vignettes and to discuss early intervention strategies.

SUMMARY:

Despite recent escalation in mass shooting events in the US, these incidents remain a rare occurrence. Media sensationalizes these tragedies, stereotypes school shooters as people with severe mental illness, who are prone to violence and hyper focuses on politicized issues creating a perception that gun laws can eradicate mass shooting. Policies and laws that broadly target people with psychiatric conditions is low yield and counterproductive as it gives false reassurances and deters from discussions about actual preventive efforts. Behavior analysis of school shooters indicates that each mass shooting incident was unique and a complex interplay between psychosocial stressors, psychopathology and trauma. Most perpetrators had communicated their intent to attack and had exhibited concerning behaviors in the year leading up to the attack. Research analysis of school shooting suggest that many of these incidents were preventable and therapeutic psychosocial interventions were more meaningful in averting the trajectory of violence. The session will focus on doing a comprehensive threat assessment when screening patients in emergency setting for homicidal ideation. Participants will learn about the personality traits, psychosocial risk factors of a school shooter and common themes and motives behind the shooting. Participants will be presented with clinical vignettes to assess the level of threat posed by the patient in each case, they will then determine the level of response that is warranted in each situation. The speakers in this session include two child forensic psychiatrists and a child adolescent psychiatry fellow that collaborate with the primary team in an academic hospital and recommend therapeutic interventions to families, schools and law enforcement agencies.

Approaches to Treatment Resistant OCD

Chair: Wayne K. Goodman, M.D.

Moderators: Edmond H. Pi, M.D., Ron M. Winchel, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify which medications have been shown effective for OCD based on randomized clinical trials; 2) Apply an evidence-based pharmacologic approach to patients with OCD who have not experienced an adequate response to an SSRI; 3) Evaluate whether a patient with OCD would be a possible candidate for Deep Brain Stimulation; and 4) Differentiate the clinical presentations of OCD vs anxiety disorders (e.g., GAD) to develop appropriate treatment plans..

SUMMARY:

Obsessive-compulsive disorder (OCD) is a common, chronic, and oftentimes disabling disorder. About 30-40% of patients fail to respond sufficiently to first line treatments of exposure and response prevention (ERP) and serotonin reuptake inhibitors (SRIs). Beyond SRI monotherapy, antipsychotic augmentation is the only medication approach for OCD with substantial empirical support. Our incomplete understanding of the neurobiology of OCD has hampered efforts to develop new treatments or enhance extant interventions. This review focuses on several promising areas of research that may help elucidate the pathophysiology of OCD and advance treatment. The preferential efficacy of SRIs in OCD has neither led to discovery of serotonergic abnormalities in OCD nor to development of new serotonergic medications for OCD. Several lines of preclinical and clinical evidence suggest dysfunction of the glutamatergic system in OCD, prompting testing of several promising glutamate modulating agents. Functional imaging studies in OCD show consistent evidence for increased activity in brain regions that form a cortico-striato-thalamo-cortical (CSTC) loop. Neuromodulation treatments with either noninvasive devices (e.g., transcranial magnetic stimulation) or invasive procedures (e.g., deep brain stimulation) provide further support for the CSTC model of OCD. A common substrate for various interventions (whether drug, behavioral, or device) may be modulation (at different nodes or connections) of the CSTC circuit that mediates the symptoms of OCD. Following a review of the phenomenology and differential diagnosis of OCD, this presentation will focus on adult patients with

severe and chronic OCD who have exhausted a wide range of available therapeutic options. Deep brain stimulation (DBS) targeting the ventral capsule/ventral striatum is approved by the FDA under a humanitarian device exemption (HDE) for intractable OCD. The presentation will include a review of the literature on outcomes with DBS, discussion of inclusion/exclusion criteria, surgical procedures, and DBS programming. Preliminary findings from an NIH funded study to develop closed-loop DBS for OCD will be presented.

Athl-Ethics: A Sprint of Ethical Considerations in Clinical Care, Research, and Publication

Chair: Kenneth Roland Kaufman, M.D.

Presenters: Kamaldeep Bhui, Thomas Schulze, Kenneth Roland Kaufman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand ethical themes that are central to appropriate clinical care, research and publication; 2) Understand and have the ability to improve the ethical treatment of patientathletes and use therapeutic use exemptions; 3) Demonstrate a broader understanding of research ethics, specifically in the context of genomic research; and 4) Understand common publication ethics issues and demonstrate best practice and behaviour to avoid rejection of a manuscript or retraction of a published manuscript..

SUMMARY:

Ethical themes are central to appropriate clinical care, research, and publication. Ethical violations negatively affect the integrity of each. Each speaker will address ethical concepts in these domains respectively and will give plenty of time for an interactive discussion following each session. Delegates will be actively encouraged to share personal experience (with appropriate anonymity): “Ethical Considerations in Sports Psychiatry: Patient-Athletes with Bipolar Disorder and Comorbidities.” When treating complex patient-athletes, the sports psychiatrist needs to be cognizant of ethical themes [the World Anti-Doping Code with Prohibited List] while ensuring both the highest level of clinical care and the patient’s ability to participate in sports.

These issues are frequently not adequately addressed with many patient-athletes treated by consultants having limited knowledge of the Code, the Prohibited List, and Therapeutic Use Exemptions “Ethical Considerations in Genomic Research.” The significance and complexity of genomic research cannot be overstated. Genomic research can lead to a better understanding of disease pathology, treatments, and long-term outcomes. Yet there are limitations to findings and, when performing such research, ethical and legal considerations are important. “Ethical Considerations in Publication.” Fundamental to the dissemination of scholarly work is publication with scholarly integrity requiring both research ethics and publication ethics. Publication ethics begins with the efforts of the authors. Though standard polices exist for publication ethics, editors, editorial boards, and publishers too frequently note that ethical polices are violated which may even result in article retraction.

Audits and/or Profits? Understanding the 2023 Changes in Coding and Documentation Requirements, an Interactive Workshop

Chair: Jeremy Musher

Presenters: David Yankura, Patrick Ying, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the code selection criteria for evaluation and management services in both the office and facility settings.; 2) Know the generally accepted documentation requirements for evaluation and management services and psychotherapy.; and 3) Know the current coding and documentation requirements associated with telepsychiatry..

SUMMARY:

2023 brings yet another major revision to coding and documentation requirements that affect psychiatrists, such as the completion of a paradigm shift in evaluation and management (E/M) documentation, rule changes affecting telepsychiatry, and coding changes for prolonged visits. This is occurring against the backdrop of an increasing number of psychiatrists having their coding and documentation practices questioned by

commercial payers, frequently resulting in psychiatrists repaying payers large sums of money. This workshop will review recently changed requirements, clarify how to select the proper code, and provide examples of how to document the care to meet billing requirements. Using interactive polling technology, members of the APA Committee on RBRVS, Codes and Reimbursements will use case examples to illustrate how to code and document care. Meeting new medical decision-making requirements of E/M care as well as coding and documenting psychotherapy when done in conjunction with an E/M service will be covered. Presenters will also discuss coding for telepsychiatry including audio-only care.

Autoimmune Brain Disorders: Immune Regulation and Psychiatric Symptoms

Presenters: Genalynne C. Mooneyham, M.D., Richard Jin, Jeffrey Gelfand

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) Clinicians will be able to recognize illness models in which the immune system may influence psychiatric symptom burden and vice versa.; 2) 2) Participants will be able to identify the core symptoms necessary to make a diagnosis of Autoimmune Encephalitis using the Graus criteria.; 3) 3) Clinicians will be able to articulate key differences in the innate and adaptive immune responses.; 4) 4) Providers will be introduced to next generation diagnostic testing methods that may influence the standard of care in years to come.; and 5) 5) Psychiatrists attending this presentation will become familiar with ways to meaningfully engage members of the multi-disciplinary care team when treating patients with Autoimmune Encephalitis..

SUMMARY:

Autoimmune encephalitis (AE) is an antibody mediated inflammatory brain disease that often presents with debilitating psychiatric symptoms. However, patients with AE are frequently misdiagnosed as having a psychiatric illness and the underlying reason for their symptoms may go unrecognized. Without medications that treat the

underlying immunological processes responsible for this condition, AE can be fatal. Insurance barriers to care, provider awareness, and societal stigma often influence patient identification and treatment. Some patients receive expensive diagnostic work ups and others receive little to no evaluation outlining the need for consensus in the standard of care. The incidence of AE is nearly equal to infectious encephalitis but there are notable differences in the pediatric and adult populations. These include differences in clinical phenotypes, the etiology of autoantibody production, and the epidemiological frequencies of antibody subtypes. N-Methyl-D-Aspartate receptor (NMDAR) antibodies were the first example in which an underlying mechanism of AE was discovered^{1,2}. AE now describes a spectrum of illness characterized by inflammation of the central nervous system due to the production of anti-neuronal antibodies³. Making the correct diagnosis is dependent on getting brain imaging along with a lumbar puncture in order to test for identifiable antibodies which may be intra or extracellular³. There has been a dynamic discovery of new antibody subtypes over the past 15 years. Symptoms associated with AE are highly heterogeneous and may also include personality changes, seizures, movement disorders, cognitive decline, language impairments, memory deficits, and autonomic instability which can be life threatening^{2,3}. Failure to recognize this clinical condition can lead to fatal outcomes while prompt treatment can lead to symptom resolution^{1,2,3}. Graus and colleagues established a set of proposed diagnostic criteria for AE in 2016 based on expert consensus³. Audience members will become familiar with the current literature regarding Autoimmune Encephalitis. Given the heterogeneity of psychiatric symptoms that may be associated with this condition, participants will receive additional instruction on ways to differentiate AE from a primary psychiatric disorder. Clinicians will also be better equipped to advocate for the workup necessary to provide diagnostic clarity when AE is included in the differential diagnosis.

BEDside Study and Stomp: Understanding Disordered Sleep Among Adults With Intellectual Disability and Rationalising Antipsychotics

Chair: Paul Shanahan

Presenters: Paul Shanahan, Aruna Sahni, Rupal Ekeberg, M.B.B.S., B.Sc.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the prevalence of disordered sleep and sleep disorders that present in adults with intellectual disabilities.; 2) Describe what disordered sleep among adults with intellectual disabilities means and its implications for practice.; 3) Provide types of circadian rhythm sleep wake disorders that present in adults with intellectual disability.; 4) Understand how STOMP (a national project to reduce psychotropic prescribing in adults with intellectual disability) can improve patient quality of life through collaboration and innovation.; and 5) Identify factors that increase the likelihood of STOMP being implemented safely in your service..

SUMMARY:

Previous research indicated a high prevalence of disordered sleep among adults with intellectual disabilities, however issues with study design impacted findings. The prevalence of disordered sleep among adults with intellectual disabilities has recently been identified as ranging from 6.1-74.2%. Few of these studies monitored sleep using objective measures. Additionally, the prevalence of sleep disorders varies significantly when considering the underlying cause of a patient's intellectual disability. The diagnosis of insomnia requires a "complaint" which can often be missing or presents differently in the intellectual disability population. As a result, insomnia is not regularly diagnosed. Sleep disorders in adults with intellectual disability needs to incorporate objective measures alongside a way of considering how it impairs social, occupational, educational, behavioural, or other important areas of functioning. In primary care, it was noted that the proportion of people with intellectual disabilities treated with psychotropic drugs exceeded the proportion with recorded mental illness and antipsychotics are prescribed for people with no recorded severe mental illness but behaviours that challenge. Public Health England reported that up to 35000 people with ID a day take psychotropic medications they may not need. Our session will provide an overview of the prevalence of disordered

sleep and sleep disorders amongst adults with intellectual disability. We will present the prevalence of different sleep parameters (such as short sleep duration). We will summarise the prevalence of sleep disorders and disordered sleep according to cause of intellectual disability. Following a mixed methods concurrent design study, we will present the results of 27 research participants with intellectual disabilities who have worn an actigraphy watch whilst tracking their behaviours that challenge. The data was analysed using multi-level modelling to understand the relationship between sleep and behaviours that challenge. The qualitative arm of the study included 16 people, ten with intellectual disabilities, and six of their carers and relatives. The study will provide a way of defining the impact of disordered sleep. Afterwards, a national strategy to rationalise psychotropic medications in the intellectual disability population will be described, including how it can be implemented safely and successfully. During our session, we will provide participants with strategies for assessment and intervention when people with intellectual disability present with disordered sleep or sleep disorders in the community. This will include, how different causes of intellectual disability may increase the likelihood of sleep disorders, such as obstructive sleep apnoea in adults with Down syndrome. We will help participants to consider how to measure sleep and its impact. Finally, we will provide ways to embed STOMP into clinical practice.

Behind the Screen: Cyberbullying and Its Connection With Mental Illness and Substance Use

Chair: Kanya Nesbeth, M.D.

Presenters: Camila Haynes, M.D., Marcus Hughes, M.D., Yushkia Woodford, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify incidence, etiology and impact of cyberbullying; 2) Describe the relationship between cyberbullying and depression, anxiety and substance use amongst victims and perpetrators; 3) Identify vulnerable groups and populations; 4) Provide suggestions for creating clinical screening tools; and 5) Develop awareness of resources and

interventions to offer parents, children, social workers and teachers.

SUMMARY:

The internet offers users access to information, inspiration, collaboration and communication. With the increased usage of laptops, tablets and cellphones, the world is always connected via email, social media and instant messaging. With time, a more insidious and sinister side of the internet has emerged, and with it, cyberbullying, coercive sexting, revenge porn and the dark web. Over the last 3 decades, concern has grown that these new-age problems threaten the psychological wellbeing of society. Studies have shown that cyberbullying is related to increased substance use, depression and suicidal ideation, especially in the child and adolescent population. Newer studies have examined the impact of cyberbullying on university-age victims and similar findings exist. Mass media has attempted to capture the full range of impact of cyberbullying. In this presentation we will provide an in-depth look at various characters who fall victim to cyberbullying. Clips from *The Most Hated Man on the Internet*, *Euphoria*, *I Love you Now Die* and *The Vanishing at the Cecil Hotel* will be shown. Through film, fictional and non-fictional victims reveal the social and psychological impacts of their experiences with cyberbullying, Accounts by these individuals depict difficulties with depression, anxiety, substance abuse, and even suicide. Research studies depict that children who engage in bullying are more likely to be involved in alcohol, tobacco, and illicit drug use during adolescence and adulthood, while victims are more likely to report smoking and illicit drug use. According to most studies, the majority of the cyberbully-victims were more likely to have higher reports of using illicit drugs when compared to cyberbullies. Illicit substance use amongst adolescents included high risk injection substances (cocaine, heroin, inhalants, ecstasy) and non-prescribed opioids. Adult victims of cyberbullying reported higher use of alcohol as a result of psychological maladjustment if bullied during childhood or as a maladaptive coping mechanism in adulthood. While there are multiple studies about the impact of cyberbullying on the child and adolescent population, there is a dearth of information on its impact on the adult population.

During this presentation, the adult victims' real life experiences will be explored in the prepared clips. After each visual portrayal, we will provide an in-depth discussion and these discussions will inform a group activity on topics of interest, relevant to the identification and management of the patient who is a victim of cyberbullying as well as the associated impact on individual and collective mental health and wellbeing. Society's increasing access to technology facilitates longer screen times and lends to more incidents of internet misuse. It is important for mental health providers to appreciate the scope of the problem, be able to screen for comorbid mental illnesses and know how to intervene.

Boston HEAT: Psychology, Survivor, Law Enforcement Collaboration to Engage Women at the Intersection of Sex Trafficking and Substance Use Disorder

Presenter: Abigail Judge, Ph.D.

Moderator: Lucy Ogbu-Nwobodo, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List three associations between commercial sexual exploitation/sex trafficking, and the opioid crisis; 2) Recognize how traditional services fail this population, and learn the characteristics of professionals and settings that promote engagement; 3) Describe three characteristics of effective law enforcement and mental health partnerships; and 4) Name two obstacles to building these community partnerships, and ways to overcome these challenges.

SUMMARY:

The psychiatric literature on sex trafficking in its infancy, but several important themes have emerged. First, patients present for healthcare during trafficking with very high rates of psychiatric morbidity and complex social needs. However, trafficked patients struggle to engage in psychiatric treatment due to competing survival needs, ongoing trauma, housing instability, and substance use. This population urgently needs support, but traditional care models are inaccessible or irrelevant to trafficked women's most pressing concerns. These challenges present an opportunity for high impact,

community collaborations that reimagine care for this overlooked and high-risk group of sex trafficking victims. This session will describe an outreach-driven collaboration designed to engage women who are impacted by active addiction and commercial sexual exploitation in person-centered care. Our project focuses on the Boston neighborhood known as Mass and Cass, which is an open air drug market described as the epicenter of Massachusetts' opioid crisis. In 2021, Mass and Cass was declared a public health emergency due to intersecting problems of homelessness, untreated mental illness, and substance use, including tent encampments. This is not unique to Boston, as homelessness encampments in the context of the opioid crisis vex city officials across the country. A relatively overlooked dimension of this crisis is the commercial sex trade, which is symbiotic with drug markets. Women with addiction and untreated trauma who are exploited in the sex trade shoulder more severe addiction, psychiatric symptoms, and violence. This population also mistrusts healthcare, law enforcement, and shelters. These challenges demand an approach to engagement that meets women where they are: on the street and driven by their own goals. Boston HEAT (Human Exploitation and Trafficking) Task Force is a collaboration between psychology, survivor advocacy and law enforcement dedicated to women in active addiction and situations of ongoing commercial sexual exploitation. Our low threshold, relational model of therapeutic engagement has been under development since 2017, and offers psychological support and survivor advocacy to trafficked women via street outreach, law enforcement ride-alongs with the Boston Police Department's Human Trafficking Unit, and a nighttime drop-in center. We will describe each of these components and emphasize our law enforcement collaboration in light of this population's notorious mistrust of police and the unexpected efficacy of this partnership. Presenters include founding psychologist, survivor advocate, and law enforcement collaborators. We present stories of women served by our approach, offer strategies for building the community partnerships needed to sustain this work, and suggest the responsibility of psychiatry to reimagine care when the clinic is not trusted.

**Bridging the Gap Through Primary Care
Collaboration: Psychotherapeutic Expertise in
Integrated Primary and Behavioral Health Care**

Chair: David L. Mintz, M.D.

*Presenters: Sherry Katz-Bearnot, M.D., Madeleine
Elise Lansky, M.D., Elizabeth A. Greene, M.D.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the rationale for a biopsychosocial approach to psychiatric consultation on integrated care teams; 2) Offer case formulation as a trustworthy foundation on which appropriate and helpful psychiatric interventions can be structured, implemented and maintained; 3) Recognize and help manage countertransference constellations that can interfere with optimal functioning of integrated care teams; and 4) Explain and demonstrate at least one brief psychotherapeutic intervention that can be taught to and utilized by primary care clinicians.

SUMMARY:

With the shortage of psychiatrists and other mental health care providers in the United States, primary care collaboration and integrated behavioral health models have become increasingly important as a strategy for bridging the gap and bringing psychiatric care to those in need, particularly underserved populations. Psychiatry is a biopsychosocial discipline, and psychiatrists bring a unique combination of biomedical and psychotherapeutic skills to primary care collaboration, allowing them to provide a deep and holistic view of patients within this care setting. From this perspective, psychiatrists can serve as another kind of bridge, helping connect primary care teams with challenging patients and maximizing the supportive psychotherapy skills that primary care physicians already utilize. In other words, a consulting psychiatrist who integrates biopsychosocial/psychotherapeutic perspectives is able to guide the team in understanding not only *what* treatments to offer, but also *how* to offer those treatments in ways that optimize patients' abilities to make use of that care. In this presentation, we will review the history, theory, and evidence underlying biopsychosocial psychiatric consultation in integrated care. We will demonstrate how an understanding of

the dynamics of treatment resistance can support the work of the primary care team with some of the most challenging patients, and will review some common dynamics underlying treatment-resistance. Such consultation can help front-line treaters identify and cope with countertransference, which has a range of benefits, including enhancing the treatment alliance, reducing irrational prescribing, and potentially reducing treater stress and burnout. We will also demonstrate how primary care teams can be educated to provide basic psychotherapeutic interventions that remove resistances to the healthy use of treatment and enhance working alliances with the primary care team.

Building and Sustaining a Statewide Telepsychiatry Network: A Decade Long Experience of the North Carolina Statewide Telepsychiatry Program (NC-SteP)

Chair: Sy Ateaz Saeed, M.D., M.S.

Presenters: Lucia Smith-Martinez, M.D., Radhika Kothadia, Katherine Jones, M.D., Yajiong Xue

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Summarize evidence supporting the use of telepsychiatry and describe the demonstrated benefits of using telepsychiatry in mental health settings; 2) Describe the magnitude of the mental health workforce shortage and how it impacts access to care; 3) Describe how North Carolina Statewide Telepsychiatry Program (NC-SteP) is addressing problems in areas of access to quality (evidence-based) mental health services; and 4) Summarize the recent research finding regarding ED boarding, cost savings, technological advances, and race/gender differences from the NC Statewide Telepsychiatry program.

SUMMARY:

Mental disorders are common, and they are associated with high levels of distress, morbidity, disability, and mortality. There is extensive evidence and agreement on effective mental health practices for persons with these disorders. Unfortunately, many people with these disorders do not have access to psychiatric services due to the shortage, and maldistribution of providers, especially

psychiatrists. This has resulted in patients going to hospital emergency departments to seek services resulting in long lengths of stay and boarding of psychiatric patients in hospital emergency departments. A growing body of literature now suggests that the use of telepsychiatry to provide mental health care has the potential to mitigate the workforce shortage that directly affects access to care, especially in remote and underserved areas. The North Carolina Statewide Telepsychiatry Program (NC-SteP) was developed in response to NC Session Law 2013-360. The vision of NC-SteP is to assure that if an individual experiencing an acute behavioral health crisis enters an emergency department of a hospital anywhere in the state of North Carolina, s/he receives timely, evidence-based psychiatric treatment through this program. Aside from helping address the problems associated with access to mental health care, NC-SteP is helping North Carolina face a pressing and difficult challenge in the healthcare delivery system today: the integration of science-based treatment practices into routine clinical care. This program launched in October 2013. Since then, as of March 31, 2022, NC-SteP has provided 52,764 telepsychiatry consults with 8,392 involuntary commitments being overturned, with associated savings of more than \$45,316,800. Given the success of the program, in 2018 the North Carolina legislature expanded the scope of services provided to beyond emergency departments to the community-based settings, using a collaborative care model. Since then, NC-SteP has added 18 outpatient sites to its 40-hospital network. This presentation will provide current data on the length of stay, patient dispositions, and other parameters for patients who received telepsychiatry services through NC-SteP. The data regarding workforce shortages, access to health care, poverty, and other socioeconomic factors in the region that limit access to transportation, adequate nutrition and basic necessities will be presented. We will present data from NC-SteP published research that focuses on ED boarding of patients; cost savings associated with the use of telepsychiatry; and how the COVID-19 crisis has led to a heightening demand for telepsychiatry consultations in NC, but there is a possible race disparity in these demands between black and white mental health patients. We will also discuss technological innovations from the program,

including developing a web portal to share clinical information; facilitate scheduling, status tracking, and reporting on each patient encounter; and billing.

Calling Agents of Change: Equipping Psychiatrists to Identify and Tackle Diversity and Inclusion

Chair: Amy Alexander, M.D.

Presenters: Eyuel Terefe, M.D., Ludmila De Faria, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the role bias plays at various stages of medical training, especially implicit bias.; 2) Identify the various mechanisms that contribute to discrimination and racism in medicine.; 3) Recognize the key stakeholders, organizations, and policies within institutions that can facilitate the implementation of diversity and inclusion initiatives.; 4) Learn the current challenges with diversity initiatives in medicine.; and 5) Recognize and identify from case vignettes means of advocating for and promoting change..

SUMMARY:

Diversity, equity, and inclusion (DEI) initiatives are increasingly recognized as necessary in the practice of medicine to reduce health disparities for patients. They are viewed as important in medical insitutions, not just hospitals and clinics, but also in medical schools to address and combat the longlasting effects of systemic racism. Despite these efforts, some states and lawmakers are taking steps to prevent the ability of teachers, educators, and institutions to address DEI. DEI initiatives are misunderstood by critics and grouped with hot-button topics such as "CRT," "critical race theory," and "woke curriculum." This is alarming because medical educators who teach medical students and residents, including physicians, are already being affected by these policies, especially state-funded schools and universities located in particular states. It would be a great loss to underrepresented minorities to be unable to teach DEI, educate others about DEI, or carry out DEI initiatives in medical schools. There is a current need to understand this problem and to work together as advocates to protect this right nationally and ensure that this right

is not removed. As psychiatrists, we are trained to understand the psychosocial perspective of our patients, but we must also lend that holistic lens to examine inequities within our training institutions and among our colleagues, trainees, and students. We must also do better in advocating and educating our peers and fostering an inclusive dialogue. Despite DEI initiatives in all levels of medical training, including faculty recruitment, promotion, and retention, their success continues to be elusive in academic medicine. It is difficult to ensure that the implementation of these policies are without bias, microaggressions, and resistance. Bias tends to be unintended and implicit, propagated in med school admissions, evaluations, and recommendations. The consequences are the disproportionately low matriculation rates of Black residents – ultimately shrinking the pool of clinicians that serving communities of color. To further complicate things, there has been social, political and legal backlash against the implementation of such policies, as described above. During our session, we examine real-world case examples of how such bias impacts residents and ultimately translates to the lack of diversity of providers for patients. Furthermore, we will engage participants in discussions to foster insights into their varied experiences. We will share our data on our ongoing study which aims to elucidate the underlying individual and institutional factors that affect perceived discriminatory experiences among Black physicians. Lastly, we will share information on means to support residents, colleagues, and faculty as well as ways for advocating and implementing efforts that support and promote anti-discriminatory policies and foster improvements within our academic training milieu and work culture.

Catharsis Welcomes Creativity: A Poet's Tale of Exploring Mental Health Through the Arts

Chair: Frank Clark, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to develop an appreciation regarding the importance of utilizing the arts and humanities in psychiatry; 2) At the

conclusion of this session, the participant will be able to create their own work of poetry and discuss their reflections regarding this activity; and 3) At the conclusion of this session, the participant will be able to employ strategies to help implement arts and humanities initiatives in healthcare environments..

SUMMARY:

The intersection of the arts and humanities in psychiatry is vital to the professional growth and development of the physician workforce that seeks to transform healthcare utilizing an integrated approach. Furthermore, it provides a roadmap that invites opportunities for exploring humanity through a diverse, inclusive, and equitable lens. Poetry is a form of art that fosters creativity, transparency, and vulnerability for the bard and for the listener. It evokes an array of emotions for persons who are at various stages of their healing journey. It serves as an antidote for reconciliation and rehabilitation. The state of our world has felt like a moving pendulum of hope and despair for the past three years. The carnage of the COVID pandemic, political polarization, acute on chronic inhumane treatment of historically marginalized communities, and war among neighboring countries have had deleterious sequelae on the human psyche. These sequelae manifest themselves as depression, anxiety, burnout, and trauma. The unrelenting turmoil in our society has led me to awaken a creative state that laid dormant for years. I have regained my poetic voice, which has created opportunities for growth and fostering collaborations with artists, composers, vocalists, and musicians. Our shared goal is to create a space for reflection, perspective, narratives, and self-discovery. The arts and humanities must continue to coalesce with the field of psychiatry if we seek to dissolve division and improve the health outcomes of the communities we serve. This workshop is intended to embolden fruitful discussion around exploring humanity through poetry, music, and mental health. Additionally, participants will have an opportunity to participate in a creative writing exercise and listen to a performance of a song cycle based on three poems inspired by events that took place in the Satilla Shores neighborhood.

Challenges, Opportunities and Innovation for Psychiatrists in an Unequal World

Chair: Sebolelo Letshego Seape, M.B.B.S.

Presenters: Vinay Lakra, Gary A. Chaimowitz, M.D., Andreas Meyer-Lindenberg

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To gain an overview of the available resources for mental health and how services are provided in different regions, with emphasis on South Africa, Australia, Canada and Germany; 2) Innovations that have been undertaken by psychiatrists to improve mental health services.; 3) International networks and collaborations within continents and across the globe.; and 4) Challenges and opportunities in psychiatric practice, clinical work and service delivery..

SUMMARY:

The world is characterised by disparities which in mental health are starkly shown by unequal distribution of psychiatrists amongst different countries. According to the World Health Organization Global Health Observatory Data Repository there are countries in Africa that have 0.01 psychiatrists per 100 000. Even for well-resourced countries, there is a decline in funding of health with mental health suffering the most. Within middle income countries, there is an inequitable distribution of mental healthcare workers with countries such as South Africa having more psychiatrists serving a smaller population in the private sector. This calls for psychiatrists to look at opportunities and come up with some innovations that will deal with multiple challenges of the increasing burden of mental illness globally. In this session we shall present how the different areas of the globe differ, how they serve their populations and what innovative methods they have employed and the collaborations they have engaged in to best serve their respective communities. The session will also highlight the challenges and opportunities that present for the psychiatrist, the community, the researcher and the state.

Champions of Social Justice: Psychiatry in Marginalized Communities (Docuseries Project of SCPS Psychiatrists Working in Marginalized Communities)

Chair: Ijeoma Ijeaku, M.D., M.P.H.

Presenters: Amy Woods, M.D., Manal Khan, M.D., Ruqayyah Malik, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the role of social and environmental factors in the disruption of mental health and development of psychiatric disorders; 2) Identify specific factors, which compromise the mental health of individuals within marginalized communities; 3) Explore the issues related to intersectionality between various psychosocial factors/constructs and psychiatric disorders with emphasis on practical ways to address such issues; and 4) Educate providers at various career levels through the power of media about the importance of incorporating clinical, advocacy and research themes gleaned from those who serve marginalized communities.

SUMMARY:

According to the Merriam Webster dictionary, social justice is *justice in terms of the distribution of wealth, opportunities, and privileges within a society*. The concept of social justice has broadened to include other aspects of our social life beyond income and economics such as gender, race, sexuality, and other constructs that stratify members of any given society. As Psychiatry awakens to the impact of racism and other social/environmental constructs on the mental health of individuals and communities, it is imperative to take a closer look at the singular and collective effects of these constructs and examine ways of mitigating their overall burden. It is imperative that the provider that wants to stay relevant in today's practice and help build a mentally healthy society for the present and future generations must fully grasp the social groups that an individual may identify with and how these social groups help define them. Storytelling in the information age is an important learning tool. The Southern CA Psychiatric Society (SCPS) embarked on a journey to show case and highlight the extremely

important work that some of its members have been doing in different practice settings with various marginalized communities. The product was nine mini documentaries highlighting their work in marginalized communities

<https://www.socialpsych.org/docuseries/> Our session will review the role of social and environmental factors in the disruption of mental health and development of psychiatric disorders using evidence-based literature. Through the video, our session will identify specific psychosocial factors, which compromise the mental health of individuals within marginalized communities then explore the intersectionality of these issues and psychiatric disorders with emphasis on practical ways to address such issues. Our presenters will play a 25-minute video of the consolidated docuseries highlighting the background that led to the work and looking at various themes common to marginalized communities. Our presenters have identified various themes and concepts highlighted in the docuseries that are common to marginalized communities. Our presenters will discuss the four top themes from the docuseries (listed in the agenda). Following presentation of each theme via video, there will be a pause to allow for maximum interaction with the audience to discuss the preceding theme using evidence-based literature and introducing novel ideas and techniques. During our highly interactive sessions, we will divide the audience into facilitator-led work groups, discuss the theme and develop action items for their practices. By watching videos of psychiatrists at different career stages from different practice settings, it is our hope that participants (both psychiatrists and non-psychiatrists/other providers) can learn from these champions of social justice and apply such principles in their clinical, academic, advocacy and research practices

Clinical Effects and Indications of Testosterone Therapy in Men With Depression

Chair: George Grossberg, M.D.

Presenters: Mitra Keshtkarjahromi, Sarah Elmi, Hamid Reza Amanatkar, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) understand the epidemiology of depression in men with low testosterone levels and trajectory of testosterone level in men with psychiatric and physical illnesses; 2) understand the importance of treating low testosterone in hypogonadal men with depression and compare this efficacy with utilizing testosterone as augmentation therapy in depressed eugonadal men; 3) understand what age groups of men with depression benefit from testosterone treatment; 4) identify patients who benefit most from testosterone treatment based on sexual and mood symptomatology; and 5) provide the right treatment for low testosterone with understanding side effects and the efficacy of different pharmaceutical forms of testosterone replacement therapy.

SUMMARY:

Obtaining testosterone level in male patients with depression may not be a common practice in psychiatry; however, vast research findings in the last few decades support this practice in a specific population of men with depression. Although testosterone augmentation strategy in men with depression has been utilized by a small group of psychiatrists; we lack a general consensus for this practice. In the last few decades, there has been a surge of new studies investigating the impact of exogenous testosterone on mood. These studies used testosterone as monotherapy or as an augmentation to antidepressants. A review of these studies shows many inconsistencies. Differences in the results of these studies may reflect differences in participants such as eugonadal vs hypogonadal men, younger vs older populations, participants with minor depression vs major depression vs normal mood and concomitant medical illness such as HIV and Alzheimer's disease. We extracted scientific evidence from the literature to elucidate the efficacy of testosterone treatment in different age groups with different levels of testosterone. In this seminar, we first discuss the prevalence of depression in men with low testosterone levels. Then, we present scientific evidence to compare the efficacy of testosterone treatment in depressed men with low testosterone and eugonadal men. We elaborate the efficacy of augmentation therapy with testosterone

in these two groups. Moreover, we discuss what age groups of men with depression benefit the most from testosterone treatment. Sexual and mood manifestations of low testosterone and the efficacy of different pharmaceutical forms of testosterone will be present in details. We will then discuss how to identify the right population of depressive men for testosterone treatment. At the end, we will present side effects, tolerability and our recommended guideline for testosterone treatment in men with depression.

Clinical Pearls: Lesson Learned From Treating Mental Illness Among Arab Americans

Chair: Rana Elmaghraby, M.D.

Presenters: Alaa Elnajjar, M.D., Magdoline Daas, M.D., Bazif Bala

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the heterogeneity of Arab American population within USA and their different cultures; 2) Increase confidence level in addressing cultural differences with the presentation of mental illnesses; 3) Acknowledge barriers to accessing care within that population; and 4) Learn how to provide culturally competent care for that population.

SUMMARY:

Background: Arab Americans are a heterogeneous group of people who live in the United States and come from 22 different countries. Arab Americans are one of the most diverse ethnic groups in the United States with roots in a variety of ancestral nations, cultures, beliefs, and migratory patterns (Abdulazem et al). Arab American youth have unique risk factors predisposing them to psychiatric disorders. 56% of Arab immigrants have faced persecution in their home country, and 54% of those who reported an adverse event had symptoms, such as a PTSD diagnosis (Awad et al.) PTSD rates have reached alarming numbers in Arab youth, whose lives were wrecked by war - in some reports up to 35-50%. Arab Americans can be at risk of not getting the mental health care that they need (Awad et al.). There are various factors at play but most significantly: stigma and negative stereotypical

presentation of Arab Americans (Soheilian et al.).
Methods: A poll will initiate this presentation followed by a case presentation. Later on, the audience will be divided into small groups and provided the DSM 5R and APA guidelines for providing culturally competent care. Afterwards, the small groups will reconvene as a bigger group to address challenges and lesson learnt in providing culturally competent case formulation. Results: Participants will learn how to use the proposed module as an effective educational/ clinical tool which can be standardized and improve cultural psychiatry assessment in the Arab American patients. Discussion and conclusion: There is a scarcity of literature and research on Arab American mental health in general and in particular on the importance of cultural competence when working with Arab Americans. This presentation will provide an overview of the Arab American/MENA population, traditional Arab culture and values, the impact of discrimination on Arab American, mental illness in Arab American, and cultural variables to consider in seeking help. This presentation will provide recommendations and cultural considerations when working with Arab Americans.

Clozapine 101: Everything You Need to Know to Start a New Patient on Clozapine

Chair: Robert Cotes, M.D.

Presenters: Frederick Nucifora, M.D., Oliver Freudenreich, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will be able to list three tips for identifying a patient who may benefit from clozapine.; 2) Participants will be able to describe an initial titration strategy for starting a new patient on clozapine.; 3) Participants will be able to state how to use a clozapine level early in a titration.; and 4) Participants will be able to list and describe strategies to mitigate the most common serious side effects of clozapine including neutropenia and myocarditis..

SUMMARY:

Despite being the only pharmacologic treatment approved by the US FDA for treatment-resistant

schizophrenia (TRS), clozapine remains widely underutilized in the US and in many parts of the world. Barriers for clozapine's underutilization include patient concern about its side effect profile, mandated hematologic monitoring, administrative requirements through clozapine REMS, and prescriber reluctance. Prescriber reluctance, sometimes referred to as clozapophobia if extreme, is costly and can deny a patient an opportunity to try a potentially life-changing medication. Prescribers may feel more comfortable using clozapine by participating in educational efforts, building systems that support clozapine prescribing, and seeing first-hand just how clozapine can help patients succeed and accomplish their goals. This presentation will focus on how to initiate a new patient on clozapine. The presenters will make a case for why clozapine would be the only antipsychotic expected to be effective for a subset of patients (e.g. those with TRS), and provide tips for how to identify this group. Best practices on strategies for how to discuss clozapine with patients will be explained. Then, the presenters will review the evidence and existing guidance on how to initially titrate clozapine, and how and when to decrease other medications/antipsychotics, if applicable. Next, when to obtain clozapine levels and how to interpret them during a titration will be explained. The presenters will then review how to manage both common and potentially life-threatening side effects of clozapine, particularly ones that occur early in the titration. Tips will be shared on how to efficiently navigate Clozapine REMS. Attendees will leave the session empowered to identify appropriate candidates who may benefit clozapine, and pursue a clozapine trial with confidence.

Conceptual Competence in Psychiatric Training: Building a Culture of Conceptual Inquiry

Chair: G. Scott Waterman, M.D.

Presenters: Awais Aftab, M.D., John Zell Sadler, M.D., Brent Michael Kious, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Outline the elements of conceptual competence in psychiatric education and their relevance to psychiatric practice.; 2) Provide

examples of teaching opportunities for conceptual competence in clinical settings, research seminars (journal clubs), and psychotherapy supervision.; and 3) Offer examples of case-based discussion of traditional philosophical issues relevant to psychiatric ethics..

SUMMARY:

“Conceptual competence” has been identified as an important element of medical and psychiatric training. It is the transformative awareness of the ways by which background conceptual assumptions held by clinicians, patients, and society influence various aspects of clinical care and medical research, such as the pursuit of care, presentation of problems, assessment, diagnosis, and treatment. Aftab and Waterman (2021) have described it using the four elements of i) conceptual assumptions, ii) conceptual tools, iii) conceptual discourse, and iv) conceptual humility. This session will introduce the framework of conceptual competence and illustrate it with examples of how conceptual and scientific assumptions (often implicit) intersect with psychiatric practice to generate biases that psychiatrists need to guard against. After introducing the framework, we will describe a number of ‘entry points’ for discussing conceptual issues in psychiatry. Recognizing the importance of building a culture of conceptual inquiry in psychiatric education, we will argue that educators’ familiarity with these entry points enables weaving conceptual discussions into everyday, on-the-fly clinical supervision, as well as seminars focusing on a variety of topics. Such habits of inquiry around conceptual issues communicate both the ubiquity and importance of these concerns and prepare trainees to recognize and grapple with conceptual issues that manifest in their everyday work. We will consider three settings of psychiatric education particularly well-suited for teaching conceptual competence: (1) routine clinical supervision while attending on clinical services; (2) research literature seminars (journal clubs); and (3) psychotherapy supervision. We will describe sample applications for each setting, how they reflect ongoing conceptual issues, and their relevance to clinical outcomes. Finally, we will explore the intersection of psychiatric ethics and conceptual competence with a case-based approach to helping psychiatry residents develop core competencies in

psychiatric ethics. ACGME milestones for psychiatry suggest that at more advanced levels trainees should be able to analyze complex ethical dilemmas. While core ethical principles like respect for autonomy and justice are essential for identifying ethical approaches to patient care, many ethical dilemmas in psychiatry are rooted in long-standing philosophical problems, such as the relation between the mind and brain, the proper role of values in public discourse, and criteria for moral responsibility. Awareness of the evolution of philosophical debates about these questions, which can be rooted in clinical cases, allows residents to formulate ethical dilemmas more clearly, thereby informing the application of ethical principles and developing working solutions to major ethical dilemmas.

Creating a Life Worth Living: Implementing Dialectical Behavior Therapy on Acute Inpatient Units for Children and Adolescents

Chair: Deborah Zlotnik

Presenters: Alexandra Hyejoo Yoon, M.D., Stefania Pinto

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the development and implementation of a dialectical behavior therapy (DBT) program on child and adolescent inpatient units at Children’s National Hospital.; 2) Explain the various interdisciplinary approaches to DBT implementation on the units.; and 3) Discuss cultural considerations, barriers to treatment, lessons learned, and future directions of the DBT program..

SUMMARY:

Being young can be hard, especially when young people have to worry about relationships, family, school, and social media. Now the COVID-19 pandemic has become a chronic toxic stressor impacting the wellness of youth. Youth and their families have been facing more mental health challenges. In March of this year, the Center for Disease Control and Prevention released data which showed that more than a third of high school students reported poor mental health including persistent feelings of depression, hopelessness,

suicidal thoughts, and suicide attempts. Suicidality and non-suicidal self-injurious behaviors are common presentations for inpatient psychiatric hospitalizations. Dialectical Behavior Therapy (DBT) is an effective treatment for children and adolescents with these presentations. As such, DBT has been adapted as a treatment modality on inpatient units for adolescents. Researchers have observed that creating a supportive environment by incorporating the DBT treatment model into the acute inpatient care milieu decreases constant observation hours, incidents of suicide attempts, incidents of self-injury, restraints, the number of medications prescribed at the time of discharge, and length of stay, compared to the standard treatment as usual model. To adapt DBT for an acute inpatient setting and maintain this culture, it requires interactive team training, collaboration, and support for each other. Our session will navigate the DBT culture on the child and adolescent inpatient psychiatric units at Children's National Hospital in DC and introduce the process of DBT implementation. During our session, our multidisciplinary treatment team members including a clinical psychologist, nurse personnel practice specialist, and psychology and psychiatry trainees will share their experiences in implementing DBT in the inpatient setting. Specifically, we will discuss the structure of DBT on the unit, methods for training staff and trainees, as well as the outcomes, lessons learned, and challenges. We will then discuss future directions and projects including increasing the accessibility of DBT by making it available for Spanish speaking patients and families, increasing opportunities for family member engagement in DBT, and how to make cultural and developmental adaptations.

Creative Collaboration in the Correctional Setting

Chair: Peter Nicholas Novalis, M.D., Ph.D.

Presenter: Carol Novalis, M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the typical interdisciplinary treatment arrangements in a correctional institution; 2) Manage interpersonal relationships including conflicts among mental health staff, correctional staff, and patients in the

correctional setting; 3) Discuss interdisciplinary treatment plans for persons in the correctional setting; 4) Address the role of social justice in providing treatment for persons in the correctional system; and 5) Provides solutions to conflicts that arise when treating diverse patient populations including racial minorities, women, and LGBTQ patients.

SUMMARY:

Correctional settings are a challenging interdisciplinary environment which brings together providers with different backgrounds and work cultures including medicators, psychotherapists, social workers, substance use counselors, case managers and correctional staff interacting with persons held in the correctional system. Different groups have different work cultures and attitudes towards persons in corrections and this frequently generates conflicts when treatment is planned. We will discuss the elements of effective psychotherapy and the major adaptations of psychotherapy to correctional settings (supportive, CBT, interpersonal, motivational interviewing). In particular, there are issues involving developing trust and dealing with deception and so-called resistance to psychotherapy. Our goal is to help the audience understand how to manage the interdisciplinary problems that arise in providing treatment in corrections such as dealing with trust, denial, and criminal behavior issues. Since the theme of this conference is collaboration, we wish to focus on what is meant by collaborative treatment planning with does include the various disciplines and the patient's active agreement and participation. This includes the ability to recognize the differences that may arise from the involuntary status of patients and the effects of social injustice on their incarceration and mental health. This is intended to be consistent with our own practice and the APA's recent recognition of the effects of social injustice on the mental health of persons being treated. Examples of the issues that arise include those of how to deal with the paramilitary culture of correctional officers and the often so-called "liberal" culture of psychotherapists, how to address concerns or complaints about the role of social justice in affecting the criminal behavior of incarcerated persons, and the effective sharing of information between disciplines when patients engage in suicidal

or self-harming behaviors. To understand criminal behavior and the different attitudes that correctional officers take as opposed to therapists, it helps to understand and to an extent educate oneself about the origins of criminal behavior in general but especially in the limited population of persons who have been ascribed mental health diagnoses, such as persons ascribed schizophrenia, bipolar disorder, or personality disorders.

Cultural Psychiatry and Psychedelics: The Role of Context, Beliefs, and Culture

Chair: Sandeep Nayak

Presenters: David B. Yaden, Ph.D., Manvir Singh, Erika Dyck

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the context-dependence of the effects of psychedelic drugs; 2) Appreciate the diversity of psychedelic use across a range of cultural contexts, including diverse uses among indigenous cultures and controlled clinical trials; and 3) Understand the implications and challenges related to the expansion of psychedelic drugs in clinical use to diverse populations.

SUMMARY:

The use of psychedelics in therapeutic and spiritual settings has seen a resurgence in interest in recent years. While it is widely acknowledged that the acute and enduring effects of these drugs are highly dependent on the context in which they are used, there has been little systematic attention devoted to understanding how the different contexts in which psychedelics are used may affect their effects. This multidisciplinary general session will focus on the topic of psychedelics and cultural psychiatry with perspectives from such diverse disciplines as anthropology, history, psychology and psychiatry. We will emphasize the striking context-dependence of the effects of these drugs and explore the historical context of cultural psychiatry and how the mid-20th century pharmaceutical revolution de-emphasized the cultural embedding of mental disorders. This will include an exploration of how the context-embeddedness of psychedelics invites us to reconsider the role of culture for not only

psychedelic treatment, but also for mental disorders generally. The session will also explore the diversity of psychedelic use across a range of cultural contexts, comparing and contrasting the use of psychedelics in a variety of indigenous cultures (such as the Hiwi, Piaroa, and Yanomami tribes of South America) as well as in controlled clinical trials of psychedelics. Relevant case studies will be explored to demonstrate how cultural context and beliefs surrounding the substance may be relevant for outcomes. Additionally, the session will delve into the underexplored topic of psychedelics and belief changes they may induce. The context-dependence of psychedelics and the cultural embedding of mental disorders must be taken into account to ensure safe and effective use of these drugs in diverse populations. A multidisciplinary examination of the historical and cultural contexts of psychedelics, diverse uses among indigenous cultures and controlled clinical trials, and ethical considerations related to belief changes, is crucial to the responsible integration of psychedelics in clinical practice. As the use of psychedelics becomes more mainstream and moves closer to possible FDA approval, it becomes increasingly important to understand the implications and upcoming challenges related to the expansion of psychedelic drugs in clinical use to diverse populations. Specifically, we call for greater recruitment of diverse participants in clinical trials and attention to the unique cultural considerations that may come with treating different cultural groups with psychedelics in order to ensure that these substances are used in a culturally sensitive and appropriate manner.

DEI for the DSM-5-Tr: Exploring Cultural, Ethnoracial, Gender, and Social Determinant Revisions

Chair: Christopher E. Hines, M.D.

Presenters: Candice Passerella, M.D., Alexa Kaylin Couture Bell, M.D.

Discussant: Danielle Hairston, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review and incorporate knowledge of the historical biases related to cultural, racial, and gender issues that helped shape the field

of psychiatry; 2) Recognize and review changes in the DSM-5-TR terminology and diagnostic criteria reflecting cultural, ethnorracial, gender, and social determinants of health; and 3) Critically analyze the reasons for incorporation of social determinants of health into the DSM-5-TR by engaging in discussion with the Co-Chair of the Ethnoracial Equity and Inclusion Review Group.

SUMMARY:

Since the inception of Diagnostic and Statistical Manual-5 Text Revision (DSM-5-TR), much attention has been given toward novel diagnoses (such as Prolonged Grief Disorder), their respective criteria, and validation of commonly used terminology such as nonsuicidal self-injury. However, less attention has been paid to the novel and landmark use of an Ethnoracial Equity and Inclusion Review Group to develop the text into a culturally and socially relevant manual offering mental health professionals a framework to improve both cultural competence and patient outcomes for underserved populations. This cross-cutting review committee on cultural issues, composed of 19 worldwide experts in cultural psychiatry, psychology, and anthropology, was complemented by the Ethnoracial Equity and Inclusion Review Group, composed of 10 mental health experts in disparity-reduction practices. Together, they undertook a line-by-line review of terminology throughout the DSM, as well as presenting the research justifying these new ethnorracial and gender-based assertions. Though the Review Group worked tirelessly to develop these changes, it can be challenging for the reader to navigate through the manual and fully realize the extent of these updates. By introducing changes to the DSM-5-TR in a learning, review, and evaluation session, audience members will be able to recognize and understand the evidence behind why certain patient demographics suffer poorer outcomes in the field of psychiatry, including underrepresentation in medical studies, miscommunication due to differing cultural presentations, and structural racism that has been embedded into the fabric of our society. Participants will be introduced to the historical evidence behind the social determinants of health via guided discussion and learning, to include a series of trivia questions; opportunities to participate in question and answer periods regarding this

evidence and the changes; and the unique opportunity to engage in a panel discussion with one of the Co-Chairs of the Ethnoracial Equity and Inclusion Review Group. At the conclusion of this presentation, the audience will gain a better appreciation of the work and planning that went into this text revision, as well as better understand some of the incentives behind the changes.

Demystifying Personality Disorders in Individuals With Intellectual Disability

Chair: Nita V. Bhatt, M.D., M.P.H.

Presenters: Julie Gentile, M.D., M.B.A., Jesse P. Cannella, M.D., Jeffrey Guina, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To recognize presentations of personality disorders in patients with intellectual disability and to differentiate them from independent, cognitive-related behaviors; 2) To develop evidence-based practices for management of personality disorders and intellectual disability; and 3) To elucidate high-yield resources and care team roles to assist in the management of patients with comorbid personality disorders and intellectual disability.

SUMMARY:

Both individuals with intellectual disability (ID) and individuals with personality disorders (PD) represent populations which require unique interactions with healthcare providers, and which consist of high utilizers of the healthcare system. The intersectionality of these diagnoses poses further considerations in diagnosis and management. The diagnosis of personality disorders in individuals with intellectual disabilities is complicated and controversial for various reasons. The criteria for personality disorders are all potentially altered in persons with ID, and their behavior may be greatly affected by the severity of cognitive deficits. Both ID and certain personality disorders can be associated with behavioral dysregulation including self-harm, impulsivity, and intense anger. This adds layers of complication for psychiatrists, providers, and caregivers of persons with ID. The Diagnostic Manual – Intellectual Disability (DM-ID, Second Edition) is an

internationally recognized resource that recommends adaptations of DSM-5 criteria for mental health disorders to better fit patients with ID. The resource notes that persons with ID are 'not exempt' from development of personality disorders. The DM-ID cautions that all evaluations of persons with ID must consider the developmental and cultural framework of the individual. There is also discussion in the DM-ID regarding the distinction between an individual's real need for support versus fear of abandonment. These are realistic concerns in individuals who have frequently inconsistent support systems and who have experienced multiple losses. This general session includes a series of case studies, intended to illustrate, examine, and identify symptomology of individuals with these comorbid diagnoses, and to establish recommendations for evidence-based management of these individuals. While PD should not be diagnosed in individuals with severe and profound ID, it can and should be co-diagnosed in patients with mild or moderate ID who have characteristic symptoms and meet diagnostic criteria. Management for these co-diagnoses focuses on themes of consistency, safety, staff education, and goal-based behavioral objectives. Care must be taken in ruling out confounding factors and overlapping symptomology, but appropriate comorbid diagnoses can aid in appropriate treatment, reduce stigma, and improve quality of life.

Designing and Implementing a Global Mental Health Curriculum: Challenges and Way Forward

Chair: Kenneth P. Fung, M.D.

Presenters: Victor Pereira-Sanchez, M.D., Ph.D., Rick Peter Fritz Wolthusen, M.D., Barbara Kamholz

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify core elements in designing and implementing a global mental health curriculum or training program; 2) Identify challenges and pitfalls in implementing a GMH curriculum; and 3) Develop innovative pedagogical approaches and strategies to implementing a GMH curriculum.

SUMMARY:

To improve the mental wellbeing for all people guided by the values and principles of equity, diversion, and inclusion, Global Mental Health (GMH) initiatives are more important than ever. Globally, the majority of the people with mental health needs lack access to adequate care, especially in low and middle-income countries. Further, these countries are disproportionately affected by global issues like the pandemic and climate change. Not only are GMH initiatives a moral imperative and socially just, learnings from low-resource and culturally different settings stand to benefit all. At the same time, GMH initiatives can be at risk of perpetuating Western colonialism. Developing a collaborative GMH curriculum that engages trainees and helps them develop a critical GMH perspective that is culturally safe, culturally competent, with cultural humility, anti-racist, de-colonizing, and anti-oppressive is paramount. The capacity to collaborate on building initiatives that genuinely center around local needs, priorities, and context is essential. This session will be based on the on-going work of the APA Global Mental Health Caucus GMH Curriculum Workgroup. This is one of two sessions we worked together and endorsed by the Caucus, intended to be integral and complementary to the perspectives panel by Seeba Anam et al. in order to advance the dialogue on GMH. In this interactive session, principles, conceptual frameworks, and commonly considered core components of a GMH curriculum will be presented. Participants will be engaged to reflect on these components, and discuss and prioritize those that will be most relevant and implementable at their own local sites. Participants will be further engaged to identify challenges and pitfalls in the implementation of a GMH curriculum. Finally, participants will be guided to work together to identify innovative pedagogical approaches and strategies to implementing a GMH curriculum. This session will foster future collaborations, including through the Caucus.

Detecting the Undetectable: Training Healthcare Providers in Identifying Victims of Human Trafficking

Chair: Sukanya Vartak, M.D.

Presenters: Erica Cohenmehar, M.D., Jinal Rajendrakumar Patel, M.B.B.S., Maria Mirabela Bodic, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Name the types of trafficking and be informed of 3 red flags used to identify victims.; 2) Learn 3 questions used commonly in screening questionnaires.; 3) Understand the role of the healthcare provider and the public health approach to identifying and treating victims of human trafficking.; 4) Articulate the barriers for health care professionals to identify these victims; and 5) Implement trauma informed care and provide resources appropriately.

SUMMARY:

Human trafficking is a tragic global enterprise that has enslaved over 20 million citizens of the world ⁽¹⁾. In 2014, a study showed that 88% of victims of sex trafficking in the US reported some contact with health care providers while being exploited ⁽²⁾. For this reason, it is imperative that healthcare providers in all disciplines are skilled at identifying victims of human trafficking. Psychiatrists in particular could play a pivotal role in making sure such screenings and assessments are appropriate and trauma informed, given the extensive challenges faced by this patient population. Moreover, many of them actually meet criteria for PTSD, substance use disorders, mood disorders and so on, and do not have access to mental health services in a safe setting⁽³⁾. We have developed a training for healthcare providers in our community and administered it to psychiatry residents, attendings, social workers and psychologists with good responses. In this resident-run workshop we hope to share some of our experiences and help the audience become more comfortable with screening for human trafficking, providing trauma informed care, and helping link these victims to appropriate resources.

Digital Applications and Their Utility in Reducing Suicidality in Underrepresented Youth

Chair: Aidaspahic S. Mihajlovic, M.D., M.S.

Presenters: Consuelo Cagande, M.D., Lara Segalite, M.D.

Discussant: Steven Moffic, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize potential barriers with accessing mental healthcare; 2) Identify resources available to those in acute mental health crisis; 3) Understand how underrepresented patients are disproportionately affected by mental illness; 4) Recognize the benefits of digital technologies in reducing suicidality in underrepresented youth; and 5) Understand how digital applications have the potential to make mental healthcare more equitable.

SUMMARY:

The rate of suicide attempts has increased from 6% to 9% among the total student population from 2009 to 2019 (1). In 2020, mental-health-related visits to emergency departments by those aged 12-27 were higher than in the prior year (2), and of the 3 million Americans under 18 who experienced major depression in 2020, almost 60% received no treatment (3). On the day of death, 8.5% of individuals who complete suicide either consult a physician or present to the emergency room, and this number rises to 60% within the month prior to suicide (4). Having a broader knowledge of resources available to those presenting with suicidal ideation certainly can lead to a reduction in completed suicides. Still, adolescents are the least likely to seek help (5) or speak about their mental health in person. While white youth saw a decrease in suicide rates between 2013 to 2019, the age-adjusted rate increased for Black, Asian, and Pacific Islander male and females, with the largest increase seen in Black female youths. This is in part due to lack of access to mental health services (6). In light of these disparities, in 2021 the Surgeon General's office provided \$432 million in funding to expand the national 988 number, which connects callers to crisis centers (7). Given the propensity of youth to use such applications for mental health help (8), this technology could reduce suicidality among this group and reach underrepresented youth. During our symposium, we will explore the barriers to mental health care that many youth face and we will take a

look at the current options for those suffering from mental health crises. Next, we will turn our focus on inequities which exist in underrepresented youth when it comes to mental health, with a focus on suicidality. Our session will discuss the current state of digital applications in reducing suicidality in underrepresented populations. Finally, we will end by examining the potential for digital applications to make mental healthcare more equitable.

Digital Psychiatry: Health Equity and Digital Divide in the Post-COVID-19 Era

Chair: Darlene King, M.D.

Presenters: Julia Tartaglia, M.D., Morkeh Blay-Tofey, M.D.

Discussant: Jay H. Shore, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess patients for access to technology and be able to refer them to programs to help ensure they can connect to reliable internet with modern devices; 2) Assess patients for digital literacy and know at least three resources to offer for those requiring further help; and 3) Formulate culturally competent treatment plans that account for patients' unique abilities and skills around technology.

SUMMARY:

Increasingly, mental health professionals are turning to telehealth solutions to deliver patient care. These trends, accelerated by COVID-19, are now becoming standard of care and all mental health professionals must now become competent around the professional, clinical, legal, cultural, and safety considerations demanded by new modes of clinical care through technology. An important first consideration is if and how patients are able to connect to care through technology. This talk will present the latest data on digital inclusion and exclusion and explore factors related at a personal, community, and societal level. Learners will gain skills to assess digital literacy of patients as well as resources to refer to for helping patients gain these skills as well as low-cost access to internet and smartphones. Through hands on learning and case presentations, learners will be able to formulate a

culturally competent care plan that considers digital equity and serves the needs of each patient.

Documentary "Envision the Big Picture": Indigenous Knowledges and a Call to Action for Climate Change

Chair: Mary Hasbah Roessel, M.D.

Presenters: Mary Hasbah Roessel, M.D., Edward J Neidhardt, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Media presentation that will educate participants to the range of Indigenous wisdom as it relates to the climate crisis; 2) To engage the audience in how to take action for climate change and treat individuals directly affected by the climate crisis; and 3) Participants will gain knowledge on how Indigenous ways of knowing can facilitate adaptation.

SUMMARY:

Interviews were conducted with Indigenous knowledge carriers, young Indigenous leaders and experts on climate change. A documentary was produced from the interviews and from visits to the areas ranging from southwestern USA, New York and Canada. It will be shown to provide an overview with a psychiatrist, Dr. Neidhardt moderating. The knowledge was organized to cover Indigenous areas of knowledge including education, economic systems, sustainable agriculture, impact on youth, essential elements for change, spiritual and religious connections to nature, and art as it connects to nature. The documentary provides an overview from the interviews as well as creating the message Indigenous knowledges and resilience are the hopes for the future to address the climate crisis. The book "Groundswell: Indigenous knowledge and a call to action for climate change" will be referenced and has chapters by Indigenous leaders and allies providing perspectives on a way forward in managing climate change. A brief review of the climate crisis science will be provided. This will create a context for the significance of the Indigenous knowledges gained and shared in the documentary. Mental Health providers have a responsibility to educate patients on how the climate crisis affects mental health and how to treat people who are affected by climate

disasters, including eco-anxiety and PTSD. The information will be incorporated into concrete treatment strategies that will focus on the increased mental health crises, including increase in suicides, homicides, eco-anxiety, PTSD and depression.

Doing Affirmative Dialectical Behavior Therapy With LGBTQ+ People: A Live Demonstration

Chair: Jeffrey M. Cohen, Psy.D.

Presenter: Colleen Sloan, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Develop case conceptualizations of emotional and behavioral dysregulation using an integration of biosocial theory and LGBTQ+ stress frameworks; 2) Articulate how to integrate minority stress theories with the biosocial model of emotion dysregulation for clinical work with LGBTQ+ people.; 3) Identify ways to adapt DBT skills training when working with LGBTQ+ people.; 4) Conduct a behavior chain analysis that is affirming and relevant to the identities and health of LGBTQ+ people.; and 5) Apply change-based strategies in DBT to promote social justice for LGBTQ+ communities.

SUMMARY:

LGBTQ+ people experience chronic invalidation in the form of societal stigma, discrimination, marginalization, and oppression. Invalidation of LGBTQ+ identities drive well-documented mental health disparities including elevated rates of suicide, substance use, and depression, indicative of emotional and behavioral dysregulation. While many mental health professionals are motivated to use Dialectical Behavior Therapy (DBT) to treat these problems, many less are adequately prepared to comprehensively treat emotional and behavioral dysregulation impacted by minority stress in SGM people. Therefore, disparities for this minoritized group will persist and the impact and outcomes of evidence-based practice, including DBT, may be limited. This session overviews how minority stress (Meyer, 2003) impacts mental health problems in LGBTQ+ populations along with strategies to conceptualize and intervene in these problems. The session focuses on clinical demonstrations of how to adapt and apply DBT to clinical work with

LGBTQ+people. The session includes live roleplay demonstrations of the individual psychotherapy and the skills-training group modes of DBT. These demonstrations illustrate how to teach DBT skills with adapted teaching points relating to minority stress, and how to conduct a behavior chain analysis relevant to LGBTQ+ health disparities.

Dual Loyalty and Crypto-Apartheid in Psychiatric Acute Services

Chair: Cynthia X. He, M.D., Ph.D.

Presenters: Ramotse Saunders, M.D., Carl Ira Cohen, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the sociopolitical context for the present disparities and deficiencies in our system of psychiatric acute services; 2) Review the definition of dual loyalty, recognize how it may arise for clinicians in acute psychiatric care settings, and recognize the ethical principles involved; 3) Develop the construct of crypto-apartheid: how structural deficiencies and inequities, dual loyalties, and personal biases combine to perpetuate unacknowledged inequalities in patient care; and 4) Identify ways in which psychiatrists and psychiatric systems can mitigate these inequities and improve acute care.

SUMMARY:

Acute psychiatric treatment decisions are strongly influenced by the structural limitations of our current mental healthcare system, by our and our patients' race and class identities, and also by the psychiatrist's dual loyalties as clinician, arbiter of public safety, and agent of a healthcare system. Clinicians may experience frustration and even moral distress when our decision-making is affected in this way, e.g., when receiving institutional pressure to minimize length of stay, or needing to weigh a psychotic patient's risk of physical agitation against the potential harm to others in the milieu vs. others in the community. Many dual loyalty conflicts in present-day psychiatry originate as a result of sociopolitical changes of the past 60 years, including the deinstitutionalization movement (and resulting transinstitutionalization), the creation of

Medicaid/Medicare and the ongoing exclusion for Institutions of Mental Disease, and changes in civil commitment statutes. In this session we will explore how dual loyalty conflicts combine with our personal biases and the effects of structural racism and classism. Through discussion of an inpatient case example, we will lay groundwork for a nuanced understanding of the construct of crypto-apartheid: a concealed system of racial and class discrimination in which our clinical decisions may repeatedly disadvantage less-privileged patients, predisposing them to symptomatic decline or even incarceration. Panelists and participants will be invited to engage with and critique this construct based on their own experiences in clinical practice, advocacy, and leadership. Finally, we will reflect on our individual and institutional responsibilities to address and reduce such crypto-apartheid, and we will consider potential interventions to improve both equity and care quality in acute psychiatric settings. Such changes may include: developing cultural humility and structural competence; identifying and reducing disparities in direct patient care, creating inclusive and equity-driven social norms, promoting judicious and equitable use of emergency interventions; and advocating to policy makers for increased access to housing and mental health treatment at a variety of acuity levels.

Dynamic Therapy With Self-Destructive Borderline Patients: An Alliance Based Intervention for Suicide

Chair: Eric M. Plakun, M.D.

Discussant: Samar S. Habl, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Utilize principles of an Alliance Based Intervention for Suicide as part of psychodynamic therapy of self-destructive borderline patients; 2) Engage the symptom of suicide in borderline patients as an event with interpersonal meaning and as an aspect of negative transference; 3) List shared elements in treating self-destructive borderline patients derived by an expert consensus panel study of behavioral and dynamic psychotherapies.; and 4) Improve outcomes in work with suicidal and self-destructive patients.

SUMMARY:

In the last 25 years suicide has increased by 30% in the US, while a growing crisis in mental health is recognized in the post-pandemic world. Broadening training of clinicians to treat suicidal patients is an appropriate response. Although several manualized behavioral and psychodynamic therapies have been found to be efficacious in treatment of suicidal and self-destructive borderline patients, few clinicians achieve mastery of even one of these. This workshop presents 9 practical principles helpful in establishing and maintaining a therapeutic alliance in the psychodynamic psychotherapy of self-destructive borderline patients. The approach focuses on the therapeutic alliance, viewing suicide as an interpersonal event with meaning in the therapeutic relationship, and engages the patient's negative transference as underlying suicidal and some self-destructive behavior. The principles are: (1) differentiate therapy from consultation, (2) differentiate lethal from non-lethal self-destructive behavior, (3) include the patient's responsibility to stay alive as part of the therapeutic alliance, (4) contain and metabolize the countertransference, (5) engage affect, (6) non-punitively interpret the patient's aggression in considering ending the therapy through suicide, (7) hold the patient responsible for preservation of the therapy, (8) search for the perceived injury from the therapist that may have precipitated the self-destructive behavior, and (9) provide an opportunity for repair. These principles are noted to be congruent with shared elements identified by an expert consensus panel review of behavioral and psychodynamic therapies for suicidal patients with borderline personality disorder. Case material will be used to illustrate the principles and create a space for highly interactive discussion. Workshop participants will also be encouraged to offer case examples from their own practices. The result will be a highly interactive opportunity to discuss and learn about this challenging and important clinical problem.

Electroconvulsive Therapy (ECT): Clinical Update for Adult and Pediatric Patients

Chair: Daniel Francis Maixner, M.D., M.S.

Presenter: Lee Wachtel

Moderators: Catherine Crone, M.D., Jeremy Chaikind

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To review and learn updates in adult ECT patient care; 2) To review and learn updates in pediatric ECT patient care; and 3) To review and learn newer techniques and future directions in ECT.

SUMMARY:

This seminar is an Electroconvulsive Therapy (ECT) clinical update and will consist of two 30 minute lectures and a panel discussion. The focus will be on both adult and pediatric indications and outcomes. In addition to common indications such as depression, discussions will also include review of ECT in special populations and other less commonly considered neuropsychiatric syndromes. Specifically, ECT in geriatric and pediatric populations as well as catatonia associated with severe intellectual disabilities will be covered. Newer techniques in ECT and future directions will be reviewed. The seminar is directed towards general psychiatric practitioners who desire to know more about ECT and learn when to appropriately consider this important treatment for their patients.

Empathic Listening and Mental Status Assessments: Teaching "Empathic Listening Assessment" to Medical Students, Residents and Physicians

Chair: Parameshwaran Ramakrishnan

Discussants: Anil Krishna Bachu, M.D., Charles Jenson

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review common ways in which clinicians miss/err on empathic listening when interacting with patients, listening to their stories, and assessing their mental status; 2) Practice identifying the errors in empathic listening in simulated vignettes, and practice reframing non-empathetic and problematic assessment styles; and 3) Teach practical skills of.

SUMMARY:

Empathy is the art of first-person experiential understanding of the feelings of others. Listening is the art of intuitively knowing others' feelings that

underlie their spoken and unspoken words and behaviors. Empathic listening (EL) in clinical interactions has "magical" healing effects, and they happen in various places in our clinical interactions unknowingly. The term "magical" is meant to describe the "unknowability" of the EL moments and the process. Even without a conceptual understanding of the EL process academicians have been teaching the art of EL using "narrative techniques." To study the EL process objectively, researchers have used neuroimaging techniques based on electroencephalography and magnetoencephalography to verify the interbrain synchronicity in empathic interactions. Further, using the clinical chaplains' intentional process of EL, researchers have illustrated a robust mindfulness-based framework underlying the EL assessment in clinical care. Despite the objective evidence-based understanding, the EL process is primarily dependent upon the providers' ability to stay mindfully aware of their subjective emotions that may get triggered by patients' stories. The reactions and strategies of clinicians for this process vary: Some clinicians evade things that trigger personal pain and struggle altogether while listening to their patient's stories. Some clinicians who are untrained in mindfulness-based practices may feel frustrated by the slow-moving EL process and may convert the interaction into a talk therapy session. Still, other colleagues may think that EL assessment is a much-sophisticated approach to diagnosing their patients' illnesses and arriving at a treatment plan. Using clinical narrative case studies, the present session will address the three types of errors listed above and will identify avoidance, erring, and ambiguity. Participants will then practice the EL process in clinical interactions and will learn strategies to teach their colleagues how to empathetically listen to their patients for a healing outcome in every clinical interaction, even if they are brief. The speakers in this session include psychiatrists, a medicine specialist, and a clinical chaplain who will share their experiences on how it is possible to collaborate with each other to provide EL assessment and care services on primary teams in academic medical hospitals.

Engagement and Empathy in the Era of the Open Note: Evaluating Our Documentation

Chair: Tony W. Thrasher, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Analyze how the topics of engagement and empathy are interrelated in medicine.; 2) Compare and contrast five ways in which improving engagement benefits both the patient and the treatment team.; 3) Integrate how these interventions can not only assist clinically but also can manifest positively in the Era of the Open Note.; 4) Examine specific phrases that can be modified to increase accuracy and the provision of hope to our patients.; and 5) Interpret specific phrases that should be modified to optimize patient follow up and insight..

SUMMARY:

With the introduction of the CMS Interoperability and Patient Access Final Rule, the Era of the Open Note is now upon us! While other medical specialties have started embracing this in years past, the field of psychiatry has been a delayed adopter due to a myriad of concerns. This presentation will address the Era of the Open Note and how this degree of transparency will benefit both provider and patient! Specifically, there will be an initial discussion on the topics of the interrelation of engagement and empathy...and how this will be the frame that we examine our documentation through. We will then investigate certain tips and suggestions on making sure that your notes in these shared formats are medico legally adequate and protective. We then will examine the more pertinent component of not addressing Open Notes in a reactive/defensive manner, but more so a proactive approach that analyzes how these new notes can assist the patient's prognosis, insight, and well being. In doing so, we will process (and practice) ways in which transparent/patient centered documentation can assist in deescalation, rapport, follow up, adherence, insight, and education! This presentation will benefit all aspects of the treatment continuum including physicians, mental health care professionals, other providers, therapists, case managers, those with lived experience, and family members. By embracing

these federal guidelines pursuant to patient access of their notes, we all have an opportunity to be better providers of care, supporters of those living with illness, and enhanced communicators/advocates.

Enhancing Quality of Mental Health Care Through the Exploring and Addressing the Spiritual and Religious Dimension: Approaches Across the Lifespan

Chair: Dale Davis Sebastian, M.D., M.B.B.S.

Presenters: Wai Lun Alan Fung, M.D., Mary Lynn Dell, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize spiritual and religious themes in the care of children and adolescents dealing with trauma, concerns involving gender and sexuality, and grief and loss.; 2) Understand the clinical implications in addressing religion and spirituality with psychological development in early to middle adulthood.; 3) Appreciate the relevance of spirituality and religion to the mental health and well-being of seniors, individuals with advanced and/or terminal illness, as well as their caregivers.; and 4) Incorporate assessment approaches and scientifically informed strategies in addressing religion and spirituality within the clinical practice..

SUMMARY:

While all forms of psychopathology are found in community mental health settings, three common categories are trauma, concerns involving gender and sexuality, and grief and loss. Religious and spiritual themes are common as patients and caregivers struggle to cope and make sense of these issues, regardless of formal religious backgrounds and spiritual beliefs and practices. Research on spiritual and religious (S/R) development in adulthood points to an inverse association between positive spiritual growth and the development of negative psychological symptoms. Common religious/spiritual concerns include the individual's relationship with the divine or transcendent, mental illness because of sin, abandonment, anger, hopelessness, and guilt and shame. The salutogenic and depressogenic mechanisms of S/R such as

beliefs and coping strategies (positive or negative) can have implications in eating disorders, major depressive disorder and substance use disorders. An estimated 20% of youth 18 years of age and younger meet diagnostic criteria for a mental health and substance use disorder, and only 20-25% of those individuals receive adequate treatment. Community mental health centers are charged with caring for the youth and adults including seniors, individuals with advanced and/or terminal illness, as well as their caregivers as well as increasing access to care for those needing assessment and ongoing services. The COVID-19 pandemic has resulted in even more people than ever dealing with grief, bereavement, and resultant changes in caregivers, schools, and overall security. Awareness of developmental R/S across lifespan in mental health treatment is essential, however half of treating clinicians do not feel competent in addressing them while many clients avoid sharing their S/R experiences due to perceptions that their faith beliefs may be excluded or marginalized. Our session will review how to recognize and address these common religious/spiritual encountered in children and adolescents dealing with trauma, issues of gender and sexuality, grief, and loss in community mental health settings. We will review the effects of faith across adulthood and the clinical implications drawing from various theoretical models. We will illustrate the roles of S/R to the existential challenges and spiritual needs of the elderly. The relevance of S/R to such concepts as coping, resilience, finding meaning, purpose and hope for these populations from diverse backgrounds will be highlighted. The participants will be provided diverse S/R clinical scenarios, examples of semi-structured intake and clinical assessments. We will engage in discussions on new ideas and techniques that may be adopted based on the foundational learning from the session. We hope that the session will provide participants to develop the competencies and the comfort in addressing the cultural, spiritual and religious needs of the community that is integral to process of recovery.

Ethics in Psychedelics: Equity, Access, Consent, Clinical Boundaries, and Characterizing the Acute Subjective Effects

Chair: David B. Yaden, Ph.D.

Presenters: Albert Garcia-Romeu, William Smith, M.D., Ph.D., Mary Yaden, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand major bioethical issues in the emerging field of psychedelic science as clinical applications appear imminent; 2) Understand issues of racial equity and access in psychedelic research and potential clinical applications; 3) Understand the need for an enhanced consent process in psychedelic research and treatments; 4) Understand clinical challenges and opportunities with managing psychedelic administration sessions; and 5) Understand how the acute subjective effects of psychedelics (the “trip”) should be characterized and communicated about based on the available evidence.

SUMMARY:

If selected, this session should be included on the Scattergood-St. Elizabeths Ethics Track. After a decades-long pause, psychedelics are being tested as potential treatments for mood and substance use disorders. We will provide a brief review of the major findings from clinical psilocybin trials from the past two decades at Johns Hopkins and elsewhere. We will focus on major bioethical issues in this area of research. In terms of *equity*, research studies have involved homogenous samples largely consisting of highly educated white participants. BIPOC representation has been limited in participants of psychedelic research studies as well as research and clinicians in the field of psychedelic science. We discuss this history in the field and present ways forward. Both clinically and in research, psychedelics raise important concerns related to *consent* in that the changes in mental state that they induce are relevantly different from that of other psychotropics that require fairly minimal information disclosure in obtaining consent. These ‘ineffable’ changes are hard to appreciate without having experienced them before. Further, misperceptions of the risk and benefit profiles may be encouraged by a general media and lay environment that may have overstated the currently known benefits of such substances. Finally, various practices involving ‘therapeutic touch’ are used that are atypical in

other therapy settings and require specific information during the consent process. Government and industry sources are funding the development of so-called “non-subjective psychedelics” which replicate certain basic neurobiological processes involved in psychedelic drug action but with *the acute subjective effects (the “trip”) removed*. We discuss how such efforts may motivate a characterization of the acute subjective effects of psychedelics as an unwanted “side-effect”. We consider the evidence for how to characterize the acute subjective effects and weigh the ethical issues involved in withholding these often positive and meaningful experiences in clinical settings. The prospect of psychedelic assisted psychotherapy raises a number of important bioethical issues to consider and this talk will focus on several of the most pressing to address.

Everyday Analytics: Using Public Data and Free Tools to Yield Meaningful Insights for Your Patients, Your Clinic, and Beyond

Chair: Michael Joseph Sernyak, M.D.

Presenters: Walter Stanley Mathis, M.D., Oluwale Jegede, M.D., Peter Kahn

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Compare resources and approaches to perform data analytics relevant to patients and clinics; 2) 2. Perform first step of clinic cohort analysis -- geocoding address to longitude and latitude; 3) 3. Feel less intimidated by or reluctant to use data analytic approaches in the clinic; and 4) 4. Generate one data analytics question that they feel would benefit their clinic and patients and a plan for how to actualize it.

SUMMARY:

Broadly, this presentation aims to persuade practitioners to embrace data and spatial analytics. Unprecedented amounts of public data and free software make it easier than ever to gain valuable insights into the powerful, real-world forces impacting our clients and our clinics. Front-line practitioners are best situated to ask the most relevant questions of the data, to directly translate insights into clinical work, and to identify action

points for broader advocacy within an institution and even government. We will outline the major steps for this sort of approach – geocoding patient location data, finding and using public data sets, and analysis using open-source software – discussing various options, challenges, and lessons learned along the way. Three example studies will be discussed, each chosen to highlight a different data or spatial approach and each yielding a different type of actionable insight. A spatial analysis of a first episode psychosis clinic compared the geographic distribution of the cohort to an age-adjusted population, identifying regions of poor recruitment. These regions were cross-references with the NPI database to identify PCPs in those areas for outreach. Travel time analysis of the cohort from a medical specialty clinic, which moved locations from a downtown to suburban location, found that while those using private car travel were not on average greatly affected, those using public transit had their travel time balloon by nearly an hour. These data were fed back to the hospital system with recommendations on how to generate and weigh such data when planning future projects. Geographic and demographic analysis of a community mental health center found high variance in population-adjusted patient representation between economically similar neighborhoods, correlating with percent Latinx population and longer travel times, highlighting areas ripe for community engagement. We will explore some tools we have developed to make these sorts of analyses less technically daunting and more reproducible. Finally, our session will end with an open call for vignette questions from the crowd, brainstorming data sources and analytic approaches that might be useful to address them.

Evidence-Based Practice or Egregious Malpractice? What Psychiatric Professionals Need to Know About Supervised Consumption Sites

Chair: Adelle M. Schaefer, M.D.

Presenters: Andrew Dill, M.D., Nathaniel Morris, M.D., Robert Kleinman

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain the role of supervised consumption sites in a harm reduction approach to

substance use; 2) Analyze existing evidence surrounding the use of supervised consumption sites in the United States and abroad; and 3) Describe current political controversy over proposals to expand use of supervised consumption sites in the United States.

SUMMARY:

Drug overdoses, as well as other types of morbidity and mortality related to substance use, have captured national attention over the last several decades. Despite considerable policy efforts to address these types of adverse health consequences from substance use, estimates suggest more than 100,000 people died from drug overdoses in 2021. Used in international contexts for decades, supervised consumption sites have emerged as a potentially life saving yet controversial proposal to reduce drug-related morbidity and mortality in the United States. This session will explore the evidence base surrounding the use of supervised consumption sites as a harm reduction model, as well as current controversy surrounding these sites in the United States, with an emphasis on what psychiatric professionals need to know about these sites. In addition, this session will explore different scenarios for group discussion to analyze the potential benefits, as well as drawbacks, of expanding use of supervised consumption sites in the United States.

Expanding Access to Expertise: Innovating to Share Our Knowledge

Chair: Robert Paul Roca, M.D., M.P.H.

Presenters: Ebony Dix, M.D., Elizabeth J. Santos, M.D., M.P.H., Maureen Nash, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Following this session, participants will be able to describe how PACE operates and enhances the integration of expert mental health care into primary care for older adults with complex conditions.; 2) Following this session, participants will be able to describe how telementoring can be employed to improve mental health care for older adults in long-term care settings.; and 3) Following this session, participants will be able to describe how the hospital EMR can be

leveraged to make clinical decision tools for dementia care available at the point of care..

SUMMARY:

There are critical problems with access to expert mental health care (MHC), particularly for older adults with complex psychiatric conditions. A major factor is the size of the workforce. Despite ardent recruitment efforts, it is clear that there will never be enough experts to treat those in need. We must therefore find ways for experts to amplify their impact. In this symposium we will present innovations in expertise-sharing in three settings: primary care, long-term care, and the acute-care hospital. *Primary care:* Much has been written about the “collaborative care” model as a means of improving access to MHC in primary care. Much less has been written about ways to improve access to care for the frail elderly with complex conditions. Programs for All-Inclusive Care of the Elderly (**PACE**) are designed to serve this population.

Psychiatrist/internist Maureen Nash will describe the clinical operation and financing of PACE in Oregon and provide examples of effective multispecialty collaboration. *Long-term care:* Project **ECHO** (Extension for Community Healthcare Outcomes) uses telementoring to increase the capacity of the healthcare workforce to deliver high quality care by “demonopolizing knowledge.” The University of Rochester (UR) utilizes Project ECHO-GeMH and the UR Geriatric Telepsychiatry program to provide education and to support the provision of psychiatric care in long-term care settings (and state hospitals) across New York State. Elizabeth J. Santos, UR’s Clinical Chief of Geriatric Mental Health and Memory Care, will describe how her programs combine these resources to ensure the availability of expert care to “treatment deserts,” improving care by lowering antipsychotic use, identifying anxiety and depression, and supporting stressed staff. *Acute hospital:* Behavioral and psychological symptoms of dementia (BPSD) are challenging and can be particularly problematic in acute hospital settings, where “sundowning” may complicate the care of acute medical conditions and occurs at times of the day when psychiatric consultation is not readily available. Yale geriatric psychiatrist Ebony Dix contributed to the development and implementation of a clinical algorithm – embedded in the electronic

medical record – to guide her colleagues in the assessment and treatment of BPSD at the point of care, whenever the need arises. It incorporates the current evidence base and serves as a valuable educational resource for trainees as well as a clinical resource for acute hospital staff. These presentations describe innovative efforts to help solve the problem of access to expert care for a particularly vulnerable and challenging group of patients in a variety of clinical settings. Such efforts are and will continue to be essential given the reality that our expert workforce is not – and will never be - large enough to meet a rapidly expanding epidemiology of need.

Facilitating Alcohol Recovery in the Context of a Learning Healthcare System: Challenges and Opportunities for Improving Care Delivery and Research

Presenter: Stacy Sterling, D.P.H., M.P.H., M.S.W.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify key barriers to and facilitators of the continuum of care for alcohol use problems in the context of healthcare settings.; 2) Discuss components of recovery-supportive healthcare, for the spectrum of alcohol use problems from unhealthy drinking to severe alcohol use disorders.; 3) Identify factors associated with early, sustained and stable recovery from alcohol use problems, among healthcare patients.; and 4) Describe the uses of an alcohol registry for facilitating research and improving quality of care for people with alcohol problems..

SUMMARY:

This presentation will describe an approach to studying and facilitating recovery from alcohol and other drug problems, across the spectrum of severity from unhealthy use through severe use disorders, and its relationship to mental health disorders, in the context of an integrated health care delivery system. It will examine several common challenges experienced by health care providers in many settings, including: prevention and identification of, and early intervention for alcohol and other drug problems; the generally weak linkages and coordination between specialty alcohol and drug

treatment programs and other specialties, including Psychiatry and primary care; and the sub-optimal use of evidence-based pharmacotherapy for alcohol and other drug use disorders. It will describe several programs we have designed and implemented to address these challenges, including the implementation of a large-scale alcohol screening, brief intervention and referral to treatment initiative, an innovative Patient Activation curriculum for specialty substance use treatment patients with particular implications for those patients with comorbid mental health conditions, and a cutting-edge alcohol tele-medicine consultation intervention using clinical pharmacists. It will include findings from several National Institutes of Health-funded studies which demonstrate the effects of the integration of alcohol and drug services with primary care and mental health treatment, with short- and long-term positive findings on mental health, health as well as addiction. We will discuss systemic challenges to enabling recovery from alcohol and other drug problems in healthcare settings, describe ways to enhance systems? approach to alcohol treatment using evidence-based implementation and sustainment strategies, including the evidence-based tools available through the National Institute on Alcohol Abuse and Alcoholism?s Core Resources on Alcohol website, and provide several examples of the many types of care improvement possible in this context. This session will also include description of the development, implementation and uses of an innovative, cutting-edge Alcohol Registry, a collaboration between the Kaiser Permanente Northern California Center for Addiction and Mental Health Research, and the National Institute on Alcohol Abuse and Alcoholism. The data in the Alcohol Registry provides critical diagnostic, alcohol consumption quantity and frequency, demographic pharmacotherapeutic and other health services utilization information for conducting epidemiologic, health services and implementation science research, along with informing quality improvement efforts across the continuum of care, from primary care to specialty mental health and addiction medicine. Finally, we will consider some of the key questions still facing the alcohol and drug services field.

Food, Mood, and the Microbiome – the Gut-Brain Axis: Moving Beyond the Monoamine Neurotransmitter Hypothesis and Toward Understanding the Holobiome

Chair: Christopher E. Hines, M.D.

Presenters: Matthew Rusling, D.O., Landin David Sorenson, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand some central mechanisms of microbiota biofeedback to the brain, specifically: Tryptophan catabolic regulation, microbiome regulation of vagal innervation and the role of endotoxemia.; 2) 2. Grasp the evidence of how microbiome interactions apply to psychiatric outcomes for adults and children; in particular how the microbiome regulates neuroplasticity in child development.; and 3) 3. Relate the importance of diet with microbiome stability, diversity, and provide clinically relevant advice to support this symbiotic relationship..

SUMMARY:

There are many more modifiable biologic factors to psychiatric illness than monoamine neurotransmitter imbalance alone. However, establishing what these other biologic features are has been difficult – especially to identify clinical targets that we could reasonably manipulate without causing harm to a patient. The microbiome presents us with an opportunity to both study complex biological relationships between host and disease, and ultimately to manipulate it to improve outcomes [1]. We can understand the microbiome as a hyper-adaptive metabolic powerhouse with an ever adaptive genetic makeup. It provides critical biofeedback between our bodies and the food we eat with profound effects on our mood and mind [2]. As correlational 16s studies have shown conserved compositional differences across psychiatric illness, we have also begun to understand the hyperdynamic interplay between our bacteria and brains [3]. Recent metaanalysis of microbiome change across psychiatric illness has uncovered some conserved structural changes shared between diverse pathologies [3]. Historically we have used this relationship as a cornerstone in the study of

depression and anxiety through the injection of *E-coli* derived Lipopolysaccharide injection [4]. The purpose of this panel is to first introduce to you the mechanisms of core interactions of the microbiome and the brain, and how we have found critical effects on neuroplasticity, serotonin balance, and broad cortical reactivity. Once we understand how these microbiome products effect the body we will present the evidence of where the science is specifically for psychiatry, and then finally discuss what we can tangibly do with this knowledge to improve outcomes both today and tomorrow. We will use audience polling, Socratic questioning and a summary question and answer period to enhance understanding.

From Fearing the Other to Annihilation: A Primer on the the Psychology and Sociology of Hate and Genocide

Chair: Aliya Saeed

Presenters: Hayat Alvi, Ansar Haroun, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify key features of the phenomenon of hate for a targeted group, including its psychiatric, sociological and legal aspects.; 2) Evaluate the roles played by traditional and social media, esp in times of social turmoil, in spreading hate, fear, scapegoating, and dehumanization.; 3) Identify the psychological pathways that are correlated with hate and prejudice for a targeted group, and the role of hate in religious violence and genocide.; 4) Give examples of programs that have focused on prevention of hate based violence.; and 5) Critically analyze existing prevention programs and propose novel strategies for prevention and intervention while acknowledging the challenges..

SUMMARY:

The workshop will start with scholarly presentations about the definition, as well as psychiatric, sociological and legal aspects of 'hate'. The speakers will explore the psychological pathways to hate of targeted groups, including but not limited to anger, perceived betrayal, fear, jealousy , revenge, and contempt. The presenters will explore how hate and fear of targeted groups can lead to dehumanization

and people are labeled as cockroaches, snakes etc. which in turn enables genocidal acts and/or genocide. The role of traditional media, social media and propaganda as vectors of hate and fear of targeted groups will be described through the use of historical and contemporary examples. A targeted minority can be more easily scapegoated in times of crisis, like an economic downturn. The presentation will briefly touch upon the current state of anti-hate interventions and prevention programs. In the interactive component of the workshop, through the use of a case vignette, the audience will be invited to participate in a discussion about strategies for preventing and countering hate of the 'other' at individual and systemic levels.

From Racism to Wisdom: Critical Role of Social and Psychological Determinants of Health in Psychiatry

Presenter: Dilip V. Jeste, M.D.

Moderator: Sofia Elisa Matta, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess major social and psychological determinants of health; 2) Understand putative mechanisms involved in the impact of major psychosocial determinants on mental and physical health; and 3) Use strategies to enhance positive psychosocial determinants of health.

SUMMARY:

Adverse Social Determinants of Health (SDoH) such as racism, and positive psychological factors like components of wisdom have a major impact on mental health and mental illnesses. SDoH are social and structural factors that affect incidence, prevalence, and course of diseases as well as health inequities, and account for 30-55% of health outcomes, exceeding the contribution of medical factors. Racism is seen at multiple levels. Structural racism refers to how a society and its systems cause avoidable and unfair inequities in access to power, resources, and opportunities for marginalized groups. Maternal and fetal obstetrical complications including infections and stress, common in discriminated communities, increase the offspring's risk of mental illnesses. Racism-induced toxic stresses raise allostatic load, causing accelerated

biological aging and enduring structural brain changes. On the opposite side is wisdom which is associated with greater well-being. Wisdom at individual level is a complex personality trait comprised of empathy/compassion, emotional regulation, self-reflection, decisiveness amid uncertainty, and spirituality. Studies suggest a critical role of prefrontal cortex and limbic striatum in the neurobiology of wisdom. There is a strong inverse association between wisdom and loneliness, clinically and biologically. Recent decades have seen a behavioral pandemic of loneliness, distress, violence, and deaths of despair from suicides and opioid use, indicating an apparent reduction in societal wisdom and well-being. Psychiatry can play an important role in enhancing individual and societal well-being. At individual level, clinicians need to use validated but pragmatic assessments of psychosocial factors like wisdom and racism as well as interventions targeting them. There are evidence-based psychosocial interventions that can increase emotional regulation, empathy/compassion, and spirituality. The prevalent and destructive racism needs to be countered by promotion of societal wisdom. This would include emphasis on wisdom components in education from kindergarten to professional schools and businesses. There is also emerging literature on ways to reduce racial discrimination. For example, a whole-of-school, multi-level, multi-strategy program sought to promote effective bystander responses to racism in primary schools. It was reported to change teachers' and students' attitudes and behaviors regarding racism in a positive direction. Refinement and testing of such programs in large-scale implementation trials is warranted. Psychiatry's focus should also include advocacy for major changes in policies and practices related to healthcare, housing, and criminal justice systems. Under Psychiatry's leadership, the prevalent vicious circles of racism, environmental degradation, and mental illnesses can be interrupted and replaced with virtuous circles of individual and societal wisdom, sustainable development, and greater mental well-being.

From Roots to Stem: A Hands-on Approach to Cultivating Diversity

Chair: Ludmila De Faria, M.D.

Presenters: Jeena Kar, Isabella Kathryn Caldwell, M.D.

Discussant: Carol Mathews, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Demonstrate how to cultivate and integrate diversity in multiple learning settings through collaboration; 2) Explain how minority stress impacts academic performance and retention of URM undergraduate college students pursuing STEM career; 3) Describe innovative ways to support mental health wellbeing of these vulnerable college populations; and 4) Appraise the data showing the impact of wellbeing group participation on their mental health.

SUMMARY:

In 2016, the American Psychiatric Association (APA) highlighted the challenges of treating college students in a "Position Statement on College and University Mental Health". Improving access to and quality of health care services in college continues to be a challenging task due to the increasing severity of mental health symptoms among students, high demand for services, and the changing demographics within college campuses. Access to care is critical for marginalized or vulnerable populations, such as minority students and those attending community colleges since they experience a higher incidence of mental health issues. Left untreated, mental disorders have the potential to impact retention and academic success, trigger unhealthy behaviors and exacerbate further psychosocial concerns (increased stress, anxiety, loneliness, poor body image), eventually accelerating or precipitating severe mental illness and increasing morbidity and mortality. Over the past six years, the University of Florida has offered two NIH-funded training programs to increase underrepresented and minoritized undergraduate student access to careers in STEM: the SF2UF Bridges to the Baccalaureate Program and the UF MARC Program. Several SF2UF and MARC trainees experienced serious mental health challenges that interfered with their successful participation and completion of the program. Access to available resources was hampered by stigma and a cumbersome referral

process. This prompted the program directors to consider alternative ways to improve wellness education, decrease stigma, and provide ongoing support to trainees. Starting in 2019, in collaboration with the Department of Psychiatry, SF2UF and MARC trainees are surveyed twice per year to provide a better understanding of their mental health challenges using a modified version of the Healthy Minds Study. Initial results indicated that trainees scored higher than the national average on PHQ9 (77% reported moderate or worse depression vs 35%), GAD7 (62% reporting moderate or worse anxiety vs 34%), and Flourishing scale (90% reported negative mental health vs 62%). Based on these results, trainees were encouraged to participate in biweekly Wellbeing Process Groups, facilitated by psychiatry residents (PGY3 and above). The results showed that trainees who participated in the process groups navigated the challenges in their training better, prompting groups to become an integral part of the training program and required for all trainees. The psychiatry residents participate in the project as part of a research elective with a focus on diverse populations. This provides the residents an opportunity to integrate cultural competency into their training, which may promote lasting changes in their clinical and research practices. The presenters will show how this model has benefitted not only SF2UF and MARC trainees but also the institution at large by promoting inclusivity and prompting further efforts to expand its scope.

Gastroentero-Psychiatry: Nutritional Influences on Developmental Mental Health in a Growing Crisis

Chair: Bhagwan A. Bahroo, M.D.

Presenters: Jonathan Bui, M.D., Lino Gutierrez, M.D., Thanh T. Nguyen, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Illustrate and appreciate the complexity of the microbiome and the proposed theories of how it can affect developmental mental health.; 2) Describe the relationship between the benefits of multivitamins in treating Attention Deficit/Hyperactivity Disorder; 3) Appraise the current research on nutraceuticals such as N-acetylcysteine and their therapeutic context in

psychiatry; 4) Recognize the factors leading to the phenomenon of food deserts as a contributor to the mental health crisis; and 5) Review how the current government is attempting to mitigate food disparities.

SUMMARY:

The need for mental health care in the Child and Adolescent population outweighs the supply of current providers, exacerbated by the COVID-19 pandemic. The American Association of Child and Adolescent Psychiatry, The American Academy of Pediatrics, and the Children's Hospital Association, on 19 October 2021 joined together to declare a National State of Emergency in Child and Adolescent Mental Health in a collaborative effort. Suicide was the second leading cause of death cited for the age population of 10-24 years old. The problem urges us to create an innovative approach to care delivery. We propose an emphasis on utilizing proper nutrition to help mitigate this growing crisis as an adjuvant to other treatments. This presentation is an on-going series of talks regarding the role of Nutrition in Mental Health. The session will highlight the effects of food on a microscopic level up to a societal level, where the growing social disparities can exacerbate this issue. It is a well-known fact that the effect of the gut microbiome on human development starts from birth. We will elaborate on the broad strokes of the microbiome and how it has an impact on the hypothalamic-pituitary-adrenal axis, thus affecting mood, thought and behavior. An example in a clinical context will be explored, that of the interface of benefits to Attention Deficit/Hyperactivity Disorder through supplementation of multivitamins, probiotics, N-Acetylcysteine, and polyunsaturated fatty acids. The discussion will next be broadened and focused on the nutritional disparities in the United States. These deficiencies can be driven by socio-economic, volitional, or situational factors. Food deserts have been identified as one of these factors. Our talk will end by elucidating the presence and detriment of food access regarding mental health. Furthermore, the presenters will review how these trends of food deserts have changed recently, as well as recent policies enacted by the government to combat these food deserts and improve health. Participants will also receive an overview of the talk through a handout containing high-yield tips to be

utilized in their practice and hopefully motivate steps to advocacy for the increased focus on policy changes in nutrition for the Child and Adolescent population. These are opportunities for us to grow as a society to put more thought into what we eat and how our growing population gets affected. As it has been suggested, "the big brain in our head and the little brain in our gut" encourages us to broaden our scope of thinking.

Golden Gate Bridge Suicide: The Final Chapter

Chair: Mel Ira Blaustein, M.D.

Presenters: Raymond Zablony, M.D., Denis Mulligan

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the objections and false beliefs preventing the construction of suicide barriers; 2) To be able to present arguments in favor of constructing suicide deterrents; 3) To understand the role of psycho-social risk factors and how they affect suicides.; 4) To understand what are effective suicide deterrents; and 5) To understand how bridge suicides are unique. Using the Golden Gate Bridge as an example to appreciate the choice of suicide methods.

SUMMARY:

This year marks the eighty-sixth anniversary of the Golden Gate Bridge. This iconic structure is as much as a symbol of San Francisco as is the Eiffel Tower in Paris, the Colosseum in Rome, or Big Ben in London. The Golden Gate Bridge is reportedly the most photographed man made structure in the world. It is regarded as one of the ten major architectural feats of the 20th century. It has been called one of the seven modern wonders of the world. But this colossal edifice has a dark secret. The Golden Gate Bridge is the number one suicide site in the world. Since its opening between 1500-2000 jumpers have fallen to their death. The toll continues with 2 to 3 deaths monthly. On opening day May 28, 1937 President Franklin Delano. Roosevelt pressed a telegraph key announcing to the world that the Golden Gate bridge had opened. A week of festivities ensued. On the eve of the opening, fireworks went off, Al Jolson sang, dog teams came from Alaska, caravans came from the Western States, Mexico, and

Guatemala, and even a Chilean Naval vessel took part in the celebration. This workshop will address the campaign to build a bridge barrier. We will discuss the obstacles and beliefs that had to be overcome—that jumpers would go elsewhere, that jumpers are all mental patients and the issue belongs in the mental health camp, that jumpers are exercising free will, that the beauty of the bridge would be sacrificed and that the costs would be prohibitive. We will talk about suicides and deterrents in general. We will talk about suicide from bridges and other sites. We will talk about other suicide magnets and look at the allure of this particular bridge. You will hear how the Foundation from a district branch (Northern California) initiated the barrier fight and how the campaign succeeded. You will also hear from the former San Francisco Kaiser chief of psychiatry whose son suicided from the bridge. You will also hear from the CEO and former Chief Engineer of the bridge who will discuss the complex problems involved in the barrier construction funding and the architectural issues. You will see what the final barrier will look like. We hope that this presentation will help other cities and individuals overcome myths and falsehoods interfering with building suicide deterrents. Welcome to San Francisco.

High Intensity Interventions for Youth: Treating the Fast and Furious

Chair: Robert D. Friedberg, Ph.D.

Presenters: Micaela Thordarson, Ph.D., Paul Sullivan, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review the extant literature on CBT and DBT based milieu treatments; 2) Evaluate methods for staff training in DBT and CBT; 3) Incorporate procedures used in cutting-edge inpatient and PHP/IOP programs; and 4) Integrate various CBT and DBT techniques designed to mitigate distress into one's practice.

SUMMARY:

In November 2021, the U.S. Surgeon General referred to the current state of child and adolescent mental health as a "public health crisis." Emergency

room visits due to pediatric behavioral health concerns such as anxiety disorders and depression are soaring during the peri-pandemic period. Suicide rates were elevated prior to the viral outbreak and the COVID-19 pandemic apparently is accelerating the numbers. Adolescents who require inpatient psychiatric hospitalization or intensive outpatient care (IOP/PHP) often present in the context of acute distress after near lethal suicide attempts and/or dramatic decompensation in age-appropriate functioning. Accordingly, these higher levels of behavioral healthcare (e.g. inpatient, intensive outpatient, partial hospitalization) are excellent venues for youth to receive substantial psychiatric treatment. Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) are well-suited to these clinical settings due to their empirical support as well as their compatibility with pharmacological interventions. However, often these powerful intervention strategies are not fully implemented and integrated in inpatient and/or IOP/PHP settings. Equipping psychiatrists and other behavioral health professionals with specific skills and knowledge to apply CBT and DBT procedures in a milieu setting is the precise focus of this session. In this clinician-friendly session, several leaders in forward-thinking medical and academic centers serving diverse multicultural patient populations will describe their approach to using CBT and DBT with young patients requiring higher levels of care. Dr. Friedberg and Ms. Zucker, Neeley, Xie, and Goodman will provide a brief overview of CBT and DBT with youth in milieu settings as well as staff training issues in order to provide proper context. Dr. Sullivan will discuss the CBT and DBT methods implemented in the adolescent inpatient unit housed in NYU Bellevue Hospital that are designed to reduce acute risk and modulate chronic distress in hospitalized patients. Finally, Dr. Thordarson will describe her work at the Children's Hospital of Orange County in the intensive DBT IOP/PHP emphasizing the ways DBT gives diverse youth and their families concrete, digestible skills that can immediately be used to adaptively navigate particular stressors. Additionally, DBT methods for mitigating various risk behaviors as well as maintenance strategies necessary for promoting durable change will be delineated. Across all three presentations, providing multiculturally responsive treatment and navigating barriers to care

are addressed. Attendees will leave the session with portable strategies and clinical tools.

Hoarding Disorder: A Comprehensive Overview

Chair: Carolyn I. Rodriguez, M.D., Ph.D.

Presenter: Randy Frost, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply diagnostic criteria for hoarding disorder and recognize related phenomenology.; 2) Understand what is known about etiology, from both a cognitive-behavioral and neurobiological perspective.; 3) Compare clinical trial data on psychotherapeutic and pharmacotherapeutic treatments.; 4) Recommend resources and treatment for co-occurring conditions to improve outcomes.; and 5) Evaluate and apply interdisciplinary approaches to understanding of hoarding behaviors..

SUMMARY:

Accounts of hoarding behaviors have appeared in literature, as far back as 319 B.C.E. in the writings of Aristotle's student Theophrastus; in the news, such as New York's infamous Collyer brothers in the 1940s; and more recently in popular reality television series. Yet it wasn't until the publication of the DSM-5 in 2013 that hoarding was classified as a disorder in its own right rather than as a symptom of obsessive-compulsive disorder or obsessive-compulsive personality disorder. In this symposium, two hoarding experts draw on their own clinical experiences as well as the latest published research to provide a comprehensive overview of hoarding disorder. They will describe the key features of the disorder and treatment approaches, such as the phenomenology, including diagnosis, comorbidities, and assessment, etiology, from both a cognitive-behavioral and a neurobiological perspective, psychotherapeutic and pharmacological treatments, from cognitive-behavioral therapy, harm reduction strategies, and community approaches to the efficacy of specific drugs. Challenges—including working with elderly patients, managing cases of animal hoarding, and distinguishing and addressing squalor—will be discussed along with numerous case studies. For psychiatrists, psychologists, human

service and other mental health professionals, peer support counselors, community advocates, and professionals in training, this symposium will improve the attendee's knowledge and skill in treating patients with hoarding disorder—both those with straightforward presentations and those with complicated ones. This symposium will also highlight the importance of translating findings from research to clinical and community settings and of outreach to increase access to care in underserved areas. The format will be two interactive presentations by experts in hoarding disorder followed by a question and answer session.

How NAMI Can Collaborate With You to Advocate for Patients Families Communities and Systems

Chair: Kenneth Duckworth, M.D.

Presenters: Teri S. Brister, Ph.D., Jessica Cruz

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the important role of self-advocacy in the recovery process, particularly with treatment providers. The presentation will include examples of how NAMI, the National Alliance on Mental Illness; 2) Understand that advocacy does come in many forms from legislative to individual and family advocacy; and 3) Learn the 3 P's of advocacy and how to integrate the tools into their practice.

SUMMARY:

The National Alliance on Mental Illness (NAMI) is the national largest grassroots organization of people who live with mental health conditions and family members. NAMI wants to partner with you to make the care system better for the people who use it. Thank you for all you do – we can do more together! NAMI has long roots in advocacy for individuals and families and has also partnered with professionals to help to shape larger issues in policy and research, most recently leading the 988 crisis line, and also mental health parity legislation and the national implementation of the Coordinated Specialty Care (CSC) model to address early psychosis We also help people one at a time just as you do. This session will help you on all of these levels of advocacy. 3 presenters will engage you in different aspects of advocacy including the process of self-advocacy,

educational programming that you can use, what the 3 PS of advocacy are, and how NAMI's first book *You Are Not Alone* full of real people who use their name to share what they have learned can be a tool for advocacy. It is the first book of lived experience as expertise and was published in September of 2022 and authored by Ken Duckworth MD

Human Asexuality: Understanding Why It Matters to Mental Health Practitioners

Chair: Samantha Hayes, M.D.

Presenter: Aubri Lancaster

Discussant: Carole Filangieri

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify and define the difference between romantic and sexual attraction, as well as associated terminology within asexual communities.; 2) Understand asexuality as an independent sexual orientation rather than a pathological condition related to medical or psychiatric causes.; 3) Understand the variety of behaviors expressed in the asexual community.; 4) Understand the social elements and stigma which impact the mental health of the asexual community.; and 5) Recognize the need to continue mental health research in the asexual population..

SUMMARY:

As research continues into the mental health of the gender and sexual minorities, it is crucial for psychiatrists to understand this population, in order to provide better informed and sexuality-affirming treatment to the growing number of people who identify within the LGBTQIA+ spectrum. Asexuality is one of the less understood sexual minorities- a 2019 survey of over 9,000 people on the asexual spectrum reveals 35% have been diagnosed with an anxiety or depressive disorder, and 61.3% have seriously considered suicide in their lifetimes¹. Within social contexts, the mental health of this community can be affected by attempts to "correct" sexuality including conversion therapies^{2,3}, corrective rape¹, and marital rape¹. Due to limited understanding of this sexual minority, they often have negative encounters with health professionals that lead to a diagnosis of a mental, physical, or sexual disorder

related to their sexual identity⁴, leading to a lower likelihood of pursuing, or continuing psychiatric and medical care. This presentation seeks to guide learners in an understanding of asexuality, including the variety of presentations within the group, through the lens of both psychiatry and sex education to create a holistic view of how to best understand and treat this vulnerable community. A collaboration between a sex educator and a psychiatrist, this workshop will offer the audience an opportunity to engage beyond the DSM criteria and broaden our views in an interactive exercise including videos and small group activities. The audience will also be provided with a take home 1 page handout which can be shared with patients and staff and help dispel some of the myths regarding asexuality. After this workshop providers will be better equipped to provide non-judgmental, unbiased care to the asexual community.

Improving the Diagnostic Accuracy of Bipolar Disorder: An Experiential Workshop

Chair: Marsal Sanches

Presenters: Caroline McCool, Sabrina Correa Da Costa, Vineeth P. John, M.D., M.B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the challenges involved in the correct diagnosis of bipolar disorder and the therapeutic and prognostic implications of an inaccurate diagnosis; 2) Discuss strategies aiming at improving the diagnostic accuracy of bipolar disorder;; and 3) Critically analyze clinical examples involving different clinical situations mistakenly diagnosed as bipolar disorder.

SUMMARY:

Despite the existence of well-described criteria for the diagnosis of bipolar disorder (BD), the correct identification of this condition is, often, difficult. Available literature has largely focused on the underdiagnosis of BD. Nevertheless, over the last few decades, with BD being incorporated by culture and concepts involving "soft" presentations of BD becoming progressively more popular among clinicians and the general public, concerns have been raised about the potential risks associated with the

overdiagnosis of BD. Psychiatrists have an urgent need for a better characterization of the diagnostic strategies involved in the identification of BD, aiming at improving the diagnostic accuracy of this condition. This session will focus on providing the practicing psychiatrist with key elements necessary for the correct identification of BD patients. Critical aspects of the clinical history and mental status exam will be discussed, with a focus on non-typical presentations of BD and its differential diagnosis with other conditions, such as major depressive disorder, borderline personality disorder, attention-deficit and hyperactivity disorder (ADHD), and substance-induced mood disorder. The different cognitive errors that may lead to the misdiagnosis of BD will be critically addressed. Clinical vignettes will be utilized to illustrate the diagnostic difficulties involved in the correct identification of BD patients and to engage the audience in interactive discussions and diagnostic exercises. Moreover, recent research studies directed to refining and incrementing the diagnosis of BD will be discussed.

Inclusive Psychiatric Care for Women: Identity, Community, and Culturally Competent Care During Changing Social Landscape

Chair: Kamalika Roy, M.D.

Presenter: Michelle B. Riba, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand the unique determinants of women's mental health; 2) 2. Have more information about the disparities in psychiatric diagnoses, management of outcomes among women; 3) 3. Utilize a culturally appropriate psychiatric system care that considers the sociocultural context of marginalized women; and 4) 4. Promote more education guidelines and research into the provision of equitable psychiatric care for women of all backgrounds.

SUMMARY:

This session will begin with a discussion about how social determinants of health (SDoH) influence women's access and outcome of psychiatric care. The World Psychiatric Association and the American Psychiatric Association adopted an International

Consensus Statement calling for prioritization and a better understanding of women's mental health, emphasizing the role of equal access to basic human rights¹. In the changing social landscape, highlighting those basic tenets of women's mental health is a crucial strategy to provide ethical and equitable care for all women across society. We will discuss available data showing women were more likely to self-harm after discharge from inpatient psychiatry, while all other treatment outcomes were comparable². At the same time, other studies found a higher rate of prior trauma history and readmission³. Some of these findings can be explained partly by several inequities throughout the life cycle of women, including early childhood trauma, intimate partner violence, lack of financial stability, discrimination in the workplace about wages, job security, sickness benefits, and access to psychiatric care. We will explore the factors associated with maternal mortality, perinatal wellbeing, and psychiatric impacts of access to reproductive care in the context of the recent overturning of the Roe Vs. Wade ruling. We will explore the role of psychiatrists in assessing the interference of such ruling with patient autonomy, fundamental human rights, and evidence base reproductive care. We will also discuss available data about barriers women face in cancer-preventive screening, disparities in the stage of cancer detection in women of color, access to equitable care, reproductive preservation, and work-life challenges that affect the psychological wellbeing of women with cancer. A brief case will be presented highlighting the influence of disparities in care among women of color. Lastly, we will discuss the impact of socio-economic, environmental, and political factors that influence women's mental health care in developing countries and the unique and exaggerated effects of unwanted reproductive events and trauma in women's lives. Speakers will discuss the concept of socially aware equitable psychiatric care for all women, especially marginalized women, concluding with an interactive session about the day-to-day challenges of psychiatrists providing care for women. This session is presented by the APA Foundation.

Informing Depression Treatment in the Hispanic/Latinx Community: Sentiment, Practical Application, and Clinical Utility of Pharmacogenomic Testing

Chair: Ruby C. Castilla Puentes, M.D., Dr.P.H.

Presenters: Tatiana A. Falcone, M.D., Ryan Griggs, Ph.D., Ruby C. Castilla Puentes, M.D., Dr.P.H., Pilar Lachhwani, M.D.

Discussant: Estela Abraham, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Be able to interpret and operationalize pharmacogenomic testing results for depression and other mental health conditions; 2) Learn about the clinical utility of pharmacogenomic testing as detailed in recent randomized controlled trials; 3) Understand sentiment toward pharmacogenomic testing; and 4) • Internalize the unique challenges of the Hispanic/LatinX community in obtaining mental health treatment.

SUMMARY:

The difficulty of treating depression in the Hispanic/Latinx population can be exacerbated by stigma surrounding the disease of depression in this patient population and lack of both patient and clinician knowledge of tools, such as pharmacogenomic testing, that may help to improve treatment outcomes such as remission from depression. Mental health professionals treating depression and other psychiatric conditions in the Hispanic/Latinx community deserve to have knowledge of the science behind pharmacogenomic testing and how to apply this form of personalized medicine to better help their patients, improving upon the traditional trial and error approach. In this session, we will give an overview of what psychiatric pharmacogenomic testing is, how to interpret the results, and review the utility of pharmacogenomic testing in major depressive disorder as demonstrated in multiple large, randomized controlled trials. We will provide real-world examples of patient case studies showing how pharmacogenomic testing can be used to inform a medication treatment plan. In addition, we'll review recent data from psychiatrists and other mental health professionals (e.g., advanced practice providers) on sentiment toward

pharmacogenomic testing. Audience participation in interpreting the case studies and discussion of the relevance of pharmacogenomic testing in the Hispanic/Latinx population will be encouraged. The panel consists of MD and PhD researchers and clinicians in the Latinx, depression, and pharmacogenomic testing communities.

Innovative and Collaborative Care Models in Dementia

Chair: Allan A. Anderson, M.D.

Presenters: Ganesh Gopalakrishna, M.D., Pallavi Joshi, D.O., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the impact of Alzheimer's disease on persons with dementia and their caregivers; 2) To appreciate the need for innovative and collaborative care models in dementia; 3) To understand how collaborative care can expand access and training in dementia care; and 4) To understand collaborative and innovative models of care using examples currently implemented at Banner Alzheimer's Institute.

SUMMARY:

Alzheimer's Disease (AD) is the most prevalent cause of neurodegenerative disease accounting for 60-80% of dementia cases. With an aging population, the prevalence of AD is projected to reach 12.7 million. AD is a family disease and has a great impact on caregivers (CG) leading to high levels of CG stress and burden with many dying before the person with dementia. Women are disproportionately affected by the disease, as they represent higher number of patients and caregivers. African Americans and Hispanics are at an increased risk of AD compared to Whites. Alzheimer's disease continues to rapidly increase in incidence across the United States and worldwide without an approved disease modifying treatment or cure available. This combined with the small number of clinicians expert in diagnoses and management of dementia could prove disastrous for the access to quality care for patients and their family members. We desperately need to identify alternative models of care for the evaluation and treatment of dementia. In this session, we will

review collaborative care models implemented at Banner Alzheimer's Institute (BAI) and outline the need for dementia collaborative care. We will present an overview of 3 specific models implemented at BAI - Dementia Care Partners; Project ECHO; Geriatric Psychiatry Clinic. Dementia Care Partners (DCP) is a collaborative multidisciplinary team-based program supporting clinical care of "dyads", comprised of persons with dementia and their CG, in partnership with primary care providers. Project ECHO (Extension for Community Healthcare Outcomes) employs proven adult learning techniques and interactive video technology provided to BAI by the ECHO Institute, and we connect with groups of community providers (the "spokes") across Arizona with our dementia specialists (the "hubs"), in regular real-time collaborative sessions. The goal of the program is to assist local healthcare providers in gaining the expertise required to confidently provide necessary services to their patients and families living with dementia using our comprehensive care model approach. The goal of the program is to assist local healthcare providers in gaining the expertise required to confidently provide necessary services to their patients and families living with dementia using our comprehensive care model approach. The Geriatric Psychiatry Clinic co-located at BAI consists of models: 1) a continuity teaching clinic for third year psychiatry residents supervised by a geriatric psychiatrist; 2) a consult-based approach, where geriatric psychiatrist is available to aid practitioners in diagnosing and establishing a treatment plan for BAI patients presenting with behavioral or neuropsychiatric symptoms. The two concurrent models offer flexibility in transitioning patients between the two depending on their needs and allow for increased access to geriatric psychiatry care.

Innovative Delivery of Care for Patients Diagnosed With Cancer: A Collaborative Team Approach

Chair: Maria Rueda-Lara

Presenters: Joycelyn Lee, Ph.D., Zelde Espinel, M.D., Ingrid Barrera, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Recognize the psychosocial needs of cancer patients and the role of cancer support services to address these needs; 2) 2. Describe how to tailor cancer support services to each patient's unique capabilities and living conditions; 3) 3. List cancer support services strategies that can help decrease loneliness and social isolation in older adults; and 4) 4. Identify when oncology patient referral for targeted adjunctive psychotherapy, such as DBT-ST, is indicated.

SUMMARY:

Receiving a cancer diagnosis produces significant emotional distress. Providing a psycho-oncology care milieu for patients diagnosed with cancer is intended to lessen the impact of potentially life-threatening disease and enhance coping. Psychosocial care for patients and families relies on a collaborative team approach that integrates a multidisciplinary team of psychiatrists; psychologists; social workers; chaplains; nutritionists; music, art, acupuncturists, and massage therapists; and exercise and yoga instructors. The challenges of providing care during the COVID-19 pandemic served as an accelerant and a primary driver of innovation in the field of collaborative care for patients diagnosed with cancer and their caregivers. Cancer support services were shifted to online delivery to minimize airborne transmission risks. Even as COVID-19 restrictions have diminished and in person consultation is an option, many patients continue to prefer virtual services. Our session, presented by two consultation-liaison psychiatrists and two behavioral health psychologists who team together to provide services in an academic cancer center, will present an overview of our collaborative care model for providing psycho-oncology services to a multicultural community of patients living with cancer. We will provide case studies to illustrate how we have adapted services for online delivery for individual patients and groups of patients. One case presentation will describe multidisciplinary treatment of emotional dysregulation using Dialectical Behavioral Therapy- Skills Training (DBT-ST) as adjunctive psychotherapy. A second case will describe a multimodal intervention for the treatment

of depression in geriatric patients that successfully decreased loneliness and social isolation during the pandemic. Online delivery of cancer support services holds promise for customizing a complete portfolio of interventions tailored to the needs of patients diagnosed with cancer.

Innovative Strategies to Collaboratively Enhance IMG Entry and Success in Psychiatry Residency

Chair: Shambhavi Chandraiah, M.D.

Presenters: Narpinder K. Malhi, M.D., Raman Marwaha, M.D., Madhu Rajanna

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the existing data of matching of IMGs into psychiatry residency programs and discuss associated factors; 2) Identify the challenges for IMG applicants and help develop a roadmap to successfully navigate the application process including the new supplemental application; 3) Discuss the various factors associated with acculturation of IMGs resident physicians in training programs and innovative ways IMGs can alleviate these challenges; and 4) Develop strategies for psychiatry training programs to address the IMG specific learning needs and challenges for their personal and professional growth.

SUMMARY:

International Medical Graduates (IMGs) are physicians who graduated from a medical school outside the United States and Canada. IMG psychiatrists make up a considerable proportion of the US psychiatry workforce. IMG psychiatrists play a unique role in the delivery of mental health services in the US to a diverse population of patients especially those who are severely ill, publicly insured, socio-economically disadvantaged, and ethnic minorities. However, recent data shows that in spite of the application avalanche and greater competitiveness of psychiatry, IMG matching has decreased. While virtual interviewing enabled economic and scheduling advantages, the COVID pandemic negatively impacted availability of clinical observerships/ internships and research experiences that may be an important component of an IMG application. Although IMGs often have varying prior

experiences that can bring maturity, resilience, and a work ethic that can be advantageous to the program but they often face unique challenges that affect various aspects of their career. These challenges may begin long before residency application, continue during their transition to residency programs, through early medical training, and eventually subside in senior years. Challenges may include bias in the residency selection process; their own migration and acculturation; and the need to learn about new health systems, modes of practice, and social contexts relevant to psychiatric assessment and treatment. Our panel comprises IMG Psychiatry Residency Training Program Directors who will be discussing unique application and training challenges often faced by IMGs as well as opportunities for their overall growth. The group will discuss innovative and collaborative ways to address these barriers. Panelists hope to motivate the audience to expand their recruitment or mentorship efforts by discussing their own journeys from being trainees, early career psychiatrists and their leadership career as Program Directors.

Interdisciplinary Approach to Adult Autism Assessment at Metrohealth Autism Assessment Clinic: Overview With Two Clinical Cases

Chairs: Rajesh Kumar Mehta, M.D., Raman Marwaha, M.D.

Presenters: Gurjinder Singh, M.D., Omaymah Al-Otoom, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the process of Autism assessment in adult population; 2) To identify and understand significant factors impacting outcome of the assessment and treatment in adults with ASD; and 3) Learn how to provide specialized training during psychiatry residency.

SUMMARY:

Autism Spectrum Disorder (ASD) is a range of neurodevelopmental disorder characterized by difficulties in social interactions, communication, and rigid and repetitive behaviors. ASD affects 1% of the population, with an increasing number of people being diagnosed with it over the years in part due to

increased recognition. There are multiple psychiatric comorbidities associated with autism, including anxiety, depression, aggression, obsessive compulsive disorder, attention deficit and hyperactivity disorder. Medical conditions associated with autism include seizure disorders, GI disorders, sleep disorders, dementia, Down's syndrome, Parkinson's disorder, and other genetic syndromes. Adults with ASD are a largely underserved population. There is a lack of assistance and support for patients with autism and difficulties accessing available services for affected populations. Furthermore, adult ASD patients need targeted psychosocial support to meet increasing social demands related to independent living, personal relationships, and successful employment. Studies has shown that the number of outpatient services decreases from childhood to adulthood in patients with ASD. The lack of resources puts them at risk for high rates of depression, anxiety, and other psychiatric disorders. There is currently paucity of guidelines for the diagnosis and management of autism in adulthood. Autism in adulthood is significantly more complex and should be distinguished from ASD in children due to the higher level of co-occurrence with psychological and medical conditions. The much higher health costs for adult services supports the theory that adults with ASD require more care and services and that improving assessment and understanding of the disorder in adults would help many patients, service providers, and may even help reduce associated health cost. At the MetroHealth Autism Assessment Clinic (MAAC), an interdisciplinary approach is taken in the assessment of Autism. This assessment is obtained over multiple sessions, including meeting with a trained psychologist and psychiatrist. Furthermore, we provide a specialized training curriculum. We are studying with chart review what are the referral sources, comorbidities, assessment, and treatment recommendation for the autism spectrum disorder in adult populations. Significant factors impacting the outcome of the assessment and treatment of these patients will be examined. By identifying this information, we aim to better understand and characterize the autism assessment process, providing a more effective assessment and guiding treatment.

Is Measurement Based Care the Future of Psychiatric Practice?

Chairs: Carol Alter, M.D., Erik Rudolph Vanderlip, M.D., M.P.H.

Presenters: Daniel Rollings Karlin, M.D., M.A., Glenda Wrenn Gordon, Michael Schoenbaum

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will learn how to assess and choose validated rating scales in clinical settings.; 2) Participants will incorporate information regarding available incentives for using MBC into their plans for adopting MBC.; 3) Participants will appreciate the role MBC can play in improving diagnoses and management of minority populations.; and 4) Participants will contrast capabilities of innovative technology to deliver MBC to use of usual measures..

SUMMARY:

Measurement-Based Care (MBC) is an essential element of clinical practice for psychiatrists seeking quality and value in the care they deliver. The routine use of symptom measurement in diagnosis, treatment and monitoring has consistently demonstrated significant improvements in outcomes, collaboration between patient and clinician and utility in population health management. In spite of the clear value of MBC to clinical practice, adoption has been slow. There are a number of barriers to implementation that have been identified that range from choosing rating tools to use, ease of collection and analysis, lack of reimbursement or incentivization and concerns that MBC could in fact interfere with the physician/patient relationship. Our presentation will provide an opportunity for a group of experts to examine these barriers with an eye toward developing additional and innovative strategies that can be used to increase the use of MBC in clinical practice. We will utilize a roundtable format, with opportunities to present arguments both for what works, and what doesn't. In addition members of the panel will discuss the importance of use of standardized assessments to improve objective assessments with diverse populations, and how regular MBC can be used to improve costs and

outcomes in various practice settings. The audience viewpoint will be actively incorporated into the discussion through use of an audience response system and ongoing discussion.

It Takes a Village: The First Two Years of a Resilience-Focused Center at Large Urban Health System

Chair: Jonathan DePierro

Presenters: Jonathan DePierro, Scarlett Ho, Ashley Doukas

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the development of resilience-focused mental treatment services for healthcare workers, including factors that promote success and potential roadblocks.; 2) Identify the presenting symptoms of treatment-seeking healthcare workers and mental health outcomes following treatment.; 3) Outline resilience training curriculum development and the process of deploying a peer-led workshop initiative and a resilience-focused app in a large healthcare system.; and 4) Assess the considerations for healthcare institutions and community organization partnerships..

SUMMARY:

Systematic, unified, and flexible services are needed to address the psycho-social needs of the health care workforce. The Mount Sinai Center for Stress, Resilience, and Personal Growth (CSRPG), founded in May of 2020, is one such service. CSRPG is an innovative mental health and resilience-building program for over 45,000 Mount Sinai Health System staff, faculty, and trainees spread across 8 hospitals and a medical school. The leadership of CSRPG will present an overview of this Center, including evidence for its need, factors that have enabled its success, and roadblocks encountered in service development (DePierro). We will then discuss resilience workshops and app-based resources (Ho) and clinical services and outcomes (Doukas), both described briefly below. To provide broad psycho-social interventions to meet the needs of the workforce, CSRPG rapidly developed an evidence-based resilience workshop curriculum. Rooted in

significant prior research (Charney et al., 2020), this work focuses on 1) realistic optimism, 2) facing fears and active coping, 3) self-care, 4) meaning and purpose, 5) social support, and 6) managing moral distress. As of July 2022, the CSRPG team has facilitated 283 workshops, reaching 940 employees and trainees; impact assessment is ongoing. Adaptations of this curriculum have been made to address the needs of specific workers (e.g., nurses with limited time), and to extend the reach outside the hospital to support high-need faith-based organizations in New York City (DePierro et al, 2021). We will also discuss the development and use of an inward-facing app (Golden et al., 2021) which provides gamified self-guided resources around resilience building and an anonymous self-assessment toolkit, and how this has been helpful for the workforce. Expansion of mental health services was also identified early on as a clear area of need. To that end, CSRPG started a time-limited treatment service providing cognitive therapy and medication management, available exclusively to employees and trainees. As of July 2022, we have provided treatment to over 500 employees, primarily via barrier-reducing telehealth platforms, with a high retention rate. The use of routine outcome measures has allowed us to demonstrate large-magnitude effects for depression and anxiety symptoms over the course of care. To our knowledge, CSRPG has the largest and most comprehensively assessed cohort of treatment-seeking health care workers among U.S.-based programs, which has enabled systematic research (DePierro et al., 2021). This session will end with panelists discussing considerations for healthcare institutions seeking to address the mental health needs of their workforce, including the importance of stakeholder engagement and flexibility in approaches. We will conclude this session with ample time for audience questions and discussion.

Livin' on a Prayer: Mental Health Challenges Facing Transitional Age Muslims After Covid-19

Chair: Sarah Arshad, M.D.

Presenters: Balkozar Adam, M.D., Rania Awaad, M.D., Fatten Elkomy

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the importance of social life in Islamic culture and the impact of losing the social support on Muslim youth and their families; 2) Recognize the special needs of transitional age Muslims and families during COVID-19; 3) Develop an appreciation of religious coping mechanisms used by Muslims; 4) Demonstrate the impact a religious framework plays in the treatment of a faith-based group; and 5) Craft a cultural formulation, including religious identity, in case discussions and use that information to inform the overall assessment and treatment planning.

SUMMARY:

Muslim Americans are suffering from mental illness and presenting to care in greater numbers than previously. And while many psychiatrists have learned to navigate asking difficult questions, including about suicidality, psychotic symptoms, and substance use, there tends to be some discomfort in asking questions about religious identity and stigma in help-seeking behavior, knowledge gaps in understanding principles of the religion, and a lack of confidence in considering how that affects a Muslim individual's presentation to mental healthcare. This session will describe recent events in which Muslims faced specific negative impacts from isolation during the COVID-19 pandemic, including the loss of social religious traditions including group prayers and Ramadan fast-breaking meals (iftaars). We will also discuss how this layers upon other difficulties, including continued bigotry since 9/11 and due to specific political challenges nationally and worldwide. The session will engage participants in a discussion about a recent study which found that Muslims also have unique positive protective factors, including religious coping mechanisms and a religious framework on mental health symptoms. And finally, participants will engage in complex case discussions, utilizing specific tools (such as the DSM-5 CFI & Supplementary Modules) to navigate religious identity in addition to intersectional cultural identities. Participants will then utilize this information to craft cultural formulations to assist in assessment and treatment planning.

Long-Term, Lifetime Management of Psychiatric Illness

Chair: Ira David Glick, M.D.

Presenters: Carl Salzman, M.D., Sidney Zisook, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, participants will be aware of how to integrate their skills into clinical practice on management and long-term treatment of anxiety disorders; 2) At the conclusion of this session, participants will be aware of how to integrate their skills into clinical practice on management and long-term treatment of depressive disorders; and 3) At the conclusion of this session, participants will be aware of how to integrate their skills into clinical practice on management and long-term treatment of schizophrenia..

SUMMARY:

Psychiatric disorders are increasingly understood as similar to medical illnesses. Most have a genetic etiology, are complex conditions and difficult to treat. Over the long term, for most patients they are chronic or recurrent. Over the last four decades, the field of psychiatry, using randomized, controlled research studies has found treatments with similar efficacy like other fields of medicine for most psychiatric disorders. Psychopharmacologic treatments have become a central part of integrated psychiatric practice. This research has mostly focused on early intervention or acute effects of medication. Longer-term studies have been much less common. In this symposium, we will present a summary of such research on long-term treatment of 1) anxiety disorders, 2) depressive disorders, and 3) schizophrenia. We present outcome data suggesting that for most patients, long-term, lifetime management/treatment is indicated in combination with other psychosocial and psychobiological interventions. All three disorders, Anxiety Disorders, Major Depressive Disorder (MDD), and Schizophrenia are complex, heterogeneous disorders with multiple biological, psychological, and sociocultural determinants, risk factors and treatment approaches. In this session, we will present long-

term management and treatment guidelines both from the literature and from our clinical experience.

Meaningful Community Participation: An Essential Aspect of Recovery for Persons With Serious Mental Illness

Chair: Alexia Wolf, M.P.H.

Presenters: Mark Salzer, Ph.D., Jessica Klaver, Ph.D., Helen Skipper, B.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the importance of participation in mainstream community activities in recovery for persons with serious mental illness (SMI).; 2) Describe the fundamental concepts, theoretical frameworks, and evidence base for community inclusion for persons with SMI.; 3) Locate resources to support participation in community activities by persons with SMI.; 4) Describe strategies to promote community participation among underserved and under-represented individuals with SMI.; and 5) Apply approaches of co-production and co-creation in partnership with peer specialists to increase opportunities for community participation for persons with SMI..

SUMMARY:

The passage of the Community Mental Health Act in 1963 and the ensuing deinstitutionalization movement marked the start of an era focused on the integration of persons with serious mental illness (SMI) in community settings through the acquisition of integrated, income-based housing and participation in community-based treatment. Efforts to promote involvement in mainstream community activities among this population were limited. Persons with SMI often experienced profound social isolation within their communities. In recent years, a growing body of literature has emerged demonstrating that full community participation is associated with positive health outcomes and improved quality of life for individuals with SMI. At the same time, robust research findings on the negative influence of loneliness on overall health became widely recognized. Meaningful community participation has since been identified by SAMHSA as an essential dimension of life in recovery from SMI.

This session will provide an overview on how to promote community inclusion for persons with SMI from a variety of perspectives. During the first part of this session, we will discuss the fundamental concepts, theoretical frameworks, and the evidence for community inclusion. The second part of the session will examine how an innovative peer delivered intervention promotes community participation among individuals with SMI who have traditionally been underserved and under-represented in an urban setting. There will be ample time allotted for Q & A.

Mental Health and Faith Community Partnerships 2023: Needed Now More Than Ever!

Chair: Mary Lynn Dell, M.D.

Presenters: Paul Summergrad, M.D., Sidney H. Hankerson, M.D., M.B.A., Farha Abbasi, M.D., Wai Lun Alan Fung, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) . At the conclusion of this session, the participant will be able to discuss the general importance of collaborations between mental health professionals, faith leaders and organizations.; 2) At the conclusion of this session, the participant will be able to discuss the benefits of a representative collaborations between mental health and urban Black Church communities.; 3) At the conclusion of this session, the participant will be able to discuss the benefits of representative collaborations between mental health leaders and Muslim communities.; and 4) At the conclusion of this session, the participant will be able to discuss the principles and core elements of education at the intersection of mental health, religion, and spirituality..

SUMMARY:

The relationship of mental health practitioners and religious/spiritual leaders and institutions has been historically colorful, at times sympathetic and cooperative, during other periods of time less trustful. Over the past three decades, these two families of disciplines have experienced renewed trust and desire to collaborate in the best interests of both patients and individuals belong to or associated

with religious communities, as evidenced by many collaborative programs, formal and informal, developed since 1990. The recent COVID-19 pandemic and widespread workforce shortages in the mental health field, beg for even more collaboration and sharing of insights and experiences between mental health and faith leaders and the institutions they serve. Under the leadership of Paul Summergrad, MD, the 141st APA President in 2014-2015, over fifty leaders in psychiatry and various faith communities formed the Mental Health and Faith Community Partnership. From that effort two acclaimed tools: *Mental Health: A Guide for Faith Leaders* and the 2 page *Quick Reference on Mental Health for Faith Leaders*. The longer document served as a toolkit for the faith community, reviewing common mental health conditions, the processes of diagnosis and treatment,, and suggestions about how congregations can better include those with mental health concerns, when and how to refer for mental health care, and how to distinguish religious/spiritual concerns from mental illness. Given the increased diversity in society, faith communities and patient populations, clinician shortages, and evolving mental health needs, the Mental Health and Faith Community Partnership has been reconstituted for its next round of collaboration. This presentation will explore the Partnership's history and adaptation to contemporary needs, present two exemplar programs from diverse cultures and religious backgrounds, and discuss educational and training needs for those who desire to work effectively at this interface. Dr. Paul Summergrad will share the history of the partnership, and enduring principles and benefits of this interdisciplinary collaboration. Dr. Sidney Hankerson, of the Icahn School of Medicine at Mount Sinai, will share the model mental health program Hope Center Harlem, a collaborative partnership with First Corinthian Baptist Church. Dr. Fahra Abassi, of Michigan State University, founder of the Annual Muslim Mental Health Conference and editor of the Journal of Muslim Mental Health, will discuss her groundbreaking work on the interface of psychiatry and Muslim mental health. Finally, Dr. Alan Fung of the University of Toronto and Chair of the World Psychiatric Association Section on Religion, Spirituality, and Psychiatry, will share his insights on education and training at the intersection

of religion, spirituality, and mental health, honed by his teaching experiences at Wycliffe College, University of Toronto. This session is presented by the APA Foundation.

Metabolic Regulators of Psychological Stress and Brain Trauma

Chair: Charles R. Marmar, M.D.

Presenters: Burook Misganaw, Seid Muhie, Ruoting Yang

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify differentially expressed metabolites and differentially methylated genes between PTSD and control; 2) Evaluate the role of genetics on the increased occurrence of MetS with PTSD; 3) Evaluate molecular alterations along temporal progression of PTSD (by comparing cohorts with chronic vs recent PTSD); 4) Check convergence of different molecular modalities at a given time window; and 5) Correlate molecular findings with clinical variables.

SUMMARY:

Psychological stress and brain trauma trigger major impacts on molecular, cellular and organ systems. Co-morbidities of psychological stress and brain trauma cause a wide range of deficiencies including immune dysfunction, cardiovascular disease, diabetes and metabolic syndrome. Metabolites, by definition are the end-products of the bio-functions prompting various deficiencies caused by psychological stress and their co-morbidities. Systems interrogation of metabolites and integration this knowledge to other omics can inform the bio-mechanics related to psychological stress; ultimately this information can lead us to the predictive, prognostic and diagnostic biomarkers and aid in developing next generation therapeutic interventions for psychological disorders. Supporting this hypothesis, several metabolic signatures are characterized in the context of psychiatric and neurological disorders including post-traumatic stress disorder (PTSD), depression, mild traumatic brain Injury and exhaustion disorder. Assessing the metabolic profiles of PTSD subjects suggested that the dysregulated energy uptake pathways were

significantly altered in active-duty soldiers with PTSD. An independent probing of the genome-to-phenome association between PTSD and components of metabolic disorder were performed on a military veteran with chronic PTSD and the deliverables showed a significant genetic overlap between PTSD and metabolic disorder. Furthermore, an integrative-omics analyses (metabolomics, proteomics, and epigenomic – genome wide DNA methylation) on blood samples from two well characterized cohorts of veterans with chronic PTSD and active-duty participants with relatively recent PTSD revealed that signaling pathways indicative of metabolic disorder such as diabetic mellitus type II and chronic pain were highly activated in chronic PTSD. Motivated from these studies, present session will focus on the roles of metabolites and their associations with other omics to explain the endophenotype triggered by psychological disorders and traumatic stress.

Minor Charges With Major Impacts: Misdemeanors Versus Pre-Arrest Jail Diversion for Individuals With Serious Mental Illnesses

Chair: Michael Compton, M.D.

Presenter: Leah Pope

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Gain an understanding of results from a study about specific misdemeanor charges that may be most over-represented among individuals with serious mental illnesses; 2) Discuss misdemeanor charges that they have witnessed among their own patients with serious mental illnesses, and how those charges may have affected course and outcomes; and 3) Describe strategies that attempt to reduce arrest and incarceration among individuals with serious mental illnesses.

SUMMARY:

Individuals with serious mental illnesses (SMI) are more likely to be arrested and incarcerated than those without SMI. Their arrests are often for non-violent, misdemeanor “quality of life” and “public nuisance” charges. Such arrests and incarcerations interfere with treatment and recovery. This problem of “criminalization” of individuals with SMI is widely recognized, and programs are being put in place to

try to reduce arrests that are not necessary, and instead refer these individuals to mental health treatment services. Our team is studying which misdemeanor charges are most over-represented among persons with SMI. Effective pre-arrest jail diversion programs—to address the problem of over-representation of persons with SMI in jails—will only be effective if we understand the use and prosecution of the most commonly applied misdemeanor charges. We will present on findings from a National Science Foundation (NSF)-funded project to study the implementation, meaning, and use of particular charges and how they contribute to the over-representation of persons with SMI in the criminal justice system. The project consisted of a multi-site (Atlanta, Chicago, New York, Philadelphia), mixed-methods study. Specifically, we first analyzed two datasets (one administrative, and one clinical) to identify the 2–5 misdemeanor charges that appear to be most over-represented among individuals with SMI. Next, we carried out four “systems mapping exercises” in the four different cities to understand the use and processing of these misdemeanor charges in different settings. Then, we conducted 17 focus groups and in-depth interviews across the four sites to gain a rich, in-depth understanding of the use of these charges. The project created an explanatory theory to understand how police officers, prosecutors, defense attorneys, and judges understand, apply, make use of, potentially over-use, or rely upon certain types of misdemeanor charges among individuals with SMI. We will also discuss the problem of “failure to appear” to court, as well as probation violations, which are likely more common among individuals with mental illnesses and result in further extended entanglement in the criminal legal system. In this session, we will alternate between brief presentations and audience participation in terms of straw polling, sharing of case stories, and discussion of local efforts underway to address the problem of criminalization, especially with regard to misdemeanor charges.

Models of Care for Pregnant Individuals With Substance Use Disorders

Chair: Caridad Ponce Martinez, M.D.

Presenters: Constance Guille, Nancy Byatt, D.O., M.B.A., M.S., Ariadna Forray

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the effect of pregnancy on the trajectory of substance use disorders in women.; 2) Recognize the challenges and opportunities in the treatment of substance use disorders in pregnant women.; and 3) Describe ways in which technology can be used to improve the care of women with SUDs who are pregnant or postpartum, by describing several different models being studied..

SUMMARY:

The perinatal period offers increased contact with health care professionals, making this an ideal time to screen for and treat substance use disorders (SUDs). Despite increasing rates of SUDs among women who are pregnant, most women go untreated, resulting in negative maternal and neonatal outcomes. Practice and provider-level barriers interfere with screening and treatment of perinatal substance use disorders. In this session, we will present data from studies and programs that aim to increase access to SUD treatment by building the capacity of clinicians working with perinatal women to address SUDs. Technology is a key factor in increasing clinician knowledge and expanding access, by remotely supporting provider training initiatives or via telemedicine. The first of these studies compares Collaborative Care (CC) with Extension for Community Healthcare Outcomes (ECHO). The second compares Listening to Women and Pregnant and Postpartum People (LTWP) with evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT). Finally we present data from Perinatal Psychiatry Access Programs, population-based programs that help health-care providers address psychiatric and SUDs in pregnant and postpartum women. During this session, we will have a case presentation involving perinatal SUDs, identifying some of the challenges and opportunities in treating this patient population. Our panel will discuss how the different models would provide support for the clinicians, also eliciting audience participation.

Navigating Career Paths for IMGs: Charting Your Successful Future

Chair: Toni Johnson Liggins, M.D.

Presenters: Vikas Malik, M.D., Leon Ravin, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify some challenges and advantages of a psychiatric career in an academic setting, a state-operated public system, and a private practice setting; 2) Discover some opportunities for influencing medical education, health care policies, and healthcare delivery; 3) Understand opportunities for beginning an academic career in psychiatry; 4) Understand basic financial and legal aspects of public sector psychiatric practice; and 5) Understand basic aspects of building a career in private practice.

SUMMARY:

International Medical Graduates (IMGs) are physicians who have received medical degrees from outside the U.S. and are categorized into U.S. IMG and non-U.S. IMG depending on citizenship or nationality. Regardless of this distinction, IMGs are often the unsung heroes on the frontlines of psychiatry. IMGs make up a full 1/3 of practicing psychiatrists, particularly in the public sector, and IMGs comprise more than 1/4 of psychiatry trainees in the U.S. Almost half of geriatric psychiatrists are IMGs and more are desperately needed. In fact, without IMGs the psychiatric needs for ethnic minorities, socio-economically disadvantaged, and the severely mentally ill populations in this country would be unmet. There is an array of public sector paths as well as paths in academic psychiatry, and private practice which may be less well known to IMGs. An increased awareness of the navigation of these pathways can lead to their expansion and increase excellence from the diversity offered by U.S.-IMGs and non-U.S. IMGs in the academic, public sector, and private practice settings. We will identify the pathways and barriers to the development of a successful career in academic psychiatry. Specific areas within academic psychiatry which are more accepting of IMGs and ways to navigate opportunities will be discussed. We will then discuss challenges and advantages of providing psychiatric care in the state-operated system including but not

limited to the review of insurances and various patient populations served. We will highlight opportunities for influencing health care policies, participating in government task forces and community stakeholder-driven work groups, as well as working with law-enforcement, and consulting with state legislatures. Participants will increase their understanding of finances and the legal system on psychiatric practice in public sector. In the last section., participants will learn about different types of private practice models and gain insight into overcoming some of the hurdles in starting a private practice. The mechanics of running a successful private practice will be shared.

No Good Deed Goes Unpunished: Determining Decisional Capacity for Medically Ill Patients and Getting Sued for It

Chair: Philip R. Muskin, M.D., M.A.

Presenters: Seema Quraishi, M.D., Kathryn Skimming, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the determination of decisional capacity for medically ill patients; 2) Examine the tensions between patients' rights and patients' inability to care for themselves; 3) Explore the emotional impact of a malpractice suit; and 4) Detail the legal issues in a malpractice suit against the hospital for holding a patient who wants to leave.

SUMMARY:

Patients admitted to medical/surgical services often have psychiatric disorders that result in discharge delays. Holding patients over their objection on a medical service presents legal and ethical problems for the primary medical team and the C-L psychiatrist. We will present a case of an elderly woman with end stage cancer who was admitted to a medical service following a fall at home. She was overtly paranoid about her daughter, who was her health care proxy. The patient refused to go home with her daughter secondary to her chronic paranoid delusions. The primary team and psychiatric consultant felt strongly that it would be unsafe to send the patient home without additional support.

The patient was kept on the medical service for two weeks before transfer could be arranged to hospice care. A lawsuit was filed against the hospital for keeping the patient against her wishes by another one of the patient's children. We will use this case to review decisional capacity in the context of discharge planning. Practical, legal, and ethical aspects for such cases will also be reviewed. The experience of being involved in a lawsuit and testifying as a psychiatric expert will be discussed. This session features the psychiatrist who took care of the patient and testified on behalf of the hospital, as well as the psychiatric expert who participated in preparing the defense and testified for the defense. The presentation will present educational goals for documenting the clinical care and rationale for holding the patient over objection as occurred in this case. This documentation was crucial in the successful defense of the lawsuit. Specific recommendations for educating medical students, residents, and fellows about documentation will be presented. Participants will engage in discussing their own experience with difficult discharges and being the target of malpractice cases. The goals of the discussion will be to formulate principles to apply to such cases and to provide pathways to support when a lawsuit is started. Participants will include the psychiatrist who took care of the patient (Seema Quraishi), a forensic psychiatrist who also is a C-L psychiatrist (Kathryn Skimming), and the C-L psychiatrist who was the expert for the defense in the trial (Philip Muskin).

Partnering to Address Mental Health Care for Forensically Involved Individuals: Innovative Strategies and Examples of State and County Programs

Chair: Luming Li, M.D.

Presenters: Octavio N. Martinez Jr., Rishi Sawhney, Jennie Simpson

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Provide overview of the historical context for partnerships between mental health care delivery systems and criminal justice programs; 2) Highlight newer approaches to partnerships and program innovations, including

state-based learning collaboratives, county-level forensic program innovations (jail diversion, re-entry); 3) Incorporate quality data highlighting increased efficiency and safer care, and cost data on financial savings of projects and program examples; 4) Describe examples of state and county-based programs, funding approaches, and sustainability of partnership projects; and 5) Share future directions and state-county partnerships that can enhance earlier access.

SUMMARY:

People with serious mental illnesses have disproportionate contact with the criminal justice system in the United States. Serious mental illness (SMI) affects 5.2% of US adults, but 14% of adults in jail and 26% in prisons. Arrest rates for people with SMI are 71%, with an average 8.6 arrests and 12.6 charges over the life course. Once in the criminal justice system, people with SMI stay longer, are at greater risk of self-harm, and receive more punitive responses to infractions. Competency to stand trial is a driver of justice experience for people with SMI, and competency restoration is increasingly backlogged, resulting in thousands of individuals with mental illness waiting extended periods pre-trial jail detention, and several states facing institutional reform litigation. Texas is illustrative of the national SMI incarceration trends. Approximately 39% of jailed persons have received local mental health authority or state hospital services in the last three years. The number of people incompetent to stand trial has increased 38% from 2010-2018; currently, over 2,000 are waiting for inpatient competency restoration services in county jails. The resulting challenges must be addressed at the state and local levels and by all three branches of government. This session highlights four interdisciplinary perspectives responding to the forensic involvement of people with SMI. This discussion will review the historical context for partnerships between public mental health and criminal justice systems in Texas. State-based learning collaboratives, public education campaigns, and county-level program innovations will be compared, highlighting efficiency/safety of care and cost savings. Importantly, the presentation will consider what a full continuum of care should encompass for justice-involved individuals and how

state and county officials, policymakers, and practitioners shape outcomes. Programs, funding, and partnerships that enhance earlier access to quality care, reduce and prevent criminal justice involvement, and ensure strong transitions of care between community, inpatient, and correctional settings. Presenters will highlight example projects and programs at the county and state levels aimed at improving care for individuals with SMI who are involved with the criminal justice system. Key examples include an "Eliminate the Wait" project to develop a state-wide learning collaborative that reduces state hospital wait times and joint data task force that review state hospital wait times across counties. In addition, presenters will highlight county-level jail diversion and early intervention crisis response programs with outcomes data that support their use. Finally, the presenters will share about future directions of state and county opportunities for partnerships and funding supports.

PCP Coaching: An Underutilized but Very Effective Method to Increase Mental Healthcare Availability in the Community

Chair: Sasidhar Gunturu, M.D.

Presenters: Shalini Dutta, M.D., Souparno Mitra, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the mental health deficits in the United States; 2) Identify the PCP Coaching Model and how it works in Primary care; and 3) Prepare an efficacy assessment tool for the PCP Coaching Model.

SUMMARY:

According to National Institute of Mental Health data, one in every five Americans is diagnosed with a mental health illness, with an approximate of 51.5 million as of 2019 and only 41% receiving treatment¹. The number was approximately half in 2017 with 27.7 million people being affected. With a steady rise in the United States population, the incidence as well as prevalence of any mental health disease is predicted and observed to grow. Behavioral health and psychiatry training positions have not expanded to meet this need, thus patients

are often managed by their primary care providers (PCP). Despite being a larger workforce by some estimates (4:1), PCPs are an already overstretched resource and not uniformly trained in behavioral health management. In our community, which faces all the above challenges in addition to socioeconomic health care disparities, this integrative model for behavioral health delivery is not a novel prototype but a major necessity. At our hospital, we recognized that the traditional referral system to a psychiatrist does not work. 50% of patients do not follow through on their referrals, and those who do never do so for more than two visits². Additionally, the traditional referral system is fragmented with each stakeholder independently providing care with a limited focus plan, often missing a global unified approach. A unique aspect of our Integrated Care Model³ is PCP Coaching. Since PCPs play a pivotal and central role in the overall outpatient care of patients, this step aims to empower them in the treatment of common mental health disorders within their medical practice. Coaching is provided through a wide range of practice topics ranging from primary psychiatric illness to medical illness and pharmacology related to behavioral health issues. PCPs are asked about what topics in mental health they desire to learn about and classes are held weekly. Our workshop will start with Dr Dutta identifying the primary mental health needs of the community. Dr Mitra will introduce the Bronxcare Integrated Care model and speak about its key components. This will be followed by large group discussion on how different health systems are organizing their Integrated care. Subsequently, Dr Gunturu will discuss the PCP Coaching component of our Integrated Care model. This will be followed by a small group discussion to prepare an efficacy tool to evaluate the efficacy of PCP Coaching. The group will then reconvene to discuss the findings. The session will conclude with a question and answer session.

People, Place and Purpose: Contributions of Faith Traditions to Recovery and Resilience

Chair: John Raymond Peteet, M.D.

Presenters: Samuel Thielman, Ahmed Hankir, Steven Moffic, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Re-visit non-pharmacological approaches to the care of people living with mental health conditions with a focus on religion/spirituality.; 2) Provide mental healthcare professionals tools to develop “cultural humility” when providing care to people who identify as religious.; 3) Identify potential resources for recovery and resilience available to adherents of three major religious traditions.; and 4) Appreciate the practical and ethical challenges involved in helping individuals engage the resources of their faith communities..

SUMMARY:

Growing deaths of despair in the U.S., the U.K. and throughout the world demonstrate the importance of social determinants of mental health. As Thomas Insel notes in his recent book *Healing: Our Path From Mental Illness to Mental Health*, factors central to recovery include connectedness to people (e.g., a “tribe” or religious community), a secure, identity-conferring place (e.g., a mosque, church, synagogue or temple), and a sense of purpose (including a “higher” or “Divine” purpose). Perhaps because religion is sometimes linked with stigma and resistance to medical/psychiatric treatment, the considerable and growing evidence of its positive contribution to mental health (including recovery and resilience) in these areas has often been neglected. In this session, a Jewish, Christian and a Muslim psychiatrist/patient will describe the ways that their faith traditions offer important resources for human flourishing. Dr. Steven Moffic will review the Jewish history of overcoming repeated trauma (often driven by Anti-Semitism) with resilience, exploring elements important in this process - notably devotion to a just God, the centrality of community, the appreciation of critical thought and the call to tikkum olam (repairing the world). Dr. Samuel Thielman will discuss the relationship of classical Christian virtues (i.e. faith, hope, love, prudence, justice, fortitude, temperance) fostered by worshiping communities to “resilience factors” identified by Southwick and Charney, Ann Masten, Norm Garmezy, Jonathan Davidson & others. Dr. Ahmed Hankir will consider from his dual perspectives as a Muslim psychiatrist and Muslim mental healthcare receiver the ways that Islamic

beliefs and practices contribute to post-traumatic growth and thriving in the face of adversity, mental health struggles and Islamophobia. He will draw on the hadith (sayings) of the prophet Mohammed PBUH during times of tribulation and passages from the Quran that were revealed during periods of turmoil and that offer sakinah (solace). Discussion with audience members will focus on the psychiatrist's role in encouraging patients to engage their various faith traditions in potentially helpful ways, and the practical and ethical issues involved.

Physician Aid in Dying Based on a Mental Disorder: What Have We Learned? Lessons for the US and Rest of the World

Chair: Karandeep Gaiind

Presenters: Marie Nicolini, John Raymond Peteet, M.D., Karandeep Gaiind

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the main clinical and ethical challenges of PAD based on a mental disorder and what this means for policymaking internationally; 2) Appreciate the challenges in assessing fully autonomous decisions regarding death in patients with legal capacity to consent; 3) Appreciate the tension between 'overinclusion' and 'underinclusion' in the context of expanded assisted dying laws, including the impact on vulnerable and marginalized populations; and 4) Recognize the tension, in policy and practice, between psychiatric euthanasia and suicide prevention when considering wishes to die.

SUMMARY:

Physician Aid in Dying (PAD) (also referred to as Medical Assistance in Dying (MAiD)) has been legalized or decriminalized in well over a dozen jurisdictions around the world, and assisted dying policies continue to evolve rapidly, including in the US. Many jurisdictions are exploring whether to introduce PAD laws, or expand existing law to include PAD based on a mental disorder. PAD based on a mental disorder has been permitted for two decades in the Netherlands and Belgium and 2023 marks the legalization of the practice in Canada (to be introduced as of March 2023). This session will

discuss some of the lessons learnt and how this informs the practice of PAD more broadly. Dr. Marie Nicolini, MD PhD, psychiatrist and researcher at the Belgian Research Foundation Flanders and Georgetown University, will discuss the history of PAD on the basis of a mental disorder in the Netherlands and Belgium and how its legalization came about. Dr. Nicolini will summarize her extensive research on this topic and examine how the main lessons learned over the past two decades inform policymaking internationally. Finally, the session will hone in on the ongoing challenge, since its legalization, of defining adequate standards for irremediability in psychiatric disorders and what this means for our understanding of the practice. Dr. John Peteet, a C/L psychiatrist working in a cancer center, will explore how capacity for PAD may differ from capacity to refuse a treatment, where the physician's action implies crossing the bodily integrity of an objecting patient. Dr. Peteet will explore whether, in the context of PAD where a physician is deciding whether it is appropriate to offer a lethal intervention, a broader conception of what is important and allowable is needed, such as a "decision-optimizing" relationship with the patient. Case examples will illustrate the idea that what is at stake is not only the patient's cognitive capacity and DSM diagnosis but the patient's emotional capacity, and the professional and clinical responsibility of the doctor to the patient. Dr. K. Sonu Gaiind, a University of Toronto professor and psychiatrist, a past president of the Canadian Psychiatric Association and panelist from the Council of Canadian Academies Expert Panel reviewing PAD for mental disorders, will review the Canadian experience and significant recent policy developments, which are being watched globally, as Canada moves towards providing psychiatric euthanasia by 2023. This session will also explore differences between groups who seek PAD for different reasons, and discuss potential impacts of expanding PAD laws on marginalized populations suffering from life distress.

Potential for Artificial-Intelligence Powered Chat Therapy in Psychiatry

Chair: Young Suhk Jo, M.D.

Presenters: Rebecca Stenersen, Jordan Craig Calabrese, D.O., Thuy Le

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review current use of artificial intelligence (AI) in psychiatry; 2) Determine the potential advantages of AI powered chat therapy; and 3) Recognize ethical challenges posed by AI powered chat therapy.

SUMMARY:

Artificial intelligence (AI) demonstrated potential to be a great clinical and research tool in medicine. Psychiatry, however, has yet to take full advantage. AI-based chat therapy is a platform which may be well-received by the increasingly tech-savvy public. Compared to traditional forms of therapy, the AI-based chat therapy can provide a truly anonymous environment for the users to confide in whenever they choose to without concerns for wait times or cost. Current forms of AI chat therapy is based on timely scripts, self-directed exercises that are targeted for brief symptom relief, and psychoeducation on various topics. This modality can potentially provide early identification and intervention for those with sub-clinical levels of mental health issues in the short-term while having the potential to provide real-time monitoring of psychiatric symptoms. This session aims to educate the psychiatric practitioners about how AI powered chat therapy may affect their practice.

Preparing Psychiatrists for Combat: Providing Collaborative Care in Ukraine and Beyond

Chair: Vincent F. Capaldi II, M.D.

Presenters: Daniel May, D.O., Scott G. Williams, M.D., Katrina L. Wachter, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Analyze the differences between a civilian and military psychiatry residency and its impact on the ability to care for service members; 2) Describe how military psychiatry prepares psychiatrists to treat patients on the battlefield; 3) Identify the ways the US military has provided support for providers in Ukraine; and 4) Delineate how military psychiatric training may aid in Assertive Community Treatment in the US.

SUMMARY:

The whir of a helicopter taking off and mortars crashing in the distance. A patient in front of you who just experienced his battle buddy almost being killed. Long days, hot conditions, and no days off. This is the life of a military psychiatrist in combat. The United States military acknowledges the unique position psychiatrists are put into on the battlefield, and as a result works to train their psychiatrists to prepare for these situations. As a whole, the field of psychiatry requires flexibility and leadership skills to succeed. This holds especially true within the military health system, when psychiatrists not only hold the position of physician but also officer. Military psychiatric training helps prepare psychiatrists to be successful in treating patients across the spectrum of care, from inpatient to outpatient settings. However, there are a multitude of additional leadership opportunities in the military to better help provide care to those on “the front lines” who need the help the most. In this symposium, we will explore military specific training and identify how these specialized training opportunities are utilized. We will address how training platforms and resources have been utilized to assist psychiatrists in Ukraine as civilian providers were coping with significant trauma and loss. Our speakers will also describe how military training may also be applicable to Assertive Community Treatment paradigms, highlighting one example of how lessons learned from military service helped prepare a psychiatrist for work as an ACT psychiatrist. Audience participation will be encouraged to help highlight the diverse experiences of working within a stressful environment and how military training may improve the overall experience of psychiatrists. The military environment provides an environment to practice skills not always available in the civilian realm, however collaboration between the two domains may hopefully improve overall patient care and physician preparedness worldwide.

Providing Gender Affirming-Care in Vulnerable Patient Populations

Chair: Tamara Murphy, M.D.

Presenters: Gino Mortillaro, Truc-Vi Huynh Duong, M.D., Ash Schade

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss disparities and mistreatment that transgender people experience in every area of life, including healthcare, and how this is compounded for transgender of people of color.; 2) Learn how to create a transgender-friendly clinical experience from start to finish.; 3) Discuss the experience of mental health provider who is transgender, including self-advocacy while navigating the medical and legal systems to acquire appropriate gender-affirming care.; 4) Understand the current existing literature regarding autism spectrum disorder and gender dysphoria.; and 5) Recognize clinicians' responsibilities in treating patients on the autism spectrum..

SUMMARY:

In 2015, the National Center for Transgender Equality conducted the largest survey ever dedicated to the experiences and lives of transgender people. The results of the survey detailed the overwhelming disparity and adversity that transgender people experience in every area of life, and how these concerns are greatly compounded for transgender people of color. The findings of the survey are a strong call to action for institutions and healthcare providers to be more inclusive of transgender individuals so that they can lead healthy, fulfilled lives. As mental health professionals, issues such as rates of suicide, mental health comorbidities, and reports of harassment and even abuse by health care providers are a sobering and powerful call to action. In addition, we will discuss the unique needs of patients with autism who are transgender. Existing research suggests that gender dysphoria is more common within autism spectrum disorder. However, the current clinical data is quantitatively limited. The conclusion is further challenged by differences in our conceptions of gender development and gender dysphoria across studies. It is important to conceptualize that gender development is a normal process and not a comorbidity of autism spectrum disorder. Individuals with autism spectrum disorder can face difficulty in separating non-binary or other expression from transgender expressions due to concrete thinking. Clinicians have the responsibility to help individuals with autism spectrum disorder to understand their identity by broadening their

understanding of gender expression and gender roles. A diagnosis of autism spectrum disorder should not hinder individuals from receiving medical treatment for gender dysphoria, and that treatment should address both diagnoses concurrently. This session comprises a panel that will speak to research on transgender mental health, the disparities faced by transgender individuals, and how healthcare providers can be a part of the solution. We will discuss creating a transgender-friendly clinical experience, from start to finish. This includes creating a space that indicates diversity is valued and supported as well as how to conduct a gender-affirming patient interview. We will also hear the experiences of a mental health provider who is transgender, including his experience in advocating for himself as he navigated the legal and medical system to receive transgender-affirming care. Overall, the goal of the panel session is to give a broad view of transgender mental health and the ways the we as clinicians can serve to inform ourselves and advocate for our patients.

**Psychedelics and Psychedelic-Assisted Therapy:
How to Counsel Your Patients**

Chair: Aaron Wolfgang, M.D.

*Presenters: Bryan Barksdale, Nolan Williams, M.D.,
Aaron Wolfgang, M.D.*

Moderator: Jacqueline Posada, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the basic neuropharmacology of psychedelics; 2) Describe the current landscape of the therapeutic use of psychedelics; 3) Appreciate evidence base of therapeutic efficacy and potential risks of MDMA, LSD, psilocybin, DMT, 5-MeO-DMT, and ibogaine; and 4) Apply principles of harm-reduction to counseling patients about use of psychedelics.

SUMMARY:

As the science surrounding psychedelic-assisted therapies continues to advance, interest also continues to grow among patients regarding recreational and therapeutic use despite none of these substances currently being FDA-approved. When a patient inquires about psychedelics, how

should you counsel them in a way that optimally accounts for and balances clinical, ethical, and legal considerations? This session will begin with an overview of the current landscape of the therapeutic use of psychedelics. We will then provide an in-depth summary of MDMA, LSD, Psilocybin, DMT, 5-MeO-DMT, and Ibogaine by discussing each psychedelic's background, efficacy data, risk profile, as well as medication interactions. We will also discuss how to counsel your patients on identifying approved settings to receive psychedelics legally. Finally, for patients who intend to use psychedelics in non-approved settings, we further discuss ways in which to provide counsel based on harm-reduction principles.

Psychiatrists Tomorrow: A New Avatar

Chair: Norman Sartorius, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To awaken interest in the impact which current social and economic trends will have on the practice of psychiatry; 2) To stimulate action leading to changes in the training of psychiatrists in order to prepare them for the challenges which they are likely to meet in their future work; and 3) To critically examine current work practices and introduce changes which will not only improve them where necessary but will also prepare them for the challenges with social and economic changes.

SUMMARY:

The presentation will first discuss major trends relevant to the development of society and to the organization of services for people with mental illness and then proceed to review the changes in the work – and education – of psychiatrists working in future times. Among their tasks will be action concerning the primary prevention of mental disorders, the reduction of the stigma of mental illness and of its consequences the organization of care for people suffering simultaneously from mental and physical disorders and the changes of the strategy of care for people with severe mental illness. In order to prepare psychiatrists of the future for these tasks it will be necessary to change the

method of their training and add to it elements which will provide them with the leadership and professional skills which they present often miss.

Public Testimonies as a Form of Community-Based Research to Educate Professionals on the State of Our Current Mental Health Care System

Chair: Jane Tien Thuy Nguyen

Presenters: Folake Adegboye, Scott Collins, Adriana Hall

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Empower professionals from diverse backgrounds to review and analyze their state's policy through community-based research, bridging the gap between individual and state barriers to mental health care; 2) Identify web-based resources that may be used to initiate community based participatory research; 3) Develop initiatives and ideas for community based participatory research using resources and videos provided during the session.; and 4) Employ various methods from the session to integrate CBPR into professional and research endeavors..

SUMMARY:

Community based participatory research (CBPR) continues to be an underutilized method of research in the mental health field despite such research repeatedly showing great benefit to both community members and researchers. This type of research aims to involve community members from the very beginning, identifying stake holders to create shared goals for research projects with the aim of coproducing knowledge that may otherwise be missed in traditional research methods. The information gained from these research methods can then be used to better tailor initiatives to the needs of the community in an effective manner. While this research method is grossly beneficial, it can be a difficult method to initiate without previous knowledge of available resources and knowledge on how to engage community members in meaningful research. The mental health community engagement project (MHCEP), founded by University of Colorado medical students in 2020, has focused on community based participatory research as a method of

engaging the mental health community in Colorado. Through a modified CBPR during the COVID-era where students faced challenges with limited in-person contact, online public testimonies provided by the state were analyzed to identify the gaps and barriers faced by community members in accessing mental health care. Reviewing the testimonies allowed students with no mental health background to learn through discussions surrounding various topics brought up by community, while allowing students to critically develop innovative solutions on how their medical schools can be used to address these gaps and barriers. Our session aims to introduce participants to the concept of community based participatory research by providing an overview of our own projects that uses this method of research. We also aim to provide participants with meaningful web-based resources that can be used to initiate this type of research in various states across the US, with step-by-step instructions on how we used these resources in our own research. We will also highlight videos accessed through these resources and engage participants in developing ideas on how these videos can inform innovative ideas in their various realms of mental health research. We ultimately hope that participants will discuss how these resources can be extrapolated to their various professional and research endeavors and have a basis on how to begin CBPR, modified or unmodified, in their own institutions.

Reclaiming Purpose: Journeys Toward Justice, Anti-Racism, and Public Service in Psychiatry

Chair: Enrico Guanzon Castillo, M.D.

Presenters: Michelle P. Durham, M.D., M.P.H.,

Amanda Calhoun, Matthew Goldman

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Formulate risk factors for professional burnout, including differences in burnout by race, ethnicity, other minoritized characteristics, and type of psychiatric work; 2) Incorporate narrative strategies to reconnect with one's sense of purpose; and 3) Employ burnout mitigation strategies that integrate justice, public service, and professional wellness.

SUMMARY:

While record numbers of US medical students are entering the field of psychiatry, record numbers of psychiatrists and physicians are leaving their profession during this peri-pandemic period, termed the Great Resignation. Additionally, many psychiatrists may experience heightened pressure to address injustices in their communities, their institutions, and their everyday work during this time of racial uprising and societal awakening to health inequities. Psychiatrists of color, psychiatrists who identify with minoritized groups, psychiatrists who work with under-resourced populations, psychiatrists who confront racial and structural inequities on a daily basis, and others may be at highest risk for professional burnout during this time. These groups may experience minority taxation, public backlash, professional ostracization, social isolation, empathy fatigue, moral injury, and other risk factors for burnout. Experiences that help one reconnect with one's sense of purpose have been shown to reduce burnout, improve well-being and job retention, and renew one's motivation to continue in the work of justice, anti-racism, public service, and health equity. Specifically narrative knowledge, competence, and interpretation has the potential to reconnect oneself to one's original sense of purpose in psychiatry. This workshop will combine narrative medicine with career perspectives about the intersections among psychiatry, justice, anti-racism, and public service. Each presenter has experienced professional obstacles from the vantage of a diverse range of identities, career stages, geographies, and sites of practice (academic, community). This workshop will draw from narrative medicine by asking workshop presenters and audience members to reconnect with a readily available narrative, namely the application essay or personal statement. Presenters will share a recent professional or personal obstacle that alienated them from their sense of purpose in psychiatry. Presenters will then share an excerpt from an application essay from college, medical school, residency, or other opportunity. Presenters will model for the audience refamiliarization with one's own narrative, reflection and interpretation (narrative shift and transformation), and the integration and reconciliation of past aspirations with present-day experiences. The interactive group exercise will help attendees re-engage with past

essays and professional aspirations and formulate goals to re-engage with their sense of purpose in psychiatry. Group discussion will create a space for presenters and attendees from minoritized and diverse backgrounds and/or with a career focus in justice, anti-racism, and public service to identify practical strategies to reclaim purpose and well-being. This workshop submission is co-sponsored by the APA Council for Minority Mental Health and Health Disparities.

Redefining the Role of the Psychiatrist in the Post Roe Era

Chair: Johanna Beck, M.D.

Presenters: Anum Baig, M.D., M.B.A., Faisal Kagadkar, M.D., Karen Dionesotes, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Evaluate the impact of the overturning of Roe v Wade on maternal mental health; 2) Understand the history of psychiatric involvement in the Pre-Roe era; 3) Describe opportunities for psychiatrists to expand their practice and include basic reproductive care to patients; and 4) Identify avenues for reproductive rights advocacy in our home institutions and at large.

SUMMARY:

Psychiatrists have always been essential to the care of pregnant patients, as pregnancy and the postpartum period are often known to worsen many psychiatric conditions and also may give rise to new conditions such as postpartum depression or postpartum psychosis. In the pre-Roe era, psychiatrists, at times functioned as arbiters to abortion, providing assessments that allowed patients to access their reproductive rights. With the overturning of Roe v Wade, patients in many states are now facing barriers to receiving essential reproductive healthcare and bearing the burden of traveling to obtain care or worse, carrying pregnancies against their wishes. These factors are changing the landscape for maternal mental health by presenting new legal implications which affect psychiatry's scope of practice for treating pregnant patients. These changes will especially impact vulnerable subgroups such as underage girls and

minorities. Given the sudden loss of access to abortion across the nation, this session aims to evaluate the opportunities for psychiatrists to decrease the gaps in reproductive care via counseling and contraception, and identify avenues for psychiatrists to serve as advocates for reproductive rights.

Representation of South Asian Americans in Media and Its Impact on Identity Formation and Mental Health

Chair: Seeba Anam, M.D.

Presenters: Manal Khan, M.D., Deepika Shaligram

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the impact of media representation on identity development.; 2) Understand the influence of media representation in determining the perception of minority communities.; 3) Demonstrate an awareness of famous media portrayals of South Asians and the evolution of those portrayals over time.; and 4) Develop a framework for incorporating media representation of South Asians in their work with patients and families..

SUMMARY:

Media representation has a significant influence on identity formation and public perception. Identity formation is a continuous process that is impacted by an individual's interactions with the environment. Through introjection and perception building, media portrayal influences the intra-psychic and interpersonal processes which then go on to inform identity formation. Media representation also affects public perception. This is particularly true for minorities. The media portrayal can then perpetuate or resist stereotyping. South Asian Americans are among the fastest growing communities in the US. This immensely diverse community has grown by 40% in the past seven years. However, despite their growing numbers and noteworthy heterogeneity, they are often lumped with other Asian American groups. Therefore, it is important for clinicians to understand the distinct ways in which mental health issues present for South Asian American patients and their families. In our highly interactive session, we

will use media representation of South Asian Americans to understand the influences on identity formation and public perception, role of bias and stereotyping especially as it relates to patient-physician dyad, presentation of mental health disorders in South Asian Americans, and the factors which lend strength and resilience to this community. We will begin the session by studying the clips from famous TV shows and films portraying South Asian Americans and their families. The participants will engage in a discussion about impact of particular portrayals on identity formation and public perception. We will then introduce the concepts of “perpetual foreigner”, “model minority myth”, and “terrorism” that impact the mental health of South Asian Americans. This will be followed by a demonstration of how media portrayal of South Asian Americans has evolved overtime. By using TV series like “Never have I ever” and “Ms. Marvel”, where South Asian American characters play the role of protagonists, we will explore the nuanced approach to storytelling. These TV series have also touched upon the presentation of mental health disorders in South Asian American Community. Together these two series have touched upon themes of immigration, acculturation stress, grief, parental loss, transgenerational transmission of trauma, somatic manifestation of intra-psychic conflicts, and challenges associated with synthesizing a bicultural identity. Finally, we will present case material of our work with a South Asian American patient with whom the understanding of media portrayal facilitated therapeutic alliance, exploration of family dynamics, and a joint conceptualization of the impact of model minority myth on mental health. This will be followed by discussion on how participants can incorporate the takeaways from this session in their work with South Asian American patients.

Restorative Psychiatry: Disclosure; Broaching Race, Ethnicity, and Culture; and Cultivating Empathic Identity in the Therapeutic Relationship

Chair: Ravi Chandra, M.D.

Presenters: Sandra C. Walker, M.D., Fiona D. Fonseca, M.D., M.S., Lisa Nakamura

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the concept and practice of broaching race, ethnicity and culture; 2) Demonstrate broaching in small group interactions; 3) Understand therapeutic disclosures, as modeled by seasoned Japanese American, African American and South Asian American clinicians; 4) Understand pathways to cultivating therapeutic empathy and presence to build therapeutic alliance; and 5) Evaluate and understand how fractures in relational experience, mediated by power and love, impact the lives of our patients.

SUMMARY:

Creating a therapeutic alliance is central to therapeutic efficacy. To build better alliances with our patients, psychiatrists must understand themselves and their cultural identities, continually improve their understandings of their patients’ identities, and ultimately co-create a new culture of healing in their offices that improves on the inherited historical cultures and experiences that bring patients to therapy in the first place. To do that, we must understand the ways that power and love have impacted the lives of our patients and ourselves. Psychoanalyst Michael Balint described the “basic fault” as the dearth of attuned love in infancy and early life, producing what John Bowlby called a lack of a “secure base of trust,” and a general lack of a felt sense of safety. Society mirrors and amplifies dysfunctions in relatedness within families. Balint’s basic fault of infancy might be mapped onto a great chasm in society, where many individuals and cultural groups lack a secure base, safety, and well-being, with myriad sequelae including mental health challenges, amplified vulnerability, and resorts to power and social dominance instead of empathic relatedness. A spectrum of social relatedness results, from apathy, avoidance, and hate, to love, affection, allyship, compassion, and solidarity. In psychotherapy, we work with individual patients, but both patients and psychiatrists are embedded in culture, and thus affected by the disconnections of power and love. Psychotherapy can become a “corrective emotional experience” to offer compassion and skillful reworking of personal, historical and cultural trauma. All of these can be described as therapeutic forms of love. The power,

values, and influence of the psychiatrist and the commitment of the patient and psychiatrist to their own growth through the transitional space of the therapy can offer stabilization, a more secure base, hope, healing and transformation. There are essential factors in creating healing therapeutic environments, particularly for BIPOC, LGBTQIA+, and others carrying marginalized identities and who bear the brunt of the ill effects of damaging splits in our social milieu. Skillful broaching of race, ethnicity, and culture creates trust and understanding, deconstructs power imbalances, and levels the therapeutic playing field. Broaching also involves self-reflection and cultural and personal humility. Other types of disclosures of the therapist or psychiatrist's identity can similarly function to build trust, empathy and understanding. Still, disclosures and statements about the therapist's identity are often viewed with great and unwarranted suspicion by a significant number in our profession. However, falling short of empathic, engaged identity and comfort with broaching and disclosure risks invalidation of the patient's journey and the core values essential to psychiatrists' mission. This session will amplify these ideas and provide practical guidance and practice.

Spiritual Experiences: Implications for the Nature of Mind and Substance Use Disorders

Chair: Jeffrey DeVido, M.D.

Presenters: James Lomax, Alexander Moreira-Almeida, Martin Epson

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants should be able to describe the implications of the scientific studies on spiritual experiences for the nature of the mind & for the treatment of substance use; 2) Participants should be able to describe how negative religious coping or spiritual struggles may result in substance misuse, or addiction, & be able to define ways to attenuate or eliminate that risk; and 3) Participants should be able to describe the potential role of intentional changes in consciousness & the model of psychedelics as an additional tool in SUD recovery.

SUMMARY:

Mental illness and the field of psychiatry have a well-known and complex history of both tension as well as conceptual and practical overlap. Perhaps nowhere is this complex relationship more particularly evident than with addictive disorders: from the historical "moral failing model" of addictive disorders, to the invocation of spiritual/religious themes and structures in 12 step programs, to patients with addictive disorders often describing their illnesses and struggles in terms familiar to religious/spiritual contexts (i.e., loss of hope, meaning making, atonement, to name a few). Spiritual experiences, in particular, have an often underappreciated and understudied influence on behavior and outlook that can have tremendous impact on the trajectory of various mental illnesses, including addictive disorders. Unfortunately, neither psychiatrists nor health professionals of other disciplines have predictable, didactic, or clinical education with regard to how spiritual and religious factors may influence health outcomes or coping with stress. This moderated panel discussion will explore three unique aspects of the relationship between addictive disorders and spirituality/religion focusing particularly on how religious and spiritual factors, especially spiritual experiences, can influence clinical care and health outcomes: 1) how negative religious coping or spiritual struggles may result in substance misuse, or addiction, and address ways to attenuate or eliminate that risk, 2) offer perspectives on the (re)emerging interest in hallucinogens/psychedelics as a tool for fostering intentional changes in consciousness that have culture-bound and religious/spiritual considerations, and 3) examine the clinical, scientific and philosophical implications of the best available scientific evidence regarding spiritual experiences, including one of the most challenging and pervasive questions throughout ages, cultures, and religions: the nature of consciousness and its survival after death and its implications for our understanding of the nature of the mind and for the treatment of addictive

Advising Medical Students for the Match, including plenary, town hall meeting, online resources, and communication strategies will be highlighted, with emphasis on partnerships with AADPRT, AAP, PsychSIGN, and the APA. ADMSEP's Group Mentoring Program, an innovative facilitated peer-mentoring model available to all ADMSEP members, will be summarized, along with early findings related to participation and benefits. The connection between support for ADMSEP members and challenges related to student advising for the Match will be emphasized.

Surviving and Thriving Under Cross Examination

Chair: Stephen George Noffsinger, M.D.

Presenters: Ashley H. VanDerCar, M.D., J.D., James Alexander Scott

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how an attorney prepares for and executes cross examination of mental health professionals.; 2) Learn ten cross examination techniques commonly used by attorneys, and how to counter those techniques.; and 3) Understand how to write forensic reports that minimize the potential for cross examination..

SUMMARY:

Psychiatrists testify on a regular basis in depositions and trial, yet have few opportunities to perfect their skill in dealing with cross examination. The cross examining attorney's goal is to undermine the expert's opinions by challenging the expert's qualifications, methodology, reasoning, and objectivity. Attorneys are highly skilled cross examiners, given that attorneys receive trial advocacy instruction in law school and conduct cross examination regularly. In contrast, the novice expert often unwittingly falls victim to cross examination techniques, only to find their opinions distorted or discredited altogether. Withstanding cross examination is an important skill to develop, yet most psychiatrists are self-taught or have no training in this area. Psychiatrists rarely receive instruction from experienced experts about how to successfully negotiate the many pitfalls of cross examination. This workshop, taught by experienced forensic

psychiatrists and expert witnesses, as well as a forensic psychiatrist/attorney, will illustrate: How attorneys' think about and prepare for cross examination. The rules of evidence that govern cross examination. Specific cross examination techniques utilized by attorneys, including the wedge, trap, pan for gold, stretch-out, minimization, collateral cross examination, back-down, channeling, shading, dilemma, fake and undermining. Expert techniques to anticipate and counter cross examination efforts. Several examples of effective cross examination techniques. Audience participation will be achieved by the speakers presenting a number of written and/or video vignettes illustrating commonly used attorney cross examination techniques. The audience will be asked to identify the types of cross examination technique being illustrated, and will suggest potential solutions to counter the cross examination techniques. Additionally, audience members will participate in mock cross examination.

Telehealth Solutions for Crisis Management in the Acute Psychiatric Care Setting

Chair: Owen Muir

Presenters: Carlene MacMillan, Mirene Winsberg, M.D., Pamela Hoffman

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the data that guides practice around management of suicidality in telehealth; 2) Identify opportunities for measurement based care in high acuity telehealth workflows; 3) Describe opportunities for modified psychiatry training around the management of suicidality with telepsychiatry; and 4) Identify areas of opportunity for integration of telehealth assessment in high risk youth in emergency settings.

SUMMARY:

While nearly every other leading cause of death has decreased in the last 50 years, the rate of suicide has doubled. It is the second leading cause of death in adults under the age of 45, and veterans, rural populations, sexual and gender minorities, middle-aged adults, and tribal populations may disproportionately experience factors linked to suicide. In 2019, 9 percent of high school students

reported attempting suicide in the last 12 months. Numbers like these are a sober reminder that crisis care is not where it needs to be, and underscores the growing shortage of clinicians available to treat these high risk populations. This is an ideal challenge for telemedicine to address. Yet, while virtual mental health care has improved access for those with mild to moderate conditions, few programs are delivering digitally enabled crisis solutions that can be scaled nationally. This panel will discuss the feasibility and implementation of digitally enabled telemedicine solutions for crisis management and in the treatment of high acuity patients. Dr. Winsberg will present data on a digitally enabled and nationally scaled telehealth for active suicidal ideation solution based on CAMS (Collaborative Assessment and Management of Suicidality) which has been shown to decrease suicide attempts and self-harm behaviors and reduce suicidal ideation in as few as 6-8 sessions. Dr. Hoffman will discuss the scaling and implementation of a telehealth strategy at Yale, and a deployment of telehealth solutions in the emergency department. Dr. MacMillan will present an approach to crisis management in treatment of high risk, multi-problem individuals using remote messaging tools in an outpatient group practice. This model incorporates principles of Good Psychiatric Management (GPM) and Mentalization Based Treatment (MBT) for teams. Finally, Dr. Muir will moderate: he has experience with the development and implementation of a novel training curriculum for psychiatry residents and fellows at the Mayo clinic for the management of suicidal patients over telehealth using approaches from evidence-based MBT. The panelists will discuss the benefits and risks of telemedicine in the high acuity setting, and present results on outcomes associated with the use of telemedicine modalities for crisis management.

The Couch, the Clinic and the Scanner: Changing Models of Psychiatry Over the Past 5 Decades

Chair: David Joel Hellerstein, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) understand the importance of prevalent psychiatric model in defining treatment objectives and outcomes; 2) be able to characterize

main assumptions and methods of previous and current treatment models; and 3) be able to describe 'narrative medicine' approaches and relevance to medical and psychiatric care.

SUMMARY:

For psychiatry, like other medical specialties, prevailing paradigms and models are necessary to guide care. As a practicing physician it is impossible to hold oneself apart from the moment, to reject all models of body and mind. Instead, one is impelled by the necessity of making decisions with limited knowledge in order to help the person in front of you. As a doctor, whether internist or psychiatrist, you thus need a working model, a *vision*, to organize the realities that you face daily. For practicing psychiatrists, it has been dizzying to live through transitions from one prevailing model of the mind to the next over the past several decades. Historian Thomas Kuhn wrote of the structure of scientific revolutions, in which new scientific models abruptly sweep away previous models: "though the world does not change with a change of paradigm, the scientist afterward works in a different world." Such is the case for psychiatry. Those psychiatrists who were trained in the age of psychoanalysis abruptly encountered the new DSM model of psychiatry in the early 1980s. Whereas psychoanalysis focused on transference, dream interpretation, and unconscious conflict, the DSM prioritized the development of reliable diagnoses and targeted, evidence-based psychotherapies and psychopharmacology interventions. Recently, the neuroscience revolution has abruptly changed our focus to aberrant brain circuits, deficiencies in neurotrophic factors, and dysfunctional epigenetic changes which are hypothesized to underlie our patients' symptomatology – and psychiatric clinicians and researchers have turned our attention to optimizing brain health through exercise and meditation, and rapid neurocircuit modulation whether with ketamine or psychedelics. Hence, psychiatry has quickly moved from the era of the psychoanalytic couch, to an era of the Diagnostic and Statistical Manual, to an emerging era of the MRI scanner, which can capture the activity of the thinking brain. This presentation will use narrative medicine methods to characterize this unprecedented age of scientific revolution in psychiatry, with a focus on

how individual clinical cases can be approached in radically different ways by each of these models of the mind.

**The Intersection of Trauma, Grief, and Sexuality:
Benjamin Britten's War Requiem**

Chair: Gene Nakajima, M.D.

Presenters: Gene Nakajima, M.D., Howard Rubin

Discussant: Petros Levounis, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To articulate how music and poetry might assist in the healing of trauma.; 2) To develop a vocabulary for how to integrate the arts in their clinical practices.; and 3) To describe the structure of the music and text of the War Requiem..

SUMMARY:

On Saturday evening during the APA Annual Meeting, the San Francisco Symphony and Chorus, conducted by Phillipe Jordan, music director of the Vienna State Opera will perform British Composer Benjamin Britten's *War Requiem*. A commission for the reconsecration of Coventry Cathedral, which was bombed by Germany, *War Requiem* juxtaposes the Latin Requiem mass with the anti-war poetry by World War I gay soldier, Wilfred Owen. We will explore how this intersection of poetry and music speaks to the trauma of war and to human resilience in its aftermath. We will delve into its relevance to the practice of psychiatry in our own time of conflict and political division. We will discuss the potential for art and music to heal the psychological wounds of personal and world history. Britten who wrote the *War Requiem* as an act of reparation and healing had a lifelong passion for pacifism and was a conscientious objector. Owen suffered from what was then called Shell Shock, a precursor to the diagnosis of PTSD. He was blasted by a shell that threw him on the corpse of a fellow soldier and was sent to Craiglockhart a military psychiatric hospital. His psychiatrist encouraged him to write poetry as a form of treatment. He voluntarily went back to fight and died in the last week of the war. The Requiem was composed specifically for singers who represented the three main European combatants of World Wars I and II, Baritone Dietrich Fischer-

Dieskau a former German Soldier, Russian Soprano Galina Vishneskaya, and British Tenor Peter Pears, Britten's life-long partner. Britten dedicated it to the memory of four gay or questioning friends of his who were also soldiers in WWII. It was written in 1962, which places it temporally between the 1957 Wolfenden Report which called for decriminalization of homosexuality and 1967, when homosexuality was legalized in England. We will discuss the difficulties of having to be circumspect about homosexuality and particularly how Britten and Pears navigated their long-term relationship in a time hostile to their love. Dr. Nakajima will talk about Britten's biography, including his sexual orientation and his pacifism. There have been attempts to stage the *War Requiem*, and we will discuss one by the English National Opera designed by photographer Wolfgang Tillmans. We will screen a scene of Derek Jarman's film version of *War Requiem*, which stars Laurence Olivier and Tilda Swinton and elicit audience discussion. Dr. Rubin will discuss the poetry of Wilfred Owen and the use of writing as a form of PTSD treatment. He will elicit audience discussion about the use of art and writing in their practice. We will include a group reading of one of Owen's poems. We will initiate a discussion of how the arts can be used in PTSD treatment. We will also have the audience rehearse and sing the last minute of the Requiem. Petros Levounis, MD, president-elect of the APA will be the discussant.

The Measurement Based Care Imperative: Knowing Is Half the Battle

Chair: Erik Rudolph Vanderlip, M.D., M.P.H.

Presenters: Kathryn Ridout, M.D., Ph.D., Andrew Carlo, M.D., M.P.H.

Discussant: Carol Alter, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the value of implementation of Measurement-Based Care across various practice settings.; 2) Discuss and share the importance of adapting different measures to different practices and patient populations.; and 3) Review and employ a framework to simplify and adapt Measurement-Based Care to the provider's unique practice environment..

SUMMARY:

Measurement-Based Care (MBC) is an essential element of clinical practice for psychiatrists seeking quality and value in the care they deliver. The routine use of symptom measurement in diagnosis, treatment and monitoring has consistently been associated with significant improvements in outcomes, patient-clinician collaboration, and population health management. Despite the clear value of MBC in clinical practice, adoption has been slow. At times, real-world MBC implementation is hampered by relevant characteristics of practice environments like multimorbidity or health literacy. In other cases, sub-optimal MBC implementation can be attributed to clinician or practice factors like reimbursement, billing capacity, technological resources, administrative support, and clinical workflows. Presenters have all been participants in a workgroup of the the APA Council on Quality Care, which has developed a resource document aimed at incentivizing MBC in psychiatric practice. The resource document will serve as the foundation for the workshop. This collaborative workshop will outline evidence surrounding the routine use of MBC to drive quality and outcomes for psychiatric practices and present a framework that can assist psychiatrists in taking steps toward implementation. Workshop participants will be divided into small groups sharing similar practice characteristics and tasked with assessing the readiness of their practice to begin implementation. Next, participants will identify actions they can take to begin implementation utilizing the framework presented. Workshop panelists and presenters will facilitate small group discussions, measure review and selection, and use of the framework. Finally, small groups will report out their plans, and discuss practice characteristics that may challenge and facilitate implementation. Workshop panelists will facilitate a discussion and shared question and answer session reviewing levels of the framework and sharing their experience in implementation of MBC across different health systems.

The Nuts and Bolts of APA: How Does It Function and How Do RFMs Fit in?

Chair: Dionne Hart, M.D.

Discussants: Saul Levin, M.D., M.P.A., Rebecca Brendel, M.D., J.D., Petros Levounis, M.D., M.A., Urooj Yazdani, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the vision, mission, goals, and the organizational structure of the APA; 2) Discuss leadership paths in US and global psychiatry; and 3) Develop and implement opportunities for increasing involvement and leadership in organized psychiatry with the APA and its district branches.

SUMMARY:

The mission of the American Psychiatric Association (APA) is to promote universal and equitable access to the highest quality care for all people affected by mental disorders, including substance use disorders; promote psychiatric education and research; advance and represent the profession of psychiatry; and serve the professional needs of its membership. The APA is a membership organization and it is only through the individual and collective efforts of its members that the mission can be achieved. During this session, APA leaders will outline the organizational structure, pathways to leadership roles, the valuable role of each member, and the APA's efforts to address the needs of resident-fellow members.

The Role of the Photographic Arts in Psychiatry

Chair: Carlyle Hung-Lun Chan, M.D.

Presenters: David L. Mintz, M.D., Josepha A. Cheong, M.D., Mara Pheister, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) Appreciate the contribution of photography as part of the arts and humanities in psychiatry; 2) 2) Examine the relationship between photography and psychotherapy; and 3) 3) Understand how photography can augment adolescent treatment.

SUMMARY:

Both the National Academies of Sciences, Engineering, and Medicine (NASEM) and the Association of American Medical Colleges (AAMC)

have endorsed the important role of the arts and humanities in STEM higher education and medical education, respectively. This session will focus on how photography adds value in psychiatric practice. We will begin by briefly reviewing NASEM and AAMC perspectives on the Arts and Humanities. Photography has healing properties for both the photographer and for the person viewing a photograph. The photographic concept of equivalence has implications for transference. Each person brings to the image their own personal history and experiences. Photography also provides a creative outlet that can also help alleviate stress and burnout. Creativity can arise not only in the capture of images but also in the post processing of those images. There are many other areas of intersection between psychiatry and the art of photography. In addition to the therapeutic value of art for physicians and patients alike, there is overlap between the skills and attitudes of the photographer and that of the physician practicing psychotherapies focused on depth, insight, and relationships. For example, both disciplines create a situation of being simultaneously deeply engaged and also of holding back in a space of observing rather than experiencing. Similarly, in both cases, the practice of “evenly hovering attention” allows the practitioner to see what otherwise might have been missed. Often, what is most interesting is not immediately obvious. In both cases, the key may be found in the little things, or in identifying patterns that become the actual subject of exploration. Sometimes, what transforms the mundane into the meaningful is simply finding a new angle from which to view the subject. In both, it is necessary to slow things down, either by waiting patiently for the right moment, or by actually slowing down the process to allow something new to be seen. Further, once the subject is identified, the success of the enterprise ultimately hinges on how the subject is framed. We will provide a clinical example of how photography provides an alternative means for adolescents, initially reluctant to speak, to express their feelings. Having a camera to capture images provides a different vehicle to articulate emotions and augment the therapeutic process.

Tips, Tactics, and Training to Improve Youth Mental Health in Your Community

Chair: Anish Ranjan Dube, M.D.

Discussants: Gabrielle Shapiro, M.D., Latoya Frolov, Christopher Seeley

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) State 3 statistics that show the scope and impact of the current youth mental health crisis; 2) Provide 1 treatment modality that has practical application to clinical work; 3) Explain 1 tactic they plan to implement to improve access to care within their local community; and 4) State the 3 step frame work that helps schools to connect students to mental health services.

SUMMARY:

Current statistics show that it can take up to 11 years from the time they first began exhibiting signs and symptoms of mental illness for young people suffering from mental health crises to access care. The timely declaration of a National Youth Mental Health Emergency by the current administration invites mental health professionals to consider their own roles in addressing the current system of mental healthcare delivery and its shortcomings. Join experts in a discussion of best practices and mitigating steps to help improve youth mental health and well-being in local communities. Strategies for boosting access to care for the youth population will also be discussed, in addition to trainings that improve care connections and school culture, and federally funded initiatives targeting school to prison pipelines, that are available to psychiatrists to participate in. This session is presented by the APA Foundation.

Translating Between the Social and Political Determinants of Health

Chair: Mandar Jadhav, M.D.

Presenters: Eric Rafla-Yuan, M.D., Devika Bhushan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify impactful opportunities for advocacy to help reduce mental health disparities.; 2) Use practical skills to achieve political action furthering equitable access to mental health care.; and 3) Increase adoption of a social

determinants-informed approach amongst colleagues..

SUMMARY:

In the past few years, the American Psychiatric Association (APA) has been joined by other leading healthcare professional organizations such as American Medical Association and governmental agencies such as the Centers for Disease Control and Prevention, and the National Institutes of Mental Health in prioritizing the social determinants of mental health (SDOMH). In 2022, the APA also made SDOMH the central theme of its Annual Meeting, convened a task force on SDOMH, and has now established a Caucus on SDOMH. These actions are a recognition of the consensus expectation for physicians to incorporate a SDOMH-informed approach in their clinical and research work to improve health outcomes in an equitable manner. While physicians are increasingly able to do so within their own institutions and practices to reduce disparities, they may not fully recognize their capacity to advocate for a greater focus on SDOMH within local, state, and federal governments. Physicians may find themselves limited by a lack of time, unclear institutional support, confidence in their advocacy skills, and limited opportunities to engage lawmakers and regulators. As clinicians or researchers, they may not appreciate their ability to be politically active or may be skeptical of the value of such activism. The panelists have faced each of these barriers and will share our experiences in successfully overcoming them. We will demonstrate the role of political engagement in furthering the adoption of the SDOMH across the healthcare ecosystem and in other systems, such as education and justice, which are interwoven to healthcare outcomes. A panelist who is the Chair of the APA Caucus on SDOMH shall share a roadmap for psychiatrist attendees to deepen a SDOMH-informed perspective across the organization and its members. Specific examples from two panelists' bipartisan work in Congress as House and Senate staffers will illustrate for the audience the possibility of excelling as a physician advocate for SDOMH. Participants will also be guided on how a systemic SDOMH lens can prevent illness through reducing exposure to toxic stress during development. and not merely alleviate it. They shall obtain practical policy lessons from a

pediatrician leader who formerly served as the Acting Surgeon General of the State of California and helped it become the first state to implement universal screening for Adverse Childhood Experiences (ACEs) through the ACEs Aware initiative. This session is designed to be highly interactive, with use of active learning techniques such as interactive polling and audience discussion. We will also share further opportunities to continue advocacy engagement after the session through the APA and other organizations.

Treatment Resistant Depression From Multiple Perspectives: Does It Exist?

Chair: Carl D. Marci, M.D.

Presenters: Joseph Zabinski, Ph.D., Steven P. Levine, M.D., Lisa Harding, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Compare and contrast widely-used definitions of treatment-resistant depression, with a focus on the implications of different definitions on research and clinical practice; 2) Assess the potential value and limitations of machine learning and artificial intelligence for identifying patients with TRD; and 3) Apply definitions of treatment-resistant depression (TRD) in practice to identify patients with TRD and manage those patients in accordance with evidence-based care.

SUMMARY:

Treatment-resistant depression (TRD) represents a major challenge in the clinical management of depression. Patients with TRD experience more severe depression symptoms and lower quality of life, social functioning, and work productivity than patients with non-TRD (1). Yet, research aimed at improving outcomes for patients with TRD is complicated by the lack of a consensus definition for TRD and the use of different definitions in different contexts, such as those that inform clinical care, reimbursement decisions, and regulatory decisions. In the context of major depressive disorder, the most commonly used definition requires 'a minimum of two prior treatment failures and confirmation of prior adequate dose and duration' (2). However, it is unclear how to define adequate treatment or

measure accurately the dose and duration. Questions also exist about whether patients with TRD received treatment under the framework of measurement-based care, which has been shown to improve outcomes in patients with depression compared to treatment as usual (3). Our session will introduce participants to the commonly used definitions of TRD and discuss the strengths and limitations of these definitions in both the research and clinical practice contexts. We will then consider innovative approaches to identifying TRD using machine learning and artificial intelligence methods in real-world data, with a focus on clinical explainability and the practical application of these approaches. Finally, we will consider whether improvements in the definition of TRD would be useful to support development of new therapies, identify areas for further research, and improve patient management and ultimately patient outcomes. We will encourage robust discussion across presenters and attendees about how to define TRD in research and in clinical practice and how to identify and effectively manage these patients.

Understanding Munchausen’s by Proxy or Factitious Disorder Imposed on Another: Child Abuse by Another Name

Chair: Susan Hatters-Friedman, M.D.

Presenters: Kathleen Kruse, Joshua Friedman, Renee M. Sorrentino, M.D., Karen B. Rosenbaum, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) describe the common characteristics among those who have Factitious Disorder imposed on another; 2) list the reasons why it is important to categorize medically abusive behaviors as Medical Child Abuse rather than only focusing on parental pathology; and 3) explain the psychiatric evaluation and management of this complex issue.

SUMMARY:

Munchausen’s Syndrome by Proxy is seen in the media and in novels and series, yet psychiatrists often have little experience in these cases. This panel will describe Munchausen’s Syndrome by Proxy (MSBP), Factitious Disorder Imposed on Another, and

Medical Child Abuse (MCA). Presenters include a child abuse pediatrician, a maternal mental health / forensic psychiatrist, and a child and adolescent/ forensic psychiatrist. MSBP was first defined in the 1970s to include fabricated illness, with persistent medical presentations, often to multiple healthcare providers. When questioned, the perpetrator initially denies causing the illness, and the illness improves when the child is separated from the parent. Over 100 different symptoms have been reported in the literature. The vast majority of perpetrators are women, and often they work in the healthcare profession. The perpetrators often have unresolved trauma or loss and insecure attachments themselves. Evaluation and management of the child from a pediatric perspective as well as a psychiatric perspective will be discussed, as well as reporting. Problems caused by the focus on diagnosing the parent perpetrator in these cases, rather than the abuse of the child, will be discussed. Cases in the public domain will be explored in detail and used for teaching. Finally, we will review recent fictional and docudrama cases of MSBP/MCA and discuss their applicability.

Virtually Represented: The Impact of Social Media Usage on Trainee Wellness

Chair: Carisa Maureen Kymissis, M.D.

Presenters: Rachael Holbreich, M.D., Calvin Sung, M.D., Chaden Noureddine, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Summarize recent efforts in the development of medical trainee wellness.; 2) Describe positive ways social media use can positively impact trainee wellness.; 3) Describe detrimental ways social media use and representation can impact trainee wellness.; and 4) Describe some proposed ways in which social media use by trainees and training directors can be used to foster wellness..

SUMMARY:

Since their inception, social media platforms have been aiming to increase engagement among their users. This growth in usage does not exempt medical students and other medical trainees (1). However,

the increase in social media use has not been without consequences, as a recent survey study, including 5,395 individuals shows that using social media platforms such as Tiktok, Snapchat, and Facebook has been associated with an increase in levels of depressive symptoms among users (2). Paradoxically, users of various communities have frequented social media sites in order to seek social and emotional support, as well as foster wellness (3). We believe that this topic is becoming more relevant to psychiatrists and mental health care providers as medical students and residents utilize these platforms in order to search and post on topics pertaining to trainee wellness. In light of this, our workshop will start by providing attendees with the current evidence-based wellness-fostering methods which have been incorporated by medical school administration, and residency training leadership. We will also be assessing the applicability and relevance of these methods in a digital world. Next, the presenters will elaborate on the online and offline consequences of social media on trainee wellness, and vice-versa. In the following portion of the program, the presenters will propose a guideline that lists recommendations of how social media can be utilized as a tool to promote wellness while balancing the reliability of content, user safety, professionalism, and authenticity. This portion will expand on ways both content consumers and creators can utilize digital platforms to discuss, process, and promote wellness. The session will resume with an interactive small group discussion where members of the audience can interactively and anonymously report their opinions about their social media use and its impact on their wellbeing while in training. Members of the audience can share their input via an anonymous online participation program, and participants' statements will be shared on the screen. The discussion will be followed by a debriefing, and a Q and A with the presenters.

**When Behavioral De-Escalation Isn't Enough:
Medication Management of Acute Agitation in
Manic and Psychotic Patients**

Chair: David N. Osser, M.D.

Presenter: Sean R. Stetson, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) Identify the stages of agitation and select the appropriate evidence-based intervention; 2) 2) Evaluate the benefits and harms of the various medication options; 3) 3) Utilize doses and frequencies of administration that have been found to be effective and reasonably safe.; and 4) 4) Think in terms of differential diagnosis, and be able to match the ranked medication options to the likely clinical scenario ..

SUMMARY:

The purpose of our presentation is to provide updated guidance for the medication treatment of acute agitation in the setting of psychosis or mania on inpatient psychiatric units and in the Emergency Department. Specifically, we provide a review of the medications in current usage and then present evidence-based rankings. These rankings account for the many challenges that providers confront when reviewing the available literatures. These challenges mostly derive from the considerable barriers to investigation, both administrative and technical. Approval in some countries is difficult to obtain so studies are sparse; they also tend to be under-powered, enroll patients with heterogeneous illnesses and agitation severity, utilize various rating instruments. They are thus difficult to compare. Our conclusions are based on the few recent studies, several rigorous meta-analyses, multiple Cochrane reviews, and published guidelines that sift through the primarily older evidence as well as more recent trials. Because these sources often do not agree on which medications have the best evidence for efficacy and safety we summarize the evidence for each possible treatment. We then present recommendations for medication management--separately for oral and intramuscular administration--in tiered rankings, based on the authors' qualitative review of the data and opinions.

**When Provider Bias Becomes Lethal, High Utilizers
in the Healthcare System**

Chair: Kelley-Anne Cyzeski Klein, M.D.

Presenters: Raunak Khisty, Sahil Munjal, M.D.

Discussant: James Kimball, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define instant countertransference and how this can negatively impact high utilizers of the medical system.; 2) Identify demographics, diagnoses, and other risk factors that can put patients at high risk for high utilization of the medical system.; 3) Define the common types of bias that affect high utilizers of the medical system.; 4) Become familiar with strategies to identify bias, mitigate negative affects of provider bias, optimize care for high utilizers of the medical system and minimize system and provider strain.; and 5) Navigate the potential legal implications of high-risk discharges and how to mitigate both legal risk and minimize risk to the patient..

SUMMARY:

High utilizers of the healthcare system are a particular subset of patients that are subject to a high risk of provider bias. Whether it is a patient that presents to the emergency department several times per week or a patient whom is well known for their low-dose overdoses that is being seen after a brief stint in the ICU, their reputations predate them and these preconceived beliefs could adversely affect their care. Part 1: "The Woman Who Cried Wolf." The chair speaker will present the case of a high utilizer in the emergency department who ultimately died by suicide and the factors that contributed to this outcome. They will explore the sentinel event that resulted in a system wide training to raise awareness about provider bias and instant countertransference towards high utilizers. This presentation will highlight the patients most at risk for provider bias- including racial, social, and socioeconomic factors, the potential legal implications of high-risk discharges, and strategies for mitigating risk while maintaining optimal patient care. Part 2: "The Calm Before the Storm." The speaker will present a case of a patient with a longstanding psychiatric history with a sustained period of stability prior to an acute deterioration that proved to be fatal. They will discuss how patient presentations can be minimized by care providers across the system from EMS to the ICU. They will highlight strategies for looking past chronic mental illness to identify true medical concerns. They will discuss the different types of bias that contributed to a delay in care including

confirmation bias, blind spot bias, and conservatism bias. Part 3: "I Can't Spend All Day on This." The speaker will present a well-known situation of a high utilizer who seeks hospitalization and medications from various providers often to their own detriment. They will focus in on the impact not only to the patient but the strain on the system and providers that this can cause. They will explore strategies for minimizing system strain and burnout. Part 4: "Choose Your Own Adventure." Our discussant will lead the audience through several scenarios with audience polling deciding the next steps in care. They will summarize techniques to combat instant countertransference, mitigating risk for an exceptionally high-risk group of patients, and skills for combating patient specific burnout. The discussant will conclude the session with a brief question and answer panel.

Why Despite the Current Changes, the Gender Gap in Psychiatry Persists? What Are We Missing?

Chair: Ruby C. Castilla Puentes, M.D., Dr.P.H.

Presenters: Tatiana A. Falcone, M.D., Maria Rueda-Lara

Discussant: Esperanza Diaz

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To recognize the lack of equality for male and female psychiatrists in terms of leadership roles and salaries.; 2) To provide illustrative examples exploring the persistence of gender gap in psychiatry; and 3) To understand the current efforts to support the careers of women in psychiatry (junior and senior).

SUMMARY:

BACKGROUND: During the past decades, the participation of women in leadership positions has increased dramatically. However, this encouraging influx has not been accompanied by equality for male and female in terms of leadership roles and salaries. **OBJECTIVES:** Our sessions offer a contribute to the exploration about the motivations of persistence of gender gap in psychiatry, despite current changes. **METHODS:** This symposium is based on 3 female psychiatrists who are leaders in academia, research and industry. The themes include

the participants' experiences in their advancement, the evidence of a persistence of horizontal segregation, the difficulty to find a work-life balance and the effects of this difficulty on the female physicians' health. They each share their experiences, perspectives, struggles, and lessons learned, either from the perspective of being an emerging or underserved/underrepresented female leader, of being a mid-to-senior level female leader, or of being a thought leader or researcher in this field. The participants will be: Maria Rueda-Lara, M.D., Medical Director of Psycho-Oncology, Assistant Professor of Psychiatry, Sylvester Comprehensive Cancer Center, University of Miami/Miller School of Medicine. Ruby Castilla MD, Dr.Ph who is the director of Clinical research for Neuroscience at Janssen and President of WARMI Mental Health; Women in Quechua-Aymara - WARMI is a mental health community and collaborative network of mental health professionals working to improve mental health for women. Tatiana Falcone – MD- MPH Child Psychiatrist/ CL Director of Project IMPACTT, and now PI in 4 other grants, one with SAMHSA, one with NIMH, one with the NIH (Epilepsy center of excellence). Esperanza Diaz MD, Professor of Psychiatry; Medical Director Hispanic Clinic and Latino Behavioral Health System; Associate Director Psychiatry Residency Program and Simon Bolivar recipient – who will be the discussant. RESULTS: Our speakers confirmed a persistence of gender issues in the medical/psychiatry world, which disadvantages women in their career choices and in their hierarchical advancement and which appears in the form of invisible barriers impregnated of stereotypes and prejudices that are taken for granted by many men and women, especially those who have the power; these barriers make the female doctors' health more vulnerable to the event of work-related stress. CONCLUSIONS: Barriers to female physician advancement in psychiatry include unconscious sex and/or gender biases limiting opportunities and affecting work evaluations and receiving less institutional support than their male counterparts. Gender differences support a call to adopt a more systematic approach to promoting equitable opportunities for women in psychiatry.

Your Mental Health Starts in Your Gut Microbiota

Chair: Gia Merlo, M.D., M.B.A., M.Ed.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the importance of the gut-brain connection in health; 2) Describe the three pathways of the brain-gut-microbiota (BGM) connection; 3) Analyze the current evidence of the gut-brain connection impact on mental health; 4) Summarize the implications of the gut-brain connection toward mental illness; and 5) Apply lifestyle interventions to boost the gut-microbiota in clinical practice.

SUMMARY:

With the current medical system predominantly focused on pharmaceutical use, growing evidence suggests that lifestyle interventions can play an important part in overall health, both mental and physical. This general session introduces the brain-gut-microbiota (BGM) system within the field of lifestyle medicine and will provide a foundational review of the literature and applications to brain and mental health. The BGM is implicated in the pathology of various diseases, including those within the scope of brain and mental health. The historical context of the evolution of the gut and brain are discussed highlighting the bidirectionality of mental and physical health. The factors influencing the composition of the microbiota are discussed including stress, exercise, diet, environmental stressors, genetics, medicine use, birth mode, pet ownership, etc. The gut microbiota interacts with the brain via multiple pathways, including the vagus nerve, the hypothalamic-pituitary-adrenal axis, the immune system, the intestinal epithelium, the blood-brain barrier. While over 90% of our serotonin is produced in the gut, emerging data show that mental health disorders, such as depression, are linked to the compositional states of the gut microbiome in this bidirectional manner. Overall, dysbiosis, the imbalance of the gut microbiome, is the underlying cause of pathology associated with the BGM. For this reason, the role of lifestyle interventions in the interactions between the brain and gut, as well as the facilitation of optimal overall health, is an emerging area worth further consideration for clinical applications.

Sunday, May 21, 2023

A Clinician's Guide to the Management of Behavioral and Psychological Symptoms of Dementia in the Era of Boxed Warnings

Chair: Rajesh R. Tampi, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To describe the epidemiology of behavioral and psychological symptoms of dementia; 2) To elucidate the neurobiology and assessment of individuals with behavioral and psychological symptoms of dementia; 3) To discuss the management of individuals with behavioral and psychological symptoms of dementia; and 4) To elaborate on the recent controversies in the treatment of individuals with behavioral and psychological symptoms of dementia.

SUMMARY:

Dementias are the most common neurodegenerative conditions in human beings. As we age, the incidence and prevalence of dementias increase. Currently in the United States, there are over 5 million individuals with dementias. This number is projected to rise to over 11 million over the next thirty years. Despite emerging data on various important aspects of dementia, the diagnosis and management of these disorders is not standardized. The data on the management dementias is still limited with none of the pharmacotherapeutic agents available in the market showing any longer-term benefits. Behavioral and Psychological Symptoms of Dementia (BPSD) refers to a group of non-cognitive symptoms and behaviors that occur commonly in patients with dementia. They result from a complex interplay between various biological, psychological and social factors involved in the disease process. BPSD is associated with increased caregiver burden, institutionalization, a more rapid decline in cognition and function and overall poorer quality of life. It also adds to the direct and indirect costs of caring for patients with dementia. Available data indicate efficacy for some non-pharmacological and pharmacological treatment modalities for BPSD. However, recently the use of psychotropic medications for the treatment of BPSD has

generated controversy due to increased recognition of their serious adverse effects. In this symposium, we will discuss the epidemiology, neurobiology, assessment and management of individuals with BPSD. We will also provide an evidence-based guideline to assess and manage BPSD. Finally, we will elaborate on the recent controversies in the treatment of individuals with BPSD. This presentation fits nicely into the theme for this year's conference, medical leadership for mind, brain and body where we will review the latest scientific information on the assessment and management of BPSD.

A Journey to Death: The Story of Migrant Children

Chair: Gabrielle Shapiro, M.D.

Presenters: German E. Velez, M.D., Balkozar Adam, M.D., Suzan Song, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Summarize the current status of refugee/migrant youth from Ukraine, Afghanistan and at the Southern border; 2) Acquire tools to improve culturally responsive care at home/schools/community; and 3) Apply knowledge gathered on a case for analysis: suicide risk & culturally responsive care.

SUMMARY:

Recent surges of migrants at the U.S.-Mexico border, Ukraine and Afghanistan highlight the extent of the global displacement crisis and the escalation of war and military aggression upon children. This is considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. According to the UNHCR, there are currently 80 million individuals worldwide who are displaced from their homes, and many of these individuals experienced trauma due to armed conflict, torture, persecution, and natural disasters. As migrants/refugees/minors arrive in the U.S. in increasing numbers, psychiatrists are likely to encounter migrant children and their families in the community-based systems of care in which they practice. Immigrant and displaced youth may face several barriers keeping them from understanding

the need for mental health services. Some of the barriers include cultural beliefs and stigma and language, emphasizing the need for qualified translators and interpreters familiar with mental health issues. Migrants may experience bias and discrimination, making it important that clinicians continually evaluate their own conscious and unconscious biases and tendencies to stereotype. A thorough assessment examining levels of acculturation, the presence of intergenerational conflict, and the presence (or absence) of resilience and support from one's cultural background can identify future challenges and strengths. Clinical care with migrants must be culturally sensitive, trauma-informed, and intergenerational as they may have experienced discrimination and trauma, have language barriers, and experienced adverse circumstances as a family. Such an approach calls on the family to support one another and heal as a unit. Incorporating positive cultural values and beliefs, assuring mutual respect, and striving for collaboration in the treatment of these young people may help support their mental health needs. Involving the family or community when appropriate and without sacrificing confidentiality, may be important for the advancement of treatment. Because of stigma, some youth and families may prefer the involvement of a spiritual or traditional healer in their care in lieu of or in addition to relatives. Tools to help in evaluation and treatment include the DSM-5 Cultural Formulation Interview (CFI), the revised Outline for Cultural Formulation, and the accompanying CFI Immigrant & Refugee Module as well as the American Academy of Child and Adolescent Psychiatry Practice Parameters for Cultural Competence in Child and Adolescent Psychiatry Practice. (Practice Parameters 2013)

A Rebellious Guide to Psychosis

Chair: Mark Ragins, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To be able to analyze how we've been limited by historical prejudices of fear, incomprehensibility, unconnectable, and hopelessness with psychosis and how to overcome those limitations.; 2) To apply a three-dimensional

model of psychosis (experiencing reality, self-identity, and relationships) create individualized, personal formulations of how people develop and recover from psychosis; 3) To distinguish 8 paths that can lead to psychosis, and how they require different approaches; and 4) To be able to describe a set of programs that actively target the self-identity and relationship dimensions and contrast them with our usual services that focus on experiencing reality..

SUMMARY:

People with psychosis can be frightening, hard to connect to, hard to understand, and seem hopeless. We need to get past these institutionalized reactions to be curious, connected, understanding, and hopeful if we're going to help them. When we get closer and go deeper, we can see that their conditions go beyond hallucinations and delusions. We can see how there are many paths to psychosis, not just brain illnesses and drugs. I've developed a holistic 3 -dimensional triangle (experiencing reality, self-identity, and relationships) that can be used to understand how psychosis emerges, develops and can be recovered from. I'll demonstrate a formulation tool that integrates the three dimensions and 8 causal pathways to psychosis to more fully evaluate and describe them. I will also describe a set of services that actively address the often neglected self-identity and relationship dimensions, contrasting with our usual "experiencing reality " focused services, including early intervention, crisis response, stabilization, and recovery.

A Roadmap to Psychiatric Residency: Assisting Stakeholders in the Medical Student Advising and Residency Recruitment Process

Chair: Shambhavi Chandraiah, M.D.

Presenters: John J. Spollen, M.D., Daniel E. Gih, M.D., Jessica Kovach

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify their needs as stakeholders in the residency application process; 2) Describe and assess the various tools/resources that are currently available; 3) Effectively use the updated "A Roadmap to Psychiatric Residency" in medical

student advising; 4) Describe the Supplemental ERAS® Application and state how it is used in the application process; and 5) 5. Collaborate with other stakeholders to innovate areas in the residency recruitment/medical student advising/residency selection process as targets for potential improvements in the process.

SUMMARY:

The AAMC notes that medical student enrollment has been outpacing the more modest increase in residency slots. With continuing strong growth in interest in Psychiatry as a career choice, competition for residency slots has amplified and unmatched rates have risen. Students, advisors, and others thus seek the latest and most relevant information on what/how/where/when to get information to help interested students develop a psychiatry specific application during medical school that enhances their ability to obtain their desired psychiatry residency. This workshop is geared towards the various stakeholders in the residency recruitment and medical student advising process (medical students, program directors, deans, advising faculty or senior psychiatry residents, etc). We will address the recent challenges in the psychiatry residency application process due to increased medical student interest and number of residency applications, describe efforts to help address this through new options including program signaling, and provide the group with resources that can help develop a realistic “right fit” approach towards obtaining a successful residency spot. The Roadmap to Psychiatric Residency is a collaborative effort of psychiatric educators from ADMSEP, AADPRT, AAP, APA and PsychSign to offer guidance on “best practice” for the psychiatry residency application process. Specific Sections (how to prepare during medical school for a career in psychiatry, the timeline for applying to residency, choosing the right program, how many programs to apply to, letters of recommendation, personal statements and nuts and bolts of the interview day) as well as the use of the new Supplemental ERAS® Application and program signals will be highlighted to encourage discussion between the various attendees regarding how best to utilize the guide in their own residency recruitment/medical student advisement and residency selection process. Future considerations

for improving the process and helping medical students successfully obtain their desired psychiatry residency program will be explored. Potential impact of innovations in the residency application process on URiM and potential impacts on diversity and inclusion will be discussed. Presenters are stakeholders with different roles in Psychiatry UME/GME including several involved in developing the Roadmap to Psychiatric Residency.

Addressing Anti-Racism and Structural Competency in Schools: A Collaborative Approach

Chair: Aishwarya Kamakshi Rajagopalan, D.O., M.H.S.

Presenter: Sonal Jain

Discussants: Shashank V. Joshi, M.D., Wanjiku Njoroge, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the role of the child psychiatrist providing consultation to schools in promoting racial and structural equity; 2) Identify resources for the child psychiatrist providing consultation to schools in educating themselves about anti-racism and structural competency as it pertains to educa; 3) Identify stakeholders and some of their chief concerns in school consultation; and 4) Identify strategies for supervising trainees using an anti racist and structurally competent framework for engaging in consultation work.

SUMMARY:

In October 2021, a national emergency was declared in regards to children’s mental health, shedding light on a longstanding crisis exacerbated by the ongoing pandemic. With limited access to care, children and communities experience difficulties in receiving skilled consultation around mood, anxiety, thought, and behavioral concerns from a young age. Children spend a sizable portion of their time in school, and this provides a formative setting for understanding, evaluating, and even delivering treatment to children, families, and communities. In parallel, there have been movements within broader society to recognize the ways in which racism both interpersonally and structurally influence care, though this has not been without legislative efforts

to diminish these acknowledgements, such as through the Stop W.O.K.E. Act in Florida. As child and adolescent psychiatrists, we are often tasked with providing pharmaceutical solutions to structural and social problems, including legislation furthering marginalization of our youth and their families. By the conclusion of this session, attendees will engage with common consultation questions around agitation, safety evaluation, and participation in IEP/504 meetings utilizing a structurally informed, structurally engaged, and anti-racist lens throughout the school age span, from pre-school to the end of secondary schooling. They also will learn about how to specifically support and mentor trainees participating in school consultative work in developing an anti-racist, structurally informed, and structurally engaged approach to case conceptualization.

Addressing the Management of Incidents of Racial Bias and Discrimination in Graduate Medical Education

Chair: Constance E. Dunlap, M.D.

Presenters: Dhruv Gupta, M.D., M.S., Sade Frazier, D.O., M.S.

Discussant: Francis G. Lu, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize incidents of racial bias and discrimination experienced by trainees.; 2) Describe the health and mental health impact of racial bias and discrimination on trainees.; 3) Provide a framework of evidence-based approaches that can be implemented to address racial bias and discrimination in training programs.; and 4) Provide strategies to mitigate racial bias and discrimination in undergraduate and graduate medical education training programs..

SUMMARY:

Rising allegations of racial bias and discrimination in graduate medical education (GME) have prompted the Accreditation Council for Graduate Medical Education (ACGME) to call for immediate action. As such, in February 2021, the ACGME issued a statement, mandating training programs to foster a “professional, equitable, respectful, and civil

environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff [1].” Through this workshop, we hope to increase participants’ understanding of racial bias and discrimination, including their presence in training programs, the destructive impact it has on trainees, and then present strategies for training programs to address these issues. We will present a framework of evidence-based approaches highlighting: the importance of recognizing racial bias and discrimination when it occurs, communicating effectively with those impacted by racial bias and discrimination, and taking action to address racial bias and discrimination. Next, we will have a discussion on strategies that GME institutions can adapt to address racial bias at the individual, program, and institutional levels. The reduction of racial bias and discrimination needs to be an institutional priority with adequate resources allocated towards this purpose and a clear system of accountability in place (3). Another key strategy is to incorporate inclusive pedagogy and structural competency into the training curriculum [2]. It is important to provide training for residents and faculty on identifying and addressing racial bias and discrimination, as well as educating them in steps taken to mitigate such bias and discrimination [3]. GME institutions must ensure that residents and fellows feel comfortable reporting incidents of racial bias and discrimination and that they are aware of resources that are available to support them with this process [4]. Hereafter, we will discuss the importance of fostering a diverse, equitable, and inclusive learning environment. In part two, participants will be divided into small groups, composed of trainees and faculty members. They will be provided with cases consisting of real-life scenarios and recommended discussion questions to promote dialogue on racial bias and discrimination, the impact it can have on the professional development of trainees, and strategies to effectively address them. Hereafter, we will engage group members in role-plays, with simulated opportunities to practice identifying and responding to racial bias and discrimination followed by opportunities for feedback from group members. We will conclude by reconvening participants; we plan to elicit experiences for an active discussion on the

challenges and opportunities related to managing racial bias and discrimination in residency training, as well as robust strategies to address them.

Addressing the Mental Health Needs of Sub-Saharan Africans at Home and in the United States: The Role of Diaspora Psychiatrists and Mobile Technology

Chair: Charles Dike, M.D.

Presenters: Theddeus I. Iheanacho, M.D., Sosunmolu Shoyinka, M.D., M.B.A., Yvonne Uyanwune, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the context of mental health in sub-Saharan Africa including challenges and strengths in the community; 2) Recognize the specific mental health needs of immigrants from sub-Saharan Africa and their children in the United States; 3) Understand the unique role of diaspora psychiatrists and mental health specialists in supporting the community's mental health at home and in the United States.; and 4) Understand the potential role of telemedicine and mobile technology in improving access to care for the community.

SUMMARY:

Close to 90% of people with mental disorders in sub-Saharan Africa receive no formal treatment. For example, access to minimally adequate treatment for people with depression in many of these countries is 4%. Most sub-Saharan countries are particularly affected due to inadequacies in general healthcare infrastructure. The consequences of this gap include: symptom persistence and deterioration, social exclusion, and long-term disability of people who could be economically and socially productive. Such low treatment rates are related both to limited supply of mental health specialist care and limited demand for mental health services. On the supply side, mental health specialists are few, and largely hospital-based in major cities. In primary health care (PHC), general medical settings and gynecology services, most staff receive little training on the identification and treatment of people with mental illness. Demand-side barriers include low rates of help-seeking because of negative attitudes among

the population. In the United States, the mental health needs of immigrants from sub-Saharan Africa are unique and often under-treated. This can be a result of stigma carried over from home and the often culturally inadequate mental health care available. Particularly, the children of these immigrant face additional pressures and stress related to identify, acculturation, achievement and family expectations. Psychiatrists and other mental health specialists who are originally from these countries but practicing in the United States are uniquely positioned to support mental health in their home countries as well as enhance the mental health care for their communities in the United States. In this APA session, the presenters will lead the audience in a) exploring and understanding the unique challenges and opportunities of mental health systems in sub-Saharan Africa including some lessons learned that are relevant to low resource settings in the United States. b) Recognizing the specific mental health needs of immigrants from sub-Saharan Africa and their children in the United States including cultural conflicts, domestic violence, stigma and financial pressures from home. c) Identifying community strengths and the ways psychiatrists from these communities can support mental health systems in sub-Saharan Africa and enhance mental health care and access for the community in the United States. d) Exploring the potential for mobile technology and COVID-era changes in telemedicine practice to support mental health systems in Sub-Saharan Africa and enhance access to care for the immigrant communities here in the United States. Examples will showcase how these can be relevant to other underserved populations in the United States. Using Nominal Group Technique (NGT) presenters and participants in this session will take part in interactive exercises in small groups to discuss, review and collate summaries on the areas outlined above.

Advancing Psychiatry Using Insights From Philosophy of Science

Chair: Awais Aftab, M.D.

Presenters: Jonathan Fuller, M.D., Ph.D., Awais Aftab, M.D., Serife Tekin, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply insights from philosophy of science to our understanding of mental disorders and appreciate the relevance of these insights to psychiatric practice.; 2) Discuss new philosophical research on the distinction between mental disorder and neurological disorder and implications for biological psychiatry.; and 3) Understand the epistemic and scientific reasons for including individuals with mental disorders as active participants in psychiatric science..

SUMMARY:

This session brings together physicians and philosophers to explore how developments in philosophy of science can inform our scientific understanding of mental disorders. We will provide a clinician-friendly introduction to current philosophical research on the nature and classification of mental disorders. The aim will be to demonstrate philosophy's tremendous capacity to enrich our understanding of psychiatric disorders. A practicing psychiatrist will provide an overview of the ways in which research in philosophy of psychiatry bears on real problems facing psychiatric research and practice, before two practicing philosophers delve further into two particular problems: the relationship between psychiatric disorders and neurological disorders, and the role of patient knowledge in constructing the DSM. First, we'll use insights from philosophy of science to distinguish mental disorders *as psychiatric disorders* from brain disorders *as neurological disorders*. The emphasis on psychiatric neuroscience in recent decades raises fundamental questions about the nature of mental disorders and their relationship to neurobiology. We will argue that mental disorders as psychiatric disorders are identified through abnormalities in cognition, affect, and behavior, while brain disorders as neurological disorders are understood through neuroanatomical and neurophysiological explanations ('neuro explanations') and diagnosed through neurological testing (e.g., brain imaging and the neurological exam). Because good neuro explanations can sometimes be given for abnormalities in cognition, affect, and behavior, the categories of mental disorder and neurological disorder are not mutually exclusive. The border

between neurology and psychiatry is therefore conceptually semipermeable. Second, we'll discuss how exclusion of patients from epistemic practices in psychiatry has had undesirable effects on how we conceptualize and classify mental disorders. While first-person reports provide unmatched resources for investigating the properties of mental disorders and designing effective interventions, dominant psychiatric frameworks have not systematically included patients in the scientific inquiry except through the eyes of clinicians and researchers. Patient communities are rarely considered "subjects" who produce knowledge. Rather, patients are "objects" of investigation, e.g., when they are recruited for clinical trials. This exclusion is also evident in the creation/revision process of the DSM. Using insights from research, treatment, and patients' testimonies and by examining approaches in philosophy of science such as standpoint epistemology and social/methodological objectivity, we argue that there are epistemic and scientific – and not merely social/political – reasons for including individuals with mental disorders in psychiatry's efforts to identify the properties of mental disorders.

Answering the Judges Gavel: Decriminalizing Mental Illness and the National Judicial Mental Health Task Force

Chair: Michael K. Champion, M.D.

Presenters: Steven Leifman, J.D., Robert Brutinel, Sarah Yvonne Vinson, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe a basic overview of the National Judicial Task Force and why it was formed.; 2) Identify at least three ways psychiatrists can (and should) utilize Task Force Objectives to improve outcomes for their community members.; and 3) List at least two ways to engage their local judges in the work of the Task Force..

SUMMARY:

Exposure to the criminal justice system is an important social determinant of mental health. Psychiatrists who train their sights on the psychological and social ramifications of criminal

justice system involvement and gain an understanding of its workings – and failures – can hold unique insights about the structural trauma enacted by the system. The Chief Justices of all 50 states and all 50 State Court Administrators have established a National Judicial Task Force Examining the State Courts' Response to Mental Illness. This session will provide an overview of the Task Force's work and discuss opportunities for psychiatrists to use their expertise to improve outcomes for those who become involved in the criminal justice system. Developing collaborative partnerships between psychiatrists and judges to impact system change will be emphasized. The Judges and Psychiatrists Leadership Initiative (JPLI), a project of The American Psychiatric Association Foundation and the Council of State Governments Justice Center, supports the development of these collaborative partnerships. A multidisciplinary presentation drawing upon the literature and the expertise of a panel of judges and psychiatrists who are leaders in JPLI and/or the National Judicial Task Force will be followed by discussion and Q and A regarding actionable steps to decriminalize mental illness. This will include a deeper dive into how psychiatrists can make this work happen in their local communities, with experts who are working currently to do so.

Anti-Racist Research Design and Practice: Lessons From the Refugee Crisis

Chair: Sarah Qadir, M.D.

Presenters: Meghan Tveit, Georgios Karampoutakis, M.D., Philip Candilis, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To identify three major challenges to social policy and research among diverse population groups; 2) To describe specific tools for overcoming policy and research inequities; 3) To understand specific influences on governments and organizations facing a refugee crisis; and 4) To practice crafting responses to a biased research survey.

SUMMARY:

The refugee crisis of the past decade has seen unprecedented population movement across the

Middle East, Africa, Europe, and North America. Refugees and asylum-seekers driven by war and famine face poor mental health and uncertain futures in countries that are often ill-prepared to host them. Indeed, attitudes towards immigration drive both policy and research, as some countries develop wide-ranging programs while others simply close their borders. This session, solicited by the Ethics Track, describes an innovative international collaboration of psychiatrists working in the refugee crisis to overcome local opposition to a global problem. Using the survey as a tool for examining and guiding policy, members of a university global mental health program and of an APA international affiliate will review both the literature on attitudes toward refugees and its impact on social and mental health policy. They will update participants on the status of the crisis from the perspective of mental health practitioners, describe the development of their collaboration as a model for those evaluating and treating refugees and asylum-seekers, and present their own empirical work. The focus will be on specific educational, assessment, and research methods that are known to overcome resistant attitudes toward Others, and underscore those groups and demographics that are most susceptible to change. Audience members will break into groups to craft specific responses to a study that targeted a specific population to draw broad conclusions. Panelists will provide an international, cross-cultural perspective in their discussion throughout, and underscore the cultural formulation in assessing the impact of migration on individuals, families, communities, and nations.

Applying for Psychiatry Residency? Some Tips and Tricks From PDs for IMGs

Chair: Eric R. Williams, M.D.

Presenters: Benedicto R. Borja, M.D., Jason E. Curry, D.O., Rashi Aggarwal, M.D.

Discussants: Farooq Mohyuddin, M.D., Vineeth P. John, M.D., M.B.A.

Moderator: Vikas Gupta, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Learn practical strategies to increase an applicant's chances of successfully

matching; 2) Describe common challenges in the match process and the role of a mentor in navigating these hurdles; and 3) Identify ways to strengthen a residency candidate's application as they enter this year's match.

SUMMARY:

Per the NRMP, there were 48,156 total applicants registered in the 2023 Main Residency Match, an increase of 481 applicants over last year. This rise in applicants was driven primarily by the increase of 707 more non-U.S. citizen IMG applicants and 153 more U.S. Osteopathic (DO) seniors over last year. Of these applicants, 34,822 matched into PGY 1 positions. In psychiatry, 21 positions were unfilled. A total of 1,746 U.S. senior medical school graduates--- 1,343 from allopathic and 403 from osteopathic schools matched into psychiatry residences. 418 international medical graduates (IMGs) also matched into psychiatry, bringing the total to 2047 medical school graduates. IMGs have had a vital role in meeting the medical manpower needs of the United States. IMGs have also made valuable contributions to medical education, furthered biomedical and health services research, and held leadership positions in academic medicine. One in four U.S. physicians is an international medical graduate (IMG), and every year around 12,000 IMGs apply for U.S. residency positions. These numbers tell you nothing of the difficulties IMGs have experienced in their efforts to secure a position in a U.S. residency program. IMGs also have to deal with adapting to a new culture in a foreign land, often without friends or family close by for support. It is no secret that getting into a residency program as an IMG is harder than an AMG. When it comes to matching a residency program, it is only logical that success rates will be significantly lower for IMGs, especially in the most competitive residencies. Some specialties including psychiatry are highly sought after by AMGs, making it harder for IMGs to make the cut, while others present higher IMG acceptance rates because there aren't enough AMG applicants to fill all available spots. In working with IMGs, we have come to realize that misperceptions abound, with IMGs frequently overestimating or underestimating certain residency application criteria. These misperceptions may result in a failure to match. What does it actually take for IMGs to

match successfully? The issue is a hotly debated one, and surveys of resident applicants, reviews of discussion forums, and discussions with academic faculty all find sharp divisions on the topic. This educational session is being given from the perspective of program directors who have directly evaluated many residency applications and many resident applicants. The match is arguably the most important process in the entire yearly cycle of a residency training program.

Applying to Psychiatry Residencies: A Discussion With Residency Directors

Chair: Art C. Walaszek, M.D.

Presenters: Ana Ozdoba, M.D., Ashley Walker, M.D., Sallie DeGolia

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the elements of a psychiatry residency application, including CV, personal statement, and letters of reference.; 2) List factors that will help determine which programs to apply to, including geography, size, academic or community setting, new or established programs.; and 3) Appreciate the importance of preparing adequately for residency interviews..

SUMMARY:

Applying to psychiatry residencies has been increasingly complex. While the number of residency programs and positions has been steadily increasing, so has interest in psychiatry among U.S. medical seniors. The average number of applications per applicant skyrocketed from 43.3 in 2018 to 59.5 in 2022. In 2023, applicants to psychiatry residencies were able to signal their program and geographic preferences for the first time. Many residency programs have switched to behavioral interviewing, a more rigorous approach than the traditional questions used by interviewers such as, "What questions do you have about our program?" We will see other changes in the near future such as standardized letters of recommendation. And, of course, the pandemic resulted in the biggest change in how we conduct residency interviews in memory, namely, interviewing applicants virtually. Students may be left wondering how best to prepare their

applications, which and how many programs to apply for, how to excel in their interviews – and, ultimately, how to select the right program for them. In this workshop, we will first present the perspectives of seasoned psychiatry residency training directors. They will discuss (a) how to prepare a residency application, (b) how to select which programs to apply to, and (c) how to prepare for residency interviews. We will next engage our participants in an interactive exercise to help them identify what is most important to each of them in selecting a residency. We will close with a panel discussion and Q&A with the audience. We hope that participants will leave the workshop with a better understanding of the process of applying to psychiatry residencies.

Artificial Intelligence (AI) to Analyze Open-Source Digital Conversations on Depression and Suicide: Integration Into Psychiatric Practice

Chair: Maria Antonia Oquendo, M.D., Ph.D., M.A., M.S.W.

Presenters: Laura Daniela Jimenez, M.D., Tatiana A. Falcone, M.D., Ruby C. Castilla Puentes, M.D., Dr.P.H., Liliana Gil Valletta

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how AI-Based Technologies are used in psychiatry to explore digital conversations on Depression and Suicide; 2) Describe some of the recent experiences with the use of technology in psychiatry, recognizing that this is a fast-changing landscape with new products emerging rapidly; and 3) Provide guidance for clinicians to integrate digital technologies into their daily work..

SUMMARY:

Recently, there has been widespread applications of AI-supported technologies in healthcare organizations for improved care service quality and efficiency of medical resources. Since AI encompasses machine learning, and natural language processing, AI-based technologies provide numerous opportunities for innovation in psychiatric research. For the application of AI-based systems, it is important to collect and analyze data of various types (e.g., including ethnic and cultural characteristics of patients) because machine learning

algorithms of the systems require a sufficient volume of data for an accurate diagnosis. While there are positive and negative issues involved with the application of AI and its various aspects, it is a reality that AI has made a significant inroad into the healthcare sector and this trend is expected to accelerate in the future. Thus, it is necessary to increase the research, accessibility, and actual use of AI in psychiatry, especially in topics related with depression and suicide. Information gathered from conversations that take place online can provide new insights into how people are impacted by their disease, how to target interventions to decrease barriers to care, and how to help patients and families be more comfortable seeking and receiving mental health care. This symposium will present real-world examples of AI applications, specifically the analysis of digital conversations on depression and suicide, emphasizing in how the results could be incorporated to improve outcomes in our psychiatric practice. Our session will introduce participants to general applications of artificial intelligence-based technologies in healthcare. We will also discuss specific examples of how AI and DS could be used for example, to characterize racial/ethnic differences in digital conversations related to depression as well as to investigate digital conversations about suicide among teenagers and adults with epilepsy. This knowledge should particularly be used for psychiatrists and mental health professionals to formulate strategies to engage communities in the awareness of suicide depressive disorders.

Asians in America: Not a Model Minority and Not a Minority

Chair: Dora-Linda Wang, M.D.

Presenters: Edmond H. Pi, M.D., Nhi-Ha T. Trinh, M.D., M.P.H., Steven Richard Chan, M.D., M.B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the unique trajectory of AAPI communities in the history of the United States.; 2) Identify at least three deleterious effects of perpetuating the model minority myth on Asian American and BIPOC mental health in general.; 3) Describe the difference between interdependent and independent concepts of self.; and 4) Develop

strategies to address the disparity in mental health care among Asian Americans..

SUMMARY:

In the 21st century, we are global citizens with boundaries blurred in a digital age. Asians are the majority, globally. Asians are also now the largest "minority" group of the American Psychiatric Association, after women. How does this impact psychiatry, which has traditionally been rooted in European American norms? How must psychiatry shift to accommodate this 21st century reality? A brief history of Asians in America is presented. The 14th amendment of 1868 granted African Americans equal rights to citizenship. Yet in 1875, Chinese women became the first class of persons excluded from US immigration by the Page Act. This was followed by the exclusion of all Chinese persons in 1882. Asian women were enslaved and sold well into the 1900's, and Asians were not granted equal rights to citizenship until 1965. At the same time, Asians have been touted as a high-achieving "model minority". This minimizes the impact of discriminatory laws and practices, and manifests "splitting" between minority groups. A review of psychiatry in relation to Asian Americans, past, present and future, is presented. Diversity, equity and inclusion practices as relevant to Asian Americans, are reviewed. The promise of digital psychiatry as a tool for health access equity is explored. A clip from "Childhood in Translation", a film about language barriers in health access, is presented. This session is presented by the APA Foundation.

Becoming a "Good Enough" Psychotherapy Supervisor

Chair: Katherine Kennedy, M.D.

Presenters: Maya Prabhu, Randon Welton, M.D., Frank Yeomans, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) • List common barriers for psychiatrists to becoming psychotherapy supervisors; 2) • Identify key components of the supervisory relationship.; 3) • Explain how to set goals in

supervision.; and 4) • Describe the importance of boundaries in supervision..

SUMMARY:

Supervision is considered an essential component of the psychotherapy education process. Learning how to practice psychotherapy requires more than reading articles and attending lectures: psychotherapy trainees also require a safe space with a supervisor to review clinical material, ask questions, receive critical feedback, and discuss clinical challenges. Psychotherapy supervisors also serve as key role models for psychiatric residents, helping them to consolidate their identity as a psychotherapist. However, with the retirement of many experienced supervisors, especially psychiatrists who trained before the advent of the biological movement in the early 1990s, many psychiatry residency training programs are having difficulty finding new psychotherapy supervisors to meet their training needs. One reason for this may be that psychiatrists who practice psychotherapy, especially early to mid-career psychiatrists, feel intimidated to self-identify as a psychotherapy supervisor. They may worry that they lack the so-called "wisdom" of a former, esteemed supervisor, or feel daunted by their lack of any internalized supervisory role model. Psychiatrists who practice psychotherapy need encouragement, support, and help overcoming these barriers to becoming supervisors. Learning how to become a psychotherapy supervisor is a developmental process that starts with (1) a knowledge of psychotherapy skills and (2) some basics about the supervisory relationship, setting goals in supervision, and the boundaries of supervision. Using a mix of didactics, role plays, small group activities, and large group discussion, this workshop will focus on helping early and mid-career psychiatrists identify ways they can improve their supervisory skill set. We hope participants will come away with an understanding of the next steps they need to take to becoming more competent and confident psychotherapy supervisors. We also hope they will recognize that, just as Winnicott described the "good enough mother," there is also the "good enough supervisor," and that becoming a psychotherapy supervisor is a lifelong process with always more to learn.

Behind Closed Doors: Providing Psychiatric Treatment and Promoting Safety Remotely for Survivors of IPV

Chair: Elizabeth Fitelson, M.D.

Presenters: Farah R. Herbert, M.D., Carole Warshaw

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the factors that increased risk and reduced access to care during the pandemic for those experiencing IPV; 2) Identify the benefits of providing care to survivors of IPV outside of traditional settings; 3) Describe innovations and best practices which can help providers overcome barriers to caring for IPV survivors using lessons learned during the pandemic; 4) Collaborate with providers of mental health care in non-traditional community settings to enhance the understanding and utilization of best practices across population sectors; and 5) Describe coercive tactics used to undermine mental health and sobriety for survivors of IPV and identify strategies to mitigate those tactics.

SUMMARY:

The National Intimate Partner and Sexual Violence Survey reports that one in 4 women and one in 10 men experience IPV, and the violence can take various forms: physical, emotional, sexual, or psychological. IPV occurs in people of all races, cultures, genders, sexual orientations, socioeconomic classes, and religions; however, such violence has a disproportionate effect on communities of color and other marginalized groups where economic instability, unsafe housing, neighborhood violence, and lack of safe and stable childcare and social support can worsen already tenuous situations. IPV cannot be addressed without addressing social factors, especially in the context of a pandemic that substantially increased isolation, exacerbated financial stressors, and limited access to networks of support. Data from the NYPD showed a 10% increase in domestic disturbance calls in March and April of 2020 as well as reports that between March 1 and 30, 2020, calls to the domestic violence hotline operated by the YWCA of Nashville and Middle Tennessee increased by 31% over the same period in the previous year. Local and national

organizations exist to serve the needs of this population, but the pandemic limited access to safe refuge and often left those experiencing IPV locked into homes with their abusers. An NCDVTMH survey of 527 programs, results of which will be discussed during this workshop, highlights the level of unmet needs regarding mental health services for survivors and their children. Advocacy and treatment organizations shifted the methods by which they provided services and safety protocols considering the pandemic to dramatically alter how they functioned. Further, engagement of survivors in mental health treatment is limited by the impact of the coercive tactics used by people who abuse their partners to undermine the survivor's sanity and/or sobriety and to discredit them. Recognizing the role of coercion for survivors and how to elicit information and develop a therapeutic alliance that recognizes and mitigates the coercive controls is vital to providing effective treatment and a toolkit for incorporating this information in practice will be discussed. For organizations working across systems to reduce barriers, adaptations were needed to smooth communication across the criminal justice, shelter, and local government systems which each had different policies, limitations, and responses to the pandemic. The FJCMHP will be used as an example of how an organization which has historically worked in non-medical settings to address the mental health needs of IPV survivors will present information about the changes necessary to maintain services during the pandemic and how they are incorporating those adaptations to improve service delivery and access going forward. This will be followed by a panel discussion with audience participation about the best practices for providing mental health treatment remotely and in non-medical settings.

Behind the Incel Movement: The Misogyny and the Violence

Chair: Kayla Fisher, M.D., J.D.

Presenter: Shree Sarathy, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review history and beliefs promoted by the incel and related misogynist

ideologic groups.; 2) Discuss recent violent acts attributed to the incel movement.; 3) Examine the interplay between mental illness and online hate communities like incel.; and 4) Consider risk factors and treatment options for patients affiliated with these ideologic subcultures..

SUMMARY:

The advent of the incel online subculture can serve as a breeding ground for violence. Those struggling to find a romantic or sexual partner pose the greatest risk of becoming attached to incel ideology. Incel forums provide a platform for resentment, self-pity, misogyny, a sense of entitlement to sex, and the endorsement of violence against sexually active people. Psychiatrists need to have an understanding of what such groups believe and promote, as well as violent acts that may flow from an affiliation with this group. Vulnerable patient populations need to be identified and treatment options explored to address the underlying mental states. In this session, we will review the history of incel and evaluate the current beliefs exposed. The various recent mass murders and violent acts attributed to affiliations with incel will be reviewed, along with an examination of the underlying mental health issues and forensic treatment considerations.

Benzodiazepines, Prescribing and De-Prescribing: A Panel Discussion

*Chairs: Ron M. Winchel, M.D., Catherine Crone, M.D.
Presenters: Donovan Maust, M.D., Edward Silberman, M.D., Ilse Wiechers, M.D., M.H.S., Oscar Bienvenu, M.D.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to make a more informed decisions about if, when and how to prescribe benzodiazepines appropriately.; 2) At the conclusion of this session, the participant will be able to recognize that benzodiazepines present risks that are specific to various patient subpopulations.; 3) At the conclusion of this session, the participant will be able to evaluate various clinical scenarios that make benzodiazepine prescription a reasonable clinical choice.; and 4) At the conclusion of this session, the

participant will be able to determine when and how to manage the de-prescription of benzodiazepines..

SUMMARY:

Ironically, the choice to prescribe benzodiazepines is often fraught with anxiety for the prescribing physician. This panel is intended to air the pros and cons of benzodiazepine medications and to help address physician anxiety attendant to their prescription and de-prescription. Cognitive side effects, risk of falls, and possible abuse are serious problems. But high probability of rapid relief and potentially unique capacities in regard to anxious depression and Panic Disorder are not nothing. If we accept side effects and appropriate precautions with other drugs for the sake of their benefits, are we applying the same standard when we think of benzodiazepines? SSRI antidepressants might elicit withdrawal upon rapid discontinuation? Steroids need to be tapered. Steroids can cause behavioral side effects and increase the risk of hip fracture. They require special monitoring and an awareness of contraindications - but do physicians shrink from their use? Is there any medical setting in which steroids are banned? We should certainly be circumspect about prescribing benzodiazepines to the elderly, the cognitively impaired, or those at elevated risk for substance abuse. But has that bled over into our thinking in other circumstances - making us overly cautious and at times failing to provide succor? What about non-drug abusing patients in midlife? However, should we not be chastened by the problem of patients who were started on benzodiazepines when younger, but have continued on them into an age of heightened risk? Does the history of uneven - and at times over-zealous - punitive enforcement by monitoring agencies lurk in our minds, discouraging use in proper circumstances? Do benzodiazepines lose efficacy over time? Is it inevitable that maintaining symptom relief will require subsequent dose increases? Do we avoid talking with patients about tapering off? How and when should we de-prescribe? What are the obstacles - real or imagined? At this free-ranging panel discussion, followed by audience Q and A, four experts in the fields of geriatric psychopharmacology and anxiety disorders will discuss the place of benzodiazepines. We may not be able to address all these concerns in

this panel discussion. But at its conclusion we will all be more informed and less anxious when considering starting and stopping benzodiazepines.

Biologizing the Psychobabble: The Emerging Neuroscience of Psychotherapy

Chair: Christopher Miller

Presenters: Hinda F. Dubin, Boris Tizenberg, Christopher Miller

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize how early life adversity can affect individuals on neurobiological levels; 2) Identify neural circuits involved with emotion-based, rigid reactions to the environment, as well as their impact on psychopathology; 3) Discuss how successful psychotherapy can reshape maladaptive neuronal activation patterns, correlating with clinical improvement; 4) Understand the synergy between psychotherapy and psychopharmacologic agents, including drugs such as hallucinogens; and 5) Provide patients with a clear, relatable way of viewing psychotherapy as an intervention that has biological effects.

SUMMARY:

the past few decades, advances in the neurosciences have led to exciting opportunities to correlate subjective symptom reports with objective measures using imaging and neuroendocrine markers. It is well established that psychotherapy has biological effects on reshaping maladaptive neuronal responses, leading to more flexible activation patterns. This occurs in tandem with clinical response to successful psychological treatments, as patients may soften their rigid cognitions regarding self and others, allowing for more measured approaches to their conflicts. As patients' patterns of response move away from being more emotion-based, a neurobiological shift from "bottom-up" to "top-down" can be viewed on functional imaging, with higher cortical areas progressively dampening excessive amygdala activation, the latter being a factor in reactive and rigid responses to the environment. These findings further validate that neural circuits can be reshaped in adults, with evidence supporting biological changes for many

forms of psychotherapy in different psychiatric conditions, including major depression, anxiety disorders, personality disorders, and post-traumatic stress disorder (PTSD). Research into this biological substrate of psychotherapeutic change has created opportunities for augmenting psychological interventions with the use of medications that may facilitate engagement with treatment. Such synergy between pharmacologic agents and psychotherapy has driven research on use of hallucinogens in clinical settings, which have been shown to facilitate retrieval of autobiographical memories, increase one's sense of connectedness with others, and decrease the fear response when processing emotions. One example of this is use of methylenedioxymethamphetamine (MDMA) in conjunction with psychotherapy for PTSD – through action on serotonergic pathways, MDMA recruits areas of the brain that allow for greater access to one's own internal emotional state, as well as to areas promoting interpersonal connectedness – these features, respectively, characterize MDMA as an entactogen and an empathogen. This allows patients to feel a greater sense of trust while accessing difficult material, aiding treatment progression, and hopefully increasing retention in challenging forms of therapy. During this session, we will present didactic material regarding the evolving research on the neuroscience of psychotherapy, underlining the exciting opportunities for synergistic, and tailored approaches to help patients. Audience members will be encouraged to offer their insights from clinical and academic work. We will facilitate a small-group exercise to find experience-near, plain language ways of educating patients on how we can think of psychotherapy in broader ways than "just talk," rather viewing it as a powerful tool with just as much influence over brain biology as medications. We will reserve time for questions and answers.

Biomarkers in Psychiatry: Are We Ready for Prime Time?

Chair: Nina Kraguljac, D.O.

Presenters: Anand Kumar, Adrienne Grzenda, M.D., Ph.D.

Discussant: Charles Barnet Nemeroff, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will be able to define what a biomarker is and in which context it can be useful; 2) Participants will be able to draw distinctions between legitimate biomarkers of Alzheimer's disease and molecular targets for therapeutic intervention; 3) Participants will be introduced to mechanistically based neuroimaging biomarkers that are relevant in schizophrenia; and 4) Participants will understand the potential and pitfalls for using machine learning in psychiatry for biomarker discovery.

SUMMARY:

Biomarkers can assist in making a diagnosis, in deciding which treatments are appropriate, and in predicting individual clinical outcomes. These tools have revolutionized cancer detection and treatment, and significantly improved patient's survival rates and quality of life. Biomarkers also hold great promise to meaningfully improve clinical outcomes for patients with psychiatric disorders, but at this time, no biomarkers that inform diagnostic or treatment decision are available in psychiatry. Our session will introduce participants to the general concept of biomarkers and possible clinical applications in psychiatry, using the examples of schizophrenia and Alzheimer's disease. Dr. Kraguljac will first provide an overview of potential applications for biomarkers in psychiatric disorders, and describe how disease mechanisms may inform biomarker development in schizophrenia specifically. She will also discuss contemporary challenges in biomarker development and suggest what next-generation biomarker development studies could look like. Dr. Kumar will then review the clinical and neuropathological origins of Alzheimer's disease and trace the evolution of modern biomarkers from their historical roots. He will draw distinctions between biomarkers of disease and molecular targets for therapeutic interventions – one of the biggest challenges in clinical neuroscience today. He will also comment on the debate of Aducanumab, a new drug that targets amyloid beta, and discuss potential implications of recent discovery that the study that inspired the amyloid hypothesis has been falsified. Following this, Dr. Grzenda will introduce the audience to the concepts of big data and machine

learning, which have great potential to facilitate biomarker discovery from high dimensional OMICS technologies (i.e., transcriptomics, metabolomics, genomics, etc.). She will also comment on the trustworthiness of such applications in real-world practice and ongoing challenges. After the individual presentations conclude, Dr. Nemeroff will draw on his expertise to comment on the presentations, raise issues for broader consideration, and make predictions on how discovery of clinically meaningful biomarkers could advance the field. Finally, participants will then have an opportunity to ask questions to the group.

Brain Health and Well-Being in Older Adults: The Impact of Lifestyle Interventions

Chair: Helen Hisae Kyomen, M.D., M.S.

Presenters: Sehba Husain-Krautter, M.D., Ph.D., John L. Beyer, M.D., Ebony Dix, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify three strategies involving physical and cognitive activities to encourage brain health and well-being in older adults.; 2) Describe nutritional psychiatric practices to support brain health and well-being in older adults.; 3) Describe three strategies for improving sleep to promote brain health and wellbeing in older adults.; and 4) Discuss the potential strengths and shortcomings of mindfulness-based practices in older adults as revealed in the peer reviewed literature, and how to incorporate this knowledge into current clinical.

SUMMARY:

The goal of this session is to provide clinicians with guidance on helping older adult patients to make lifestyle changes that promote brain health and well-being. Aging successfully involves aiming for a level of physical, mental and social well-being that resonates well with ourselves and those around us. There are many aspects to aging well, including such key elements as healthy (1) physical exercise, (2) nutrition, (3) sleep and (4) mindfulness. There is much information about these in the popular media to which patients are exposed, and clinicians can be uncertain as to what to recommend to their older

adult patients. In this session, each of these four topics will be discussed using evidence-based information, including the strengths and limitations of current data, so that clinicians can offer their older adult patients relevant, informed guidance on lifestyle changes that can enhance brain health and well-being.

Bridging Research, Accurate Information and Dialogue to Address Unequal Participation of Underrepresented Populations in Psychiatric Research

Chair: Nelly Gonzalez-Lepage, M.D., M.B.A.

Presenters: Azizou Salami, Alexandra Perez, Damara Gutnick, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the history of disparate and unjust treatment in psychiatry leading to mistrust among underrepresented communities; 2) Describe the BRAID (Bridging Research, Accurate Information and Dialogue) model, and how it can be used to foster continuous, open dialogues between target communities and health providers; 3) Identify how to use BRAID within the context of psychiatry; the unique challenges and opportunities; 4) Discuss “what matters” to patients when it comes to participating in psychiatric research and trust in the mental healthcare system; and 5) Formulate strategies, including how to leverage Patient Advisory Councils, to build community and trust in psychiatric research.

SUMMARY:

Research indicates that Black and Latinx populations are less likely to participate in psychiatric research due to historic structural issues and personal healthcare encounters grounded in a legacy of racial discrimination and medical injustice. Community perspectives are fundamental in understanding how these historical events and contemporary experiences influence participation in psychiatric research. To better understand “what matters” to patients when it comes to participating in research and trusting the mental healthcare system, we worked with Patient Advisory Councils (PACs) to implement an exploratory qualitative study using the

Bridging Research, Accurate Information and Dialogue (BRAID) model. The BRAID model intervention includes a series of sequential conversation circles (CCs) with community experts selected because of their role as trusted messengers in their communities. Safe spaces for reciprocal community dialogues are created and a motivational interviewing (MI) based facilitation approach is used to elicit community concerns, bridge gaps in knowledge or misinformation, and build participants’ self- efficacy to take community action. Once trust is developed between circle participants and the health system, accurate health messages and programming are co-designed with participants, who because of their role as trusted messengers, are already well positioned to disseminate accurate information to their communities to promote health equity. Over four months, we convened members of a PAC and a community-based clubhouse program who participated in a series of ten dynamic CCs. During this workshop, we will share what we learned about how lack of trust in the mental healthcare system influences the community’s willingness to participate in psychiatric research. Session participants will learn how to convene and leverage PACs and how BRAID can be used to evoke psychiatric patient’s lived experiences, rebuild trust, and co-create community narratives that can help inform systems-level change. We will describe how developing a BRAID infrastructure consisting of a network of community trusted messengers can form the foundation of a “Learning Health Care Community” able to provide ongoing community input into health system strategies and program development to ensure that they meet the community where they are. The target audience for this session are mental health care providers interested in engaging community members/patients with mental illness to participate in research or provide input to inform program development. However, learnings from this session can also be more broadly applied to any space trying to learn from and engage the psychiatric patient to address these themes in their work and at their home institutions.

Building a Better Psychiatric ED: A Focus on Special Populations

Chair: Brandon C. Newsome, M.D.

Presenters: Kuan-I (Lester) Wu, Vamsi Kalari, Meghan Schott

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Highlight Disparities in BIPOC populations in Emergency Settings; 2) Explore Trauma Informed Emergency approaches for LGBTQ+ populations; and 3) Discuss neurodivergent youth and special considerations for the emergency department.

SUMMARY:

In October 2021 a mental health state of emergency was issued by American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and Children's Hospital Association for child mental health. Although focusing on children, increases in behavioral health utilization has increased across the lifespan leading to health systems needing to rethink how we address unique populations (1). Indeed, some populations experienced increased hardship via the covid 19 pandemic secondary to difficulty accessing services, differential death rates in different populations, and employment challenges (2). This was in the setting of a national reckoning on race and social constructs with ongoing socio-political issues (3). In addition, neuroatypical children were accessing care at an increased rate, highlighting the need for environmental considerations in this population (4). With social considerations more prevalent, emergency departments must address populations more adequately with recognition of disparities in care (5). Given concerns, there is an importance to skillfully approaching populations in a culturally sensitive and developmentally appropriate manner to improve health outcomes. This presentation focuses on unique considerations in Black and Indigenous People of Color (BIPOC), Lesbian, Gay, Bisexual, Trans, Queer/Questioning (LGBTQ+), and Neuroatypical individuals in crisis care. Dr Schott, Director of Emergency Psychiatry Services, who serves at a primary minority serving children's hospital will discuss BIPOC considerations including differential treatment in physical/chemical restraints, misdiagnosis (6), carceral responses, and novel preventative community engagement techniques.

Mr. Lester Wu, a PhD student in counseling and emergency management graduate, will discuss LGBTQ+ considerations including navigating disclosures/confidentiality unique to the open access era, gender expression, and behavioral health trends including suicidality. Dr. Kalari, a neurodevelopmental specialist and child and adolescent psychiatrist, will discuss considerations in neuroatypical patients and those with intellectual disabilities including environmental/sensory concerns, boarding trends, agitation recommendations, and medical team liaising considerations. The presentations will conclude with discussions on program exemplars and advocacy considerations to improve behavioral health outcomes.

Caring for the Whole Person: A Practical Update on Common Medical-Psychiatric Comorbidities and Preventative Care for Clinical Practice

Chair: Kate Richards, M.D.

Presenters: Sandy Ngo Moubarek, M.D., Kate Richards, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize your role as a clinician, advocate, and educator to reduce disparities in life expectancy for people living with schizophrenia spectrum disorders and bipolar disorders.; 2) Utilize interactive questions and cases to explore how co-existing conditions impact physical and mental health and review treatment options.; and 3) Develop strategies to integrate preventative care into your practice and to coordinate care to improve health outcomes for people experiencing psychiatric disorders..

SUMMARY:

As psychiatrists and mental health providers, we frequently take care of people with complex medical and psychiatric comorbidities including people who may be unable or less likely to get screenings or evidence-based care due to systemic barriers, stigmatization, psychiatric symptoms, and/or mistrust of the medical system. We often prescribe medications that increase risk of metabolic disorders, and we regularly work with people who

have histories of adverse childhood experiences, which are correlated with increased risks for cancer and strokes. With the information that is already available to us from our chart histories and rapport with our patients, we are uniquely positioned to be educators and advocates to help our patients be aware of their treatment options and make their own informed decisions. It can be daunting to keep up with the latest guidelines. In this high-yield, practical review, we will cover lab monitoring, smoking cessation, management of antipsychotic-induced weight gain, and ways to lower the risk of cardiovascular disease, which is a leading cause of death for adults in the US including for people with psychiatric disorders. We will also talk about preventative care topics, such as infectious disease screenings, pregnancy prevention, drug use safety, routine vaccinations, gun safety, and cancer screenings. Throughout the session, you will have an opportunity to consolidate your knowledge using interactive questions and small group case discussions. This session will be led by a dual-boarded Psychiatrist and Family Medicine Physician to highlight key clinical pearls that you can directly implement in your inpatient or outpatient mental health practice to improve care for your patients and help them live longer, healthier lives.

Catatonia: What Should Psychiatrists Know and Why?

Chair: Brian Scott Barnett, M.D.

Presenters: Scott Beach, Andrew Francis, M.D., Ph.D.

Discussant: Gregory Fricchione

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the diagnostic approach to catatonia; 2) Identify treatments for catatonia, including alternative treatments for failure of benzodiazepines; 3) Recognize common complications of catatonia; and 4) Summarize the mortality, morbidity, and economic costs associated with catatonia.

SUMMARY:

Nearly 150 years after Kahlbaum described catatonia as a unique syndrome with a range of behavioral, motor, and affective components, it remains under-

recognized and under-treated. One factor in this lack is the historical over-emphasis on the association of catatonia with schizophrenia, and unawareness that catatonia occurs with many psychiatric, medical, and neurological conditions. The *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* largely addressed these nosological shortcomings. Still, recent research confirms gaps in psychiatrists' ability to diagnose catatonia and correctly identify some catatonic signs. The persistent misconception that catatonia exists only in its stuporous form remains another critical barrier. Catatonia once recognized is usually very responsive to treatments, which include certain high-potency benzodiazepines, electroconvulsive therapy (ECT), and a variety of second-line agents. With mounting research linking catatonia and premature mortality, potentially life threatening and debilitating complications, and significant health care expenditures, the need for accurate diagnosis and treatment of catatonia is clearer than ever. Our goal is to offer this APA session as an example of catatonia-related didactic material that can be incorporated into continuing medical education, medical school, and residency curriculums. In this session, Dr. Francis will describe catatonia's diagnostic criteria, with a focus on features of catatonia that are frequently misidentified by psychiatrists based on his recent research. Dr. Beach will provide an update on the management of catatonia, including treatment options available when benzodiazepines fail (e.g., ECT, mood stabilizers, second generation antipsychotics, zolpidem, NMDA-antagonists, and stimulants). Dr. Barnett will conclude the presentations with an overview on complications from catatonia, its association with premature mortality, and its economic impact. Dr. Fricchione will close the session with commentary on noteworthy issues raised during the speakers' presentations followed by a discussion between panelists and the audience on the audience's experience with catatonia and associated clinical challenges.

CBT for Suicidal Behavior

Chair: Donna Marie Sudak, M.D.

Presenter: Jesse H. Wright, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Assess and modify hopelessness and suicidal thinking with CBT principles; 2) 2. Describe research that supports CBT for reducing suicide risk; and 3) 3. Implement CBT-oriented safety plans with at-risk patients.

SUMMARY:

Suicide is the 11th leading cause of death in the United States (2021). CBT approaches to the suicidal patient have been proven to reduce rates of future attempts (Brown et al 2005; Tarrier et al 2008). Active and collaborative work to reduce hopelessness and specific anti-suicide plans are important features of this approach to patients. This workshop will briefly review research on CBT for treating suicidal patients. The central features of CBT methods for suicide risk will be demonstrated. Role-play demonstrations will illustrate key points. Particular attention will be paid to development of the CBT elements of a safety plan in a depressed patient.

Charting Future Intersectionalities: Mental Health, Spirituality, and Marginalized Children and Adolescents

Chair: Mary Lynn Dell, M.D.

Presenters: Lisa Fortuna, M.D., M.P.H., Margaret Stuber

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the ways in which a faith community can be a support or a risk factor for children, adolescents and families dealing with traumatic events; 2) . Identify ways to help children, adolescents and families find meaning and support despite the challenges to their beliefs posed by traumatic events; 3) Describe the relationship between minoritized stress and intersectionality; 4) Identify how to explore religiosity and faith as a potential aspect of identity formation in 1minoritized or marginalized youth; and 5) Discuss the relationships between individual faith, faith communities, coping, and resiliency for individuals with autism/intellectual disabilities and their caregivers..

SUMMARY:

This session will explore current status and future directions of the relationships between mental health, individual faith, faith communities, and culture in vulnerable youth. Religious/spiritual themes encountered in trauma, autism and developmental disabilities will be shared, followed by discussion of intersectionality as a model for describing and understanding the complexities of development, identity, faith, and culture for various minority groups. Traumatic events challenge beliefs central to ways children understand the world. Religious/spiritual beliefs create meaning and support during life-threatening illnesses, or may lead family members to blame the illness on a sin they committed, ripping the family apart from each other and the community of faith. Child abuse may be justified by certain religious beliefs, Religious beliefs can at time lead to community violence. Case examples will illustrate concepts and consider clinical implications for discussion. Historically, individuals with intellectual disabilities and their families have felt ostracized by religious communities. In 2023, congregations increasingly welcome those with autism and developmental challenges. The needs of these vulnerable patients, which exist on personal, cognitive, spiritual levels, and in concrete, practical ways, will be reviewed. Caregivers may benefit spiritually and practically from connection with local faith communities. Individuals with atypical cognitive capacities may teach numerous truths and life lessons to typical members of congregations and contribute greatly to corporate faith communities. Mental health providers, by virtue of their training and experience, may offer their expertise as faith communities become intentional about including all individuals with disabilities into the life and rituals of their spiritual and religious homes. Case examples will illustrate concepts and consider clinical implications for discussion. Dr. Fortuna will discuss a model for understanding intersectionality in its traditional and sociopolitical definition. The single categories that we rely on for much of our therapeutic work (race, gender, class, etc) do not and cannot exist on their own. There is no race even in its social construction. Rather it exists within its intersections with other differences — such as class, gender, sexualities, and with other categories and

aspects of cultural life. These identities interact, producing different kinds of societal inequalities and unjust social relations. However, what happens when religious identity is simultaneously a dimension of intersectional oppression for one identity (e.g. Black identity) while a source of oppression for another (e.g. sexual orientation, gender identity)? What is the role of faith in youth identity formation and mental health within an intersectional and developmental framework? Case examples will illustrate concepts and consider clinical implications for discussion.

Chatbots: Increasing Patient and Provider Engagement in Substance Use Disorder Care

Chair: M. Justin Coffey, M.D.

Presenter: Marlene C. Lira, M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review models that utilize conversational agents, or chatbots, in the treatment of substance use disorder and mental disorders; 2) Identify novel ways to engage members in online addiction treatment programs to increase retention; and 3) Assess new data and research frameworks for supporting enhanced mental health and addiction treatment care.

SUMMARY:

Substance use disorders (SUDs) and mental disorders are intertwined diagnoses that require patient-centered solutions to optimize medical care and treatment outcomes. While telehealth as a model has been found to increase patient access to and success with SUD and mental health treatment, high attrition and low adherence rates continue to hinder the efficacy of these programs. In recent years, chatbots have emerged as a novel solution, particularly for mental health providers to improve patient experience and patient adherence rates. While the 24/7 availability of chatbots make them an appealing supplement to talk therapy, these technologies are currently underutilized and understudied in the addiction treatment arena. Workit Health is an online addiction treatment program that combines pharmacotherapy with cognitive behavioral therapy. In April 2022, Workit

Health launched a telehealth-integrated chatbot, with grant support from the National Institute on Drug Abuse. The long term goal of the chatbot initiative has been to create novel ways to engage members in online addiction treatment programs to increase retention. The chatbot innovation is designed to offer psychosocial and operational support for patients seeking treatment for SUDs and mental health comorbidities. In doing so, the chatbot seeks to support and augment the work of mental health professionals and medical providers, rather than replace them. This session will present early findings from the first-phase implementation of the chatbot. After providing an overview of Workit's patient-centered design model, the session will engage participants in a discussion of the outcome metrics utilized to assess the efficacy of the chatbot innovation. Based on analysis of over 9,000 chatbot interactions initiated by Workit patients, the session will address patient uptake of and satisfaction with the chatbot tool, alongside use behaviors and the challenges that patients are asking the chatbot to solve—from psychosocial needs to treatment-related, administrative needs. The session will conclude with an audience-led exploration to advance a framework for how clinicians and programs can utilize data from conversational agents and related technologies to inform treatment and increase patient adherence.

Chronic Cyclical Disasters: A Community Context-Sensitive Approach to Promoting Adaptive Disaster Response

Chairs: Sander Koyfman, M.D., Grant H. Brenner, M.D.

Presenters: James West, M.D., Kathleen Anne Clegg

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review their community's stress load threshold so as to apply the best actions to mitigate further stress as another disaster occurs; 2) Utilize cumulative stress load factors by addressing an individual's underlying stress factors and understanding how those stresses can affect their disaster response; and 3) Develop a plan for behavioral health response when another disaster strikes a community before they can move into the growth and recovery phase.

SUMMARY:

With worsening climate conditions around the world, globalization-fueled public health dangers such as COVID-19, and local incidence like apartment fires, communities are experiencing disaster-related stressors more frequently than ever before. For many communities, particularly underrepresented communities such as racial minorities, this means a level of stress and trauma that never has the opportunity to recover before the next disaster hits, sending them back to square one. Previous behavioral health disaster models often account for communities who experience one disaster at a time, rather than the current state of experiencing multiple, stacked disasters at a time. The Chronic Cyclical Disasters blueprint provides a way for behavioral health workers and volunteers to understand what a community is going through and how best to help them depending on their foundational issues, chronic and acute stressors, which number of disasters they're at, and at which stage each disaster sits. Our session will provide an overview of the blueprint as a whole and how it can be applied by behavioral health professionals, community leaders, first responders, and survivors themselves to better understand behavioral and emotional responses in the face of overlapping disasters. Differences between traditional models of disaster and this one will be etched out with specific examples of points of overlap and deviation. Participants will be provided scenarios the presenters will run through to show different ways to utilize the blueprint depending on a community's unique circumstances. Several prompts will be given to participants to discuss in small groups, after which the presenters will run through each and ask groups for their thoughts. Participants will leave the session with an understanding of how cyclical disasters and underlying stressors affect behavioral, emotional, psychological, and spiritual well-being, and how to apply this model when responding to disasters.

Climate Psychiatry 102: Climate Change and Implications for Community Psychiatry

Chair: Wesley Eugene Sowers, M.D.

Presenters: John Sullenbarger, M.D., Emily Margaret Schutzenhofer, M.D., Elizabeth Haase, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the direct and indirect impacts of climate change drivers, such as severe heat, extreme weather events, drought, and others, on public mental health and community function.; 2) Understand the types of psychological effects stemming from current climate conditions; 3) Describe the disproportionate effects of climate change on special populations, including those most commonly treated in community psychiatry settings; and 4) Understand systemic solutions within community psychiatry to address climate change.

SUMMARY:

Climate change has been identified as the biggest threat to global population health, and psychiatrists' response to this crisis will require collaborative and innovative solutions across all socio-ecological levels. Increasing heat waves, air pollution, extreme weather events, wildfires, droughts, vector-borne diseases, nutrition, and water scarcity driven by climate change will impact mental health directly and indirectly. Equally important will be the corresponding psychological responses to the instability and uncertainty of this environment. The disruptions to community infrastructure, civic function, and health, disparate impacts on vulnerable populations, and overarching existential threat to human societies make climate change a particular concern for community psychiatrists. Thus, collaborating in climate change mitigation and adaptation will be core tasks of the modern community psychiatrist. Climate psychiatry draws on an understanding of the direct and indirect links between climate change and mental health and wellbeing to transform psychiatric practice, enabling psychiatrists to better and more equitably support patients and families, to communicate suffering from climate effects, and to contribute toward positive climate change adaptation and mitigation. The practice of climate psychiatry broadly includes clinical, educational, public health and systems, research, and advocacy work and the related roles for the psychiatrist of clinician, public health officer, mental health advocate, activist, researcher, community leader, and policy advisor. This

presentation will outline the basic necessary knowledge for community psychiatrists to recognize and begin addressing climate change impacts on mental health, while also introducing both novel and well-known solutions actionable for the community psychiatrist. We will examine the disproportionate impacts of climate change on vulnerable populations often cared for in the community setting, such as Indigenous Peoples, individuals experiencing homelessness, older adults, children, rural communities, and racial minority communities. This presentation will demonstrate to audience members innovative and interdisciplinary systems-based opportunities to incorporate climate change, as a health determinant, into their practice. Finally, we will provide guidance through Q&A to help community psychiatrists take leadership in community responses to climate change. This session will be presented by leaders of the Climate Psychiatry Alliance, who have recently authored the "Climate Change and Mental Health" chapter in the updated American Association for Community Psychiatry Textbook of Community Psychiatry, in collaboration with the lead editor of this text and a leader in the community psychiatry field. This session is designed to be at an introductory level, yet also complementary to "Climate Psychiatry 101," which was presented by Climate Psychiatry Alliance leaders at the APA 2022 Annual Meeting.

Closing the Treatment Gap: How Can Psychiatry Help?

Chair: Laura E. Kwako, Ph.D.

Presenters: Carrie Mintz, M.D., Nassima Ait-Daoud, M.D., Lewei Lin, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe ways that big data may be used to identify barriers to and facilitators of receiving treatment for AUD; 2) Describe how e-consultation may be used in psychiatry to reduce the treatment gap in alcohol health services; and 3) Describe the role of telehealth in increasing access to treatment for individuals with AUD.

SUMMARY:

Approximately 90% of individuals with alcohol use disorder (AUD) do not receive evidence-based treatment, including various behavioral health approaches and FDA-approved medications. Barriers to care exist at multiple levels, including individual, provider, healthcare system, payer, and structural. Across these levels, access to care is impacted by stigma, which may be particularly acute in health disparity populations. This session will focus on various strategies to address the treatment gap in alcohol health services. Strategies addressed will include using big data, e-consultation and medications for AUD, and telehealth approaches. The first presentation, focusing on big data, will describe the alcohol cascade of care, including prevalence, screening, brief intervention, and referral to and, ultimately, receipt of treatment. It will include a discussion of demographic variables influencing the likelihood of receiving alcohol health services along the steps of the cascade of care and, finally, will include a consideration of how insurance claims data may be used to examine predictors of the use of medications for AUD. The second presentation will discuss the role of the e-consult approach in increasing access to care, an overview of common psychiatric comorbidities with AUD contributing to the treatment gap, and a review of the medications available to treat AUD. The presentation will highlight the unique role of primary care practitioners with support from psychiatrists and addiction specialists in bridging the treatment gap. The third session will include a specific consideration of telehealth approaches to care and the evidence for these various approaches, with attention to increasing the receipt of care and improving outcomes for individuals with AUD. This presentation will include a consideration of the impacts of the COVID-19 pandemic on substance use disorder telehealth policies and on utilization of both medications for AUD and psychotherapy for AUD, along with patients' experiences with care. Finally, it will discuss innovative models of telehealth and novel considerations for increasing the use and quality of telehealth as delivered for AUD. Overall, this session will attend to strategies psychiatrists and addiction specialists may use for reducing the treatment gap in alcohol health services from multiple perspectives and levels. Across talks,

presenters will discuss the importance of using FDA-approved medications to treat AUD.

Complex Neuropsychiatric Presentations in Consultation-Liaison Psychiatry: Acute Psychosis, Delirious Mania, and Catatonia

Chair: Laura T. Safar, M.D.

Presenters: David Van Norstrand, M.D., Ph.D., Hema Venigalla, M.D., Larry Schibuk, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List common etiologies underlying the syndromes of acute psychosis, delirious mania, and catatonia in the medical setting.; 2) Describe the signs and symptoms typically present in the syndrome of delirious mania.; 3) Discuss treatment options considered effective for delirious mania, including psychopharmacological agents and ECT.; and 4) Discuss the psychopharmacological management of catatonia in the medical setting..

SUMMARY:

In recent decades, the fields of consultation-liaison psychiatry and neuropsychiatry have contributed to the integration of the mind and brain perspectives. This integration benefits our understanding of psychiatric disorders, and the care we provide to our patients. Certain neuropsychiatric presentations clinicians encounter in the inpatient medical setting can be particularly challenging to diagnose and manage. The present session will discuss three such presentations: Acute psychosis, with focus on its intersection with delirium; delirious mania; and catatonia. An acutely psychotic patient in the medical setting should prompt a rapid and careful consideration of the steps required for an accurate differential diagnosis and appropriate treatment plan. Delirious mania is a severe psychiatric syndrome with co-occurring symptoms of mania and delirium, which may also present symptoms of catatonia. It may be the result of an underlying medical or neurological etiology, including the effect of substances; bipolar disorder is thought to be the most common underlying psychiatric disorder. Its treatment should address the underlying etiology-with parallel consideration for a cross-diagnostic

treatment algorithm for patients with this presentation. Catatonia is a psychomotor syndrome associated with several psychiatric and medical conditions. This session will focus on the assessment and management of patients with catatonia in the inpatient medical setting. We will provide an overview of these conditions, and discuss clinical practice guidelines that clinicians can apply in the assessment and management of these patients. Participants will be provided with case vignettes embedded within each talk, and again in the last section of the session, to engage in the discussion of differential diagnosis and the steps they would follow for assessment and treatment. Further discussion will be encouraged during the Q&A session.

Confident Clozapine Prescribing: Motivating Clinicians to Address Racial and Ethnic Disparities in Clozapine Utilization

Chair: Claire C. Holderness, M.D.

Presenters: Laura A. Clarke, M.D., Jean-Marie Alves-Bradford

Discussant: T. Scott Stroup, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the racial and ethnic disparities in access to clozapine; 2) Understand monitoring guidelines for patients with constitutional neutropenia on clozapine; 3) Perform a risk benefit analysis for the use of clozapine in patients with conditional neutropenia and serious medical illness; and 4) Engage resources that help support confident clozapine prescribing.

SUMMARY:

Clozapine has long been known to be a potentially life-saving treatment. Nonetheless, clozapine remains underutilized. Racial/ethnic minorities are prescribed clozapine significantly less frequently than their white counterparts in the United States (Williams 2020, Stroup et al., 2014). A nationwide review of Medicaid prescribing data 2011-2012 also showed significant prescribing differences across states, with non-Hispanic whites prescribed clozapine more frequently than other groups (Bareis et al., 2022). Barriers to clozapine utilization are

thought to be due to a variety of factors including prescriber experience, concern for serious side effects, and administrative burden. Constitutional neutropenia (previously known as benign ethnic neutropenia) may also account for some disparities across racial/ethnic groups. Constitutional neutropenia occurs more commonly among people of African ancestry with estimated prevalence rate of 25-50% percent in Africans (Shoenfeld et al., 1988, Haddy et al., 1999). Clinicians may avoid prescribing clozapine out of the mistaken concern that it could worsen neutropenia. Constitutional neutropenia does not increase the risk of clozapine-induced agranulocytosis nor increase the risk of severe neutropenia (Kelly et al., 2018, Mijovic and MacCabe, 2020). In 2015, the Clozapine Risk Evaluation and Mitigation Strategy (REMS) established separate monitoring for patients with “benign ethnic neutropenia.” Updated monitoring guidelines along with clinician support may help impact the barrier associated with clozapine prescribing to those patients with constitutional neutropenia. This session will address clozapine under-utilization and develop confident clozapine-prescribing clinicians through education, case presentations, and discussion. Teaching techniques will employ brief case presentations to illustrate the management of clozapine in racial/ethnic minority groups with constitutional neutropenia and other medical illnesses that may be perceived as barriers to the initiation or continued use of clozapine. Time will be allocated at the end of the case studies and presentation for comments and questions from our audience. The speakers are expert clinicians from community mental health clinics and acute care psychiatric centers in NYC. They routinely prescribe clozapine with the support they receive from the NYS Office of Mental Health and the American Psychiatric Association/SMI Advisor. They will highlight motivating aspects of their experience that clinicians in other settings and other states can adopt as they care for their own patients with SMI.

**Considerations in the Use of Seclusion or Restraint:
Introducing a New APA Resource Document**

Chair: Jacqueline A. Hobbs, M.D., Ph.D.

Presenters: Jose Arriola Vigo, M.D., M.P.H., Erick H. Cheung, M.D., Molly T. Finnerty, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Distinguish use of seclusion or restraint and analyze their risks; 2) Review and employ 7 practical considerations in the use of seclusion or restraint in the management of patients with a behavioral crisis; 3) Utilize helpful resources to support medical decision-making regarding seclusion or restraint; and 4) Evaluate APA's new resource document.

SUMMARY:

Seclusion or restraint (S/R) is used as an intervention of last resort in the management of severe agitation in patients. These interventions carry considerable risks including, but not limited to, psychological distress, physical injury to the patient or staff, and/or death. Legally, S/R can only be used in emergency safety situations and only when all lesser restrictive interventions have been attempted, in order to prevent immediate harm to a patient or others. An extensive literature exists regarding the fundamental goal of providing psychiatric care that helps to avoid the use of S/R. Clinicians often have a limited understanding of the potential risks of each intervention. A framework for determining when to use either modality is a critical clinical concern. The Patient Safety Work Group (PSWG), a component of the American Psychiatric Association's (APA) Council on Quality Care, was charged by the APA Joint Reference Committee with the task of developing a new resource document to help guide the use of S/R. In this resource document, the PSWG outlines a set of 7 practical considerations for using S/R: 1. Decision-support algorithms help guide the use of seclusion or restraint. 2. Understanding the clinician's role in seclusion or restraint can lead to more appropriate use of these interventions. 3. Understanding the risks can reduce harm when using seclusion or restraint. 4. Advocating for availability of environmental interventions including seclusion rooms can minimize the need for restraint. 5. The patient experience of seclusion or restraint is important when considering use of these interventions. 6. A culturally competent, trauma-informed, and patient-centered approach is necessary when making decisions about whether to use seclusion or restraint. 7. Patient preferences and psychiatric advance directives are critical when

considering the use of seclusion or restraint. This session will be provided by members of the APA PSWG who are psychiatrists working in a variety of mental health care settings around the country. The new resource document will be outlined, and there will be an expert panel discussion. Participants will have the opportunity to consider their clinical cases and challenge their own thinking about the use of seclusion or restraint, update their knowledge of available decision-support resources, and engage in discourse and learn from colleagues on best practices that will not only improve their clinical care safety and quality, but allow for enhanced advocacy regarding seclusion or restraint in their workplace and with local health care organizations.

Covid-19 Changed the Way We Talk About Burnout and Mental Health: Building Individual and Systems Level Interventions to Promote Well-Being

Chair: Laurel Mayer, M.D.

Presenters: Carol Bernstein, Sara S. Nash, M.D., Mickey Trockel, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe how the COVID-19 pandemic changed the conversation about well-being, burnout and mental health.; 2) Appreciate both individual and system level interventions that might enhance well-being and alleviate both burnout and mental health symptoms.; and 3) Appreciate the unique role psychiatrists can play in the development and implementation of a successful wellbeing program..

SUMMARY:

Over the better part of the past 10 years there has been increasing awareness of the prevalence and consequences of burnout, depression and suicide among the physician community. The critical need to attend to the mental health of physicians and other healthcare workers was amplified during the COVID-19 pandemic, and recognized at the national level. Multiple studies reported high rates of mental health symptoms during the initial phases of the pandemic. Interestingly, some studies described that mental health symptoms persisted or worsened as the pandemic progressed, while others suggested

mental health symptoms improved although rates of burnout worsened. Now that “physician wellness” has been established as an urgent, national priority, the current challenge is to develop effective interventions – at both the individual and systems levels. This session will bring together experts in physician well-being and mental health and will first review the impact of COVID-19 pandemic on the mental health of healthcare workers, then describe data-driven, individual and system level interventions that promote wellness. We will present data supporting promising individual level programs including 1:1 wellness check-ins for residents/fellows, coaching, and promoting healthy personal relationships. Although focused on the individual, data suggest these interventions positively impact the larger system as well. Principles for cultivating systems level innovations developed by the Stanford WellMD Center, a national leader in the area of physician burnout and wellness, will also be presented. The session will culminate with a case presentation to encourage interactive dialogue with the audience about how to develop comprehensive, evidence-driven, wellness initiatives at their institution and how psychiatrists can uniquely drive this endeavor. The overall goal is to identify the critical targets for interventions and facilitate the development of successful wellness programs.

Creating Spanish/English Networks to Support Mental Health of Hispanic/Latinx Communities

Chair: Ruby C. Castilla Puentes, M.D., Dr.P.H.

Presenters: Tatiana A. Falcone, M.D., Fernando Espi Forcen

Discussant: Esperanza Diaz

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the importance of the development of programs in Spanish and English to support mental health of Hispanic/Latinx Communities.; 2) To appreciate the value of Podcast in Spanish to share knowledge, science and educate the population about mental health prevention and treatment.; 3) To describe the current efforts being conducted at the Cleveland Clinic, to improve the mental health care provided to Hispanic patients; and 4) To recognize the importance of culture

competence during in the training of the future generation of medical students, residents and fellows when evaluating and treating Hispanic patients..

SUMMARY:

According to the 2021 US Census Bureau, Spanish is spoken at home by 41.8 million people aged five or older. The US has the second largest Spanish-speaking population in the world, ahead of Spain. Bilingual services are among the components necessary to facilitate the overall treatment success of Latinx, Spanish-speaking patients. Individuals who prefer to communicate in Spanish lack linguistically and culturally proficient mental health professionals with whom they can communicate effectively. Lack of information surrounding mental health issues can prevent people in Hispanic/Latinx communities from getting the help and support they need. In this session, Dr. Ruby Castilla-Puentes will describe the history of the creation and development of WARMI: Women in Quechua-Aymara - a mental health community and collaborative network of mental health professionals working to improve mental health in women. Through a well-established structure, WARMI offers a common platform using social media as a new resource, increasing the possibility of shared projects by avoiding silos that decrease productivity. Professionals from various specialties (e.g. psychiatry, psychology, nursing, sociology, advocacy groups, public and private institutions in LA) who advocate for the women's lives, health, access to work, education, autonomy, reproduction, relationships, violence, discrimination among others topics, have joined in a multidisciplinary project. Podcasting is a media communication that has gained significant popularity in the last few years. Through podcasting, it is possible to share knowledge, science and educate the population about mental health prevention and treatment. El último humanista (the last of the humanists) is a psychiatry podcast published in Spanish. It was created by psychiatrist Fernando Espi Forcen in December 2019. Its goal is to educate the Spanish speaking community in the world about mental health and other aspects pertinent to psychology, philosophy and humanities. The podcast has reached a million downloads and has nearly 20,000 followers. As such, it has become the most

successful psychiatry podcast in the Spanish language. The podcast is distributed internationally, and it is most popular in Spain, Latin America and the United States. In the third talk of the session, Dr. Tatiana Falcone will describe the current efforts being conducted at the Cleveland Clinic, to improve the mental health care provided to Hispanic patients, like the Hispanic mental health clinic, increasing outreach to include Latinx patients in mental health research studies, increasing psychoeducation in the community to outreach the Latin population in Ohio and Latin America. Systematically screening patients for depression and anxiety in their own language, and training the future generation of medical students, residents and fellows to be culturally competent when evaluating and treating Hispanic patients.

Cult Leaders: The Fine Line Between Mental Illness and Opportunism

Chair: Ashley H. VanDercar, M.D., J.D.

Presenters: Susan Hatters-Friedman, M.D., Lawrence Belcher, M.D., Karen B. Rosenbaum, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the various ways that psychiatrists can interface with cult members.; 2) Verbalize mechanisms that are used to question a cult leader's mental state after their arrest (e.g., competence to stand trial, sanity at the time of the act, and mitigation).; 3) Appreciate the limitations on the available data regarding mental illness in both cult members and their leaders.; 4) Describe the differences between an extreme overvalued belief and a delusion.; and 5) Name relevant considerations when assessing whether a cult leader's promulgated belief set was a result of mental illness, as opposed to a personal belief..

SUMMARY:

Cults, and cult-like groups, often captivate public attention. This can be a result of a tragic event, such as Jonestown massacre in 1978 or the Heaven's Gate mass suicide in 1998 – or, related to salacious details like those associated with recent allegations of sex trafficking within NXIVM. Psychiatrists can become involved with cult-activity in a number of ways,

including interventions on active cult members, treatment of ex-cult members, or court ordered evaluations (e.g., after an arrest). This presentation focuses in on the cult leader, and the difference between a delusional belief rooted in mental illness, and an extreme overvalued belief. An extreme overvalued belief is not a delusion. Rather, it is a “belief that is shared by others in a person's cultural, religious, or subcultural group ... [which] should be differentiated from a delusion or obsession”, which becomes more refined over time, and can be a basis for violent behavior. (1) The question, of whether a cult leader’s odd beliefs are a result of mental illness often comes down to whether it is a delusion, or simply a belief promulgated in an opportunistic fashion. As part of its discussion, the panel will describe available psychological and psychiatric data that has been compiled over the past fifty years on cult leaders and followers, as well as the prominent limitations of this data. The presentation will also provide case examples, of both cult leaders and their followers, using publicly available information from forensic evaluations. At the end, prior to holding a question and answer session, the panel will spend fifteen minutes engaging the audience through hypothetical vignettes, to help audience members cement the knowledge that they gained during the presentation.

Darkness Illuminated: How Evolutionary Psychiatry Can Shed New Light on Depression and Improve Clinical Care

Chair: Christopher Gurguis

Presenters: Randolph Nesse, M.D., Consuelo Walss-Bass, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this event participants will be able to demonstrate the utility of evolutionary approaches to low mood with incorporate these concepts into discussions about clinical care; 2) At the conclusion of this event participants will be able to critically interpret literature on evolution of low mood and identify important areas for further research; 3) At the conclusion of this event participants will be able to distinguish between approaches to understanding

the evolutionary origin versus contemporary evolution of low mood; 4) At the conclusion of this event participants will be able to identify multiple mechanisms by which depression continues to evolve in modern human populations; and 5) At the conclusion of this event participants will be able to contrast genetic and epigenetic modes of inheritance in the evolution of low mood.

SUMMARY:

This workshop presents clinical applications of evolutionary perspectives on depression using didactics and interactive panel discussions. The first presentation asks why natural selection left us vulnerable to clinical depression. The proper objects of evolutionary explanation are not disorders but traits such as the capacity for low mood or its control system. Overlapping situations—infection, expectations that efforts will not succeed, loss in social conflict, and subordinate status—elicit overlapping subtypes of low mood. The control systems that evolved to detect and respond to these situations require false alarms to maximize fitness. However, these systems are inherently vulnerable to failure because of mismatch with modern environments, positive feedback loops, genetic mutations, and physiological derangements. For these reasons, an adaptive trait such as low mood can give rise useless clinical depression. The second presentation reviews evolutionary explanations for alleles associated with depression and contrasts genetic vs. epigenetic modes of inheritance of low mood. Like other psychological traits, low mood shows moderate heritability, yet impingement of environmental factors through epigenetic modifications that modulate gene expression can influence outcomes. The effects of trait values away from the mean will depend on the shape of the fitness function. In certain environments, responsible alleles may disrupt useful mechanisms. Myopia illustrates a disorder caused by living in modern environments whose heritability arises from normal alleles. This discussion will include strategies for assessing these hypotheses and for addressing genetic and environmental modulators of disease risk with patients. The third presentation addresses the contemporary evolution of low mood. Previous work has demonstrated decreased fecundity in individuals with psychiatric disorders, however,

evidence that clinical depression imposes a fitness cost is mixed. We present new evidence that the fitness consequences of low mood depend on the generation and the life phase during which they are measured. The causal relationship between these associations is discussed in the context of cultural changes. We also consider the influence of sex hormones on mood and reproductive systems as a possible proximate mechanism shaped by natural selection. The concluding panel discussion will engage the audience with role-playing exercises to show how evolutionary insights can address research questions and improve clinical care. Evolutionary explanations for depression vulnerability help to explain the difficulty in finding objective diagnostic criteria and specific brain pathology. They can also encourage and guide appreciation for and careful clinical assessment of a diverse array of individuals. Finally, evolutionary approaches to depressive disorders provide innovative ways to minimize stigma and maximize understanding of and cooperation with treatment.

Double Trouble: Management of AUD and Co-Occurring Disorders

Chair: Laura E. Kwako, Ph.D.

Presenters: Kathleen Brady, M.D., Ph.D., Ismene Petrakis, M.D., Geetanjali Chander, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the essential elements of the COPE treatment for AUD/PTSD; 2) Identify three different medications that may be used to treat AUD/PTSD; and 3) Describe how unhealthy alcohol use contributes to poorer outcomes for PWH and PWTB.

SUMMARY:

Alcohol use disorder (AUD) frequently occurs with diseases, including those falling within the domain of psychiatry and those generally treated by other specialists. Psychiatrists are ideally positioned to improve outcomes for these individuals. This session will review several conditions frequently comorbid with AUD, including Posttraumatic Stress Disorder (PTSD), HIV, and Tuberculosis. The first presentation will focus on psychosocial treatments for comorbid

PTSD and AUD. Given that this dual diagnosis is associated with a more severe clinical presentation than for either disorder alone, it will emphasize the need for integrated psychosocial treatments that address both AUD and PTSD concurrently, as compared to sequential treatment models. It will review the empirical research demonstrating that trauma-focused, integrated treatments are safe and more effective for AUD/PTSD than non-trauma focused treatments and will provide data on an evidence-based treatment for AUD/PTSD called COPE (Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure). The second presentation will focus on pharmacotherapies for AUD/PTSD. It will review the evidence for treatment of AUD/PTSD using AUD-targeted medications, e.g., naltrexone, disulfiram and PTSD-targeted medications, e.g., sertraline, paroxetine. Additionally, this presentation will discuss GABA-ergic and adrenergic agents hypothesized to treat both disorders. Finally, it will consider novel strategies currently being investigated, e.g., oxytocin, progesterone, and progesterone-analogues, as well as medications that act on the kappa opioid receptors. Based on the existing literature, strategies for clinicians treating patients with comorbidity will be discussed. Further, directions for future investigations will also be explored. The third presentation will focus on unhealthy alcohol use among people with HIV (PWH) and people with Tuberculosis (PWTB). It will include information on how the biological and behavioral effects of alcohol use combined with structural and social drivers of health increase vulnerability to these infectious diseases among persons with unhealthy alcohol use. It will review the associations between heavy alcohol use and poorer treatment outcomes among both PWH and PWTB. Finally, it will describe strategies to address alcohol use in HIV and TB clinical settings, which are essential to improving outcomes.

Dr. IMG in the Multiverse of ECPs: Moving Beyond Training: What Should I Do? Where Do I Go? What Do I Become?

Chair: Sudhakar Shenoy, M.D.

Presenters: Sudhakar Shenoy, M.D., Raman Baweja, M.D., M.S., Kamalika Roy, M.D.

Discussant: Vishal Madaan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To discuss various challenges faced by IMGs after graduation from a structured training program (Residency/Fellowship) and successful transition into the psychiatric; 2) To discuss the systemic barriers that restrict and prevent IMGs from pursuing different career options in psychiatry; 3) To demonstrate possible pathways to IMGs in navigating J-1 waivers and job search; and 4) To identify and provide resources and skills that could help IMGs in pursuit of leadership in professional societies and organized medicine.

SUMMARY:

IMGs form 33% of all Psychiatry residents, 36% of all Child and Adolescent Psychiatry (CAP) fellows, and 30% of the entire Psychiatry workforce in the United States. Non-US IMGs form 10.6% of CAP fellows and 19% of Consultation-Liaison Psychiatry (CLP) fellows as per recent NRMP data [1]. In 2022, 15.81% of matched PGY-1 Psychiatry applicants were IMGs with 41.43% being Non-US IMGs and 58.57% being US IMGs. [2] Both US-IMGs and non-US-IMGs face various challenges that are unique while transitioning from being a resident/fellow to getting integrated into the psychiatric workforce as an Early Career Psychiatrist (ECP) [3]. These challenges include acculturation, financial and economic hardships post-immigration, fast-changing immigration policies, availability of visas, and travel restrictions, especially during the pandemic; administrative and bureaucratic support, and online resources [4, 5]. After graduation from a structured residency/fellowship training program, many new graduates immediately feel a lack of peer support, guidance, and mentoring both at a personal and professional level including wellness barriers and increased susceptibility to burnout [6, 7]. With one-third of all psychiatrists being IMGs, it is important to identify, demystify, and discuss these challenges including visa-related J-1 waivers, job opportunities, career pathways, and scope for leadership during this critical time of career development. With interactive Q&A with the panelists, participants will be better equipped to face the ECP phase and find peer mentoring support among IMGs. Our session

will introduce participants to themes of (i) career development after graduation with a focus on job search especially J-1 waivers including common pitfalls and contract negotiation; (ii) transitioning through the ECP phase with a focus on academic and research opportunities; (iii) leadership and advocacy opportunities in professional societies and organized medicine. Overall, we aim to provide resources and develop strategies for a successful balance of professional and personal priorities of IMGs in their early careers.

Dying to Tell You: How Personal Grief Shapes the Practice of Psychotherapy From the Perspective of Gay-Identified Psychiatrists

Chair: Robert Michael Kertzner, M.D.

Presenters: Marshall Forstein, M.D., Jeffrey S. Akman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) • understand how personal grief affects the psychotherapist's experience of clinical work; 2) • gain insight into working with bereaved patients with implications for the practice of psychotherapy; and 3) • understand the nuances of bereavement in sexual minority persons.

SUMMARY:

Personal grief as experienced by gay-identified psychiatrists brings into focus clinical work with patients contending with loss, especially those with histories of stigmatization as sexual/gender minority persons, multiple AIDS bereavements and HIV survivorship, diminished social support, and uncharted paths of widowhood. With these factors in mind, our panelists will discuss how their clinical practice and professional identity have been shaped by personal bereavement, emphasizing change in their response as psychotherapists to issues presented by sexual and gender minority patients. These issues include grief over previous losses, concerns about social isolation and marginalization, and difficulties accessing affirmative care; issues that, in turn, impact the relationship between therapist and patient with the possibility of deepening empathy and shifts in countertransference. Session participants will be

encouraged to join panelists to discuss the treatment of bereaved patients as informed by the experience of loss and existential issues related to mortality.

Emerging Biomarkers of Response to Ketamine: Opportunities and Challenges

Chair: Gustavo Costa Medeiros

Presenters: Balwinder Singh, M.D., M.S., Jennifer Vande Voort, Giselli Scaini, Ph.D., M.Sc.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the evidence-base of blood-based biomarkers of antidepressant response to ketamine and esketamine in Treatment-Resistant Depression; 2) To understand the evidence-base of metabolomic biomarkers of antidepressant response to racemic ketamine in Treatment-Resistant Depression; and 3) To review the antianhedonic effect of ketamine and mTOR-dependent protein expression as a potential biomarker.

SUMMARY:

(R,S)-ketamine (ketamine) and its enantiomer (S)-ketamine (esketamine) can produce rapid and substantial antidepressant effects. However, individual response to ketamine/esketamine is variable, and there are no well-accepted methods to differentiate persons who are more likely to benefit. Numerous potential peripheral (blood-based) biomarkers are being investigated, but their current utility is unclear. This symposium will discuss the emerging biomarkers for ketamine/esketamine response and also present novel data regarding the antianhedonic effect of ketamine with possible mechanistic pathways. This session will cover off-label use of IV ketamine and the FDA-approved esketamine for TRD. Presenters will be Dr. Gustavo C. Medeiros (Blood-based biomarkers of antidepressant response to ketamine and esketamine), Dr. Balwinder Singh (Metabolomic signatures of ketamine associated remission in treatment-resistant depression) and Dr. Jennifer Vande Voort (antianhedonic effect of ketamine and an in vivo increase in mTOR protein expression as a predictive biomarker for antianhedonic effect).

Everything You Wanted to Know About Digital Health Technology but Were Afraid to Ask

Chair: Sherry Ann Nykiel, M.D.

Presenters: Alena Alekseyevna Balasanova, M.D., Akiva M. Daum, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define digital health technology (DHT) and evaluate the uses of digital therapeutics such as mobile apps, mobile sensing devices and computer-based e-learning modules; 2) Analyze the research environment and evidence base for DHT and digital therapeutics; 3) Discuss the ethical, legal/regulatory, reimbursement and social concerns associated with the use of DHT; and 4) Identify how the use of DHT can improve access and treatment outcomes for mental health and substance use disorders.

SUMMARY:

Digital health technologies (DHT) have the potential to radically alter the landscape of medical treatment. According to a report from the Pew Research Center, 97% of Americans own a cell phone of some kind and 85% own a smartphone. In addition, approximately 75% own a desktop or laptop and about 50% own a tablet computer. While DHT was being both researched and marketed prior to 2020, the COVID-19 pandemic brought with it a dramatic and overnight shift in treatment provision which led to widespread use of telehealth and digital therapeutics. Funding for DHT more than doubled from 2020 to 2021, from \$14.9 billion to 29.1 billion, with mental health as the top funded disease category with a total investment of \$5.1 billion dollars in 2021. The use of DHT has increased access to treatment and has the potential to improve outcomes and help decrease stigma. Unfortunately, the demand for DHT has outpaced the research needed to prove these interventions safe and effective. This has led to clinicians making decisions about the use of DHT without the benefit of being able to study peer-reviewed literature and consensus-based guidelines. Further, many commercially available DHT lack supporting evidence with much of the research being conducted by those who stood to gain financially. To capitalize on the

potential benefits of DHT it is vital that these interventions are subject to the same rigorous approval process used for other treatments such as pharmaceuticals. With the prolific availability of mental health DHT psychiatrists must educate themselves about the different kinds of DHT and take the lead in advocating for rigorous, transparent and independent study of these interventions and work with lawmakers to assure that legislative mandates do not outpace what is known about safety and efficacy of these interventions. Ethical and legal considerations, particularly regarding sensitive patient health information must be address and perhaps most importantly, vulnerable and historically underrepresented populations must be considered and studied to assure that the use of DHT does not worsens already devastating healthcare inequities. Participants in this workshop will be introduced to a broad definition of DHT and provided with examples of digital health interventions including current research and evidence. Potential benefits as well as ethical, regulatory, reimbursement and social concerns will be introduced, and participants will brainstorm both potential solutions as well as how to advocate for the changes needed to assure that patients are using safe, effective interventions.

Evolving Controversies in Treating Gender Dysphoric Youth

Presenter: Jack Drescher, M.D.

Moderator: Sofia Elisa Matta, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify three current, differing treatment approaches for prepubescent children with Gender Dysphoria in Childhood; 2) Describe the controversies in the wider culture regarding the treatment of gender dysphoric children and adolescents and how they affect clinical practice and research; and 3) Prepare for appropriate treatments, consultations and referrals of children and adolescents with Gender Dysphoria.

SUMMARY:

The treatment of children and adolescents diagnosed with Gender Dysphoria (DSM-5-TR) or Gender Incongruence (ICD-11) has evoked both

clinical and cultural controversies. This presentation begins by defining some terms specific to this patient population. It then reviews both clinical and social controversies surrounding diagnosing and treating minors with GD/GI. Recent political, legislative and judicial events surrounding the treatment of transgender minors are discussed.

Exploring Cannabidiol's Efficacy in the Treatment of Alcohol Use Disorder, PTSD, and Traumatic Brain Injury

Chair: Michael Bogenschutz

Presenters: Michelle Jeffers, Esther Blessing

Discussant: Charles R. Marmar, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Evaluate CBD's effects on AUD-related study outcomes; 2) Evaluate CBD's effects on PTSD-related study outcomes; 3) Evaluate CBD's effects on TBI-related study outcomes; 4) Assess potential safety and efficacy of CBD as a treatment for AUD, PTSD, and TBI; and 5) Evaluate CBD's pharmacokinetic profiles in the three clinical trials presented.

SUMMARY:

Alcohol use disorder (AUD), post-traumatic stress disorder (PTSD), and traumatic brain injury (TBI) are some of the most common and debilitating psychiatric disorders, and frequently co-occur. Current pharmacotherapies, largely repurposed from other indications, do not reliably improve PTSD symptoms, AUD symptoms, or associated neurocognitive impairment in PTSD, AUD, or TBI and their comorbidities – highlighting the need for further targeted, effective pharmacotherapies for these specific disorders. Cannabidiol (CBD), a pharmacologically broad-spectrum non-psychoactive phytocannabinoid contained in cannabis, reduces anxiety, negative emotion-induced alcohol craving, post-traumatic stress symptoms, and neurocognitive impairment in animal models and human laboratory studies, holding promise for treating AUD, PTSD and/or TBI. To date, few clinical trials have been completed to test CBD's efficacy in these indications. This session will include three presentations, each presenting the results from one

of three double-blind randomized, placebo-controlled clinical trials (RCTs) conducted at NYU's School of Medicine, respectively testing CBD's efficacy in treating AUD, AUD comorbid with PTSD, and PTSD/PTSD comorbid with TBI. First, we will present findings of the AUD RCT in which CBD vs placebo was administered daily for 8 weeks (600 mg/day for 4 weeks; 1200mg/day for 4 additional weeks) to 28 participants with AUD. Outcomes included drinking-related outcomes, feasibility, and safety. Second, we will present findings from the AUD comorbid with PTSD RCT in which CBD vs placebo (600 mg/day) was administered daily for 6 weeks. Outcomes included drinking-related outcomes, PTSD-related outcomes, traumatic script induced craving, feasibility, and safety. In both the AUD and AUD+PTSD RCTs, resulting plasma CBD and THC levels, as well as neuropsychological domains were also assessed. Third, we will present preliminary findings from an ongoing RCT designed to test the efficacy and tolerability of CBD in reducing PTSD symptoms in a final number of 120 participants with PTSD or PTSD comorbid with mild/moderate TBI (50% each group). This three arm RCT is contrasting the effects of two CBD doses (400 mg or 800 mg) with those of placebo administered daily for a total of 8 weeks, with an adaptive dose design. Plasma CBD and THC levels, neurocognitive function, and neuroimaging and blood based biomarkers relevant to PTSD pathophysiology and CBD's known pharmacological actions are being collected at baseline and follow-up to identify potential predictors of PTSD symptom reduction. In review of the relevant study outcomes for these three clinical trials, the present session will focus on CBD's potential as an efficacious, safe treatment for those suffering with AUD, PTSD, and/or TBI, and will focus on the importance of precision medicine guided clinical trial design in improving the treatment of these disorders.

Exploring Fellowship Awards in Psychiatry: Opportunities Beyond the APA

Chair: Vikas Gupta, M.D., M.P.H.

Presenters: Brandi S. Karnes, M.D., Fiona D. Fonseca, M.D., M.S., Jeremy Chaikind, Samuel Wesley Jackson, M.D., Dwight E. Kemp, M.D., Caridad Ponce Martinez, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List important non-APA Fellowship awards for psychiatry trainees.; 2) Evaluate the fellowship experiences by examining firsthand accounts of fellowship experiences shared by fellowship awardees.; 3) Analyze the application process for non-APA fellowship awards and synthesize effective techniques to optimize the strength of their applications.; and 4) Review professional growth opportunities these non-APA Fellowship awards provide..

SUMMARY:

Fellowship awards are prestigious honors that are highly sought after in many fields of study, including psychiatry. While the American Psychiatric Association (APA) is a well-known professional organization that grants fellowship awards to psychiatry trainees, there are other professional organizations that also offer similar honors. These fellowship awards serve a significant purpose for professional growth of psychiatry residents and fellows and have different eligibility requirements and selection criteria. This session aims to provide an overview of some significant fellowship awards not granted by the APA. These awards include the Ginsburg and IMG Fellowship Fellowships offered by the American Association of Directors of Psychiatric Residency Training, PRITE and Laughlin Fellowships offered by the American College of Psychiatrists, GAP Fellowship offered by the Group for Advancement of Psychiatry, and Webb Fellowship offered by the Academy of Consultation-Liaison Psychiatry. These fellowship awards recognize residents and fellows with accomplishments in different domains: The George Ginsberg Fellowship acknowledges the excellence of outstanding residents interested in education and teaching. The Nyapati Rao and Francis Lu IMG Fellowship Program is designed to promote the professional growth of exceptional IMG residents/fellows and to facilitate their growth as leaders. The PRITE Fellowship accepts residents/fellows to the PRITE Editorial Board that creates the PRITE in service exams for psychiatry residency and child and adolescent psychiatry fellowship. The Laughlin Fellowship accepts fellows who are likely to make a significant contribution to the field of psychiatry. The GAP Fellowship is a

program for outstanding trainees to receive an opportunity to collaboratively work with leaders in psychiatry. The William Webb Fellowship Program fosters the career development and leadership potential of advanced psychiatry residents and C-L fellows. While the specifics of each fellowship award vary, they all provide recipients with valuable funding, recognition, and opportunities for professional development. Psychiatrists who are interested in pursuing these fellowships should carefully research the different options available to them and choose the one that best aligns with their goals and career path. Often, not enough information is available regarding these fellowships including firsthand information on the fellowship experiences. This session aims to improve that knowledge gap by providing a bird's eye experiential view of the fellowship experience from the perspectives of current and former awardees of these prestigious fellowship awards. The overarching goal of this session is to provide information to psychiatry residents and medical students interested in psychiatry about these important professional growth opportunities.

From the Front Lines of Trauma to the Front Lines of Medicine: Addressing Moral Injury in Healthcare Workers Through a Military Perspective

Chair: Bhagwan A. Bahroo, M.D.

Presenters: Chelsea R. Younghans, M.D., Adam Bumgardner, M.D., Zachary Brooks, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define the term Moral Injury, and the complexities involved; 2) Understand the relationship of PTSD and moral injury either as separate diagnoses or as a specifier; 3) Provide examples of the moral dilemmas healthcare workers encounter in their daily work, exacerbated by the COVID-19 pandemic; 4) Explore multidisciplinary treatment options using civilian and military approaches; and 5) Generate potential opportunities to prevent moral injury and explore prospective areas for change on a systemic platform..

SUMMARY:

At the crossroads of the two fields of medicine and combat, moral injury is abundant. Morality, differently viewed from ethics, is perceived as proper intentions, decisions and action as opposed to those that are improper. Andrew Jameton, Ph.D. initially conceptualized moral distress to describe the psychological conflict nurses experienced during ethical dilemmas in the hospital. Later Johnathan Shay, M.D. coined the term moral injury, popularized by Brett Litz, Ph.D. to describe the impact of war on service members. He noted that despite adequate treatment of the symptoms of PTSD, significant ongoing distress continues to linger in veterans. Though the term moral injury has a familial relationship with PTSD as well as similar origins, the presenters shall compare the two and discuss whether moral injury could be a specifier under PTSD or whether moral injury should have a separate categorization. Moral injury is being described in additional groups beyond service members and nurses and defined as harm done to one's conscience after witnessing situations that conflict with one's values. The rising incidence of moral injury in healthcare workers, particularly in the setting of ongoing struggles with COVID-19, combined with increasing suicide rates, necessitates a change on a massive scale. We are no longer bound to a leather armchair in a therapist's office and can attempt to tackle this new epidemic using a multidisciplinary approach. Since moral injury is not merely a one-dimensional construct, we must address spiritual, cultural, psychological, and biological needs. Using the operational lens of military psychiatry, we will discuss interventions that help prevent and treat moral injury on the front lines. While there are no formal guidelines in treating moral injury, we will explore lesser-known therapies including compassion-focused therapy, the emotional freedom technique, and the forgiveness interview protocol. We will express that implementation of principles utilized by Combat Operational Stress Control teams would enhance resilience, decrease stigma, and minimize barriers to care in civilian healthcare settings. We will also demonstrate how Traumatic Event Management training teaches medical professionals to implement interventions, which could limit lasting psychological damage. Finally, we will discuss ideas to move

toward the prevention of moral injury incorporating interventions discussed in the presentation into real life situations garnered from audience participation.

Global Community of Psychiatry

Chair: Dinesh Bhugra, M.D.

Presenters: Johannes Wancata, Robert Delfin Buenaventura, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) The components of GeoPsychiatry political and geographical determinants and its importance; 2) The impact of political, geographical, commercial, determinants on social determinants; 3) Becoming aware of the high comorbidity of mental and physical illness; 4) Learn about mental health conditions in the Philippines and understand the mental health impact of COVID-19 in the country.; and 5) Know strategies to deal with the current and upcoming demands for mental health services..

SUMMARY:

The role of social determinants on individual and population health especially mental health has been well recognised for a considerable period of time. These social determinants include poverty, poor housing, overcrowding, unemployment, lack of green spaces, poor transport etc. Often it is forgotten that these social factors are very strongly influenced by inter-national factors. GeoPsychiatry is the new discipline in psychiatry which looks at a range of factors which affect social determinants. factors. Geopolitical determinants are the key to public and individual mental health especially related to natural disasters such as recent earthquakes in Turkiye, floods and droughts and manmade disasters such as wars, conflicts etc as seen in Ukraine. These geopolitical determinants include impact of geographical, economic, political, commercial, digital, and cultural determinants on mental health but perhaps more importantly on how these factors influence social determinants. A huge number of studies have shown that a high proportion of patients with physical illness suffer from coexisting psychiatric disorders. Nevertheless, in the last 20 years numerous studies and reviews from different

countries revealed that people with mental disorders have higher rates of physical illness than the mentally well, and that their risk of premature death due to physical illness is increased. Schizophrenia has been investigated best, but excess mortality due to physical illness has also been found in other psychiatric disorders. The fact that such a high proportion of persons have physical as well as psychiatric illness shows that this is the normal case, but not an exception. Thus, this must be part of the regular treatment and care by psychiatrists. The idea that only some patients have a physical-psychiatric comorbidity needing so-called "psychosomatic" specialists beside psychiatric specialists ignores reality. When such a high proportion of persons have physical as well as psychiatric disorders, this must be part of the training of all psychiatrists. COVID-19 has transformed the face of Psychiatry over a very short period of time. Given the detrimental impact of the pandemic on mental health, it was foreseen that there are more difficult days ahead for Psychiatry. The rising public health burden of mental illnesses will inevitably exceed the capacity of psychiatric services worldwide and there will be a need to prepare not just psychiatrists but the country as well to deal adequately with the inevitable onslaught. People with pre-existing depression, anxiety, and other mental disorders are at risk of experiencing higher anxiety levels during the COVID-19 outbreak. They may require more support or access to mental health treatment during this period. This became a strong concern for mental health experts and maintaining good mental health has become even more critical at this time.

Healing Moral Injury, Developing Moral Resilience

Chair: Monica J. Taylor-Desir, M.D.

Presenters: Karen Meagher, Ph.D., Monica J. Taylor-Desir, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Summarize factors that drive moral injury/distress during public health emergencies; 2) Identify factors that increase likelihood of experiencing potential moral injury; 3) Evaluate current department, institutional, and professional society policies and practices supporting

resilience and recovery; and 4) Utilize moral and social theory as an approach to reframe moral questions related to professional identity.

SUMMARY:

COVID-19 has stretched the U.S. public health workforce to its limits. Importantly, the toll cannot only be captured in terms of mental health. In addition, some pandemic impacts have taken the form of *moral* harms. Mental health professionals have been called on for their experience and dedication despite decades of infrastructural decline, constrained resources, and even explicit political hostility to their expertise. This workshop will review the APA position statement on moral injury among healthcare workers during a public health care crisis and the APA Guidance document on Moral Injury during the -19 Pandemic and review factors that increase the likelihood of experiencing potential moral injury and distress. We will provide an ethical framework for thinking about moral distress and moral injury in psychiatric medicine with a specific focus on community psychiatrists and mental health professionals working in underresourced communities. The dynamics of the pandemic response that can exacerbate moral distress include social fracturing and emotional labor. A bioethicist will present a case highlighting challenges to providing optimal psychiatric care during the pandemic. Attendees will utilize the presenters' framework and their own lived experience to engage in multidisciplinary case analysis. Attendees will then examine current scales for measuring moral distress and professional fulfillment and consider the need for revision considering workforce pandemic pressures. Workshop attendees will build skills to critically examine social and institutional commitment to their wellbeing and identify resources to prevent burnout and promote resilience in their own practice.

Here Fishy, Phishy... Catfishing and Other Cyber Crimes Across the Ages

Chair: Rana Elmaghraby, M.D.

Presenters: Stephanie Alexis Garayalde, M.D., Caitlin Costello, M.D., Gabrielle Shapiro, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the impact cyberbullying, catfishing, and other internet scams can have on mental health across various ages;; 2) Feel comfortable prioritizing and addressing vulnerable patients' internet experience;; 3) Understanding the legal implications of internet scams;; 4) Screen for victims and perpetrators of internet scams;; and 5) Counsel patients and their caretakers about safe cyber interactions..

SUMMARY:

The internet has proven to be a wonderful tool to connect with others, share new ideas, find inspiration, and learn new things. People across all age groups have viewed it as a safe place to find like minded people, support systems, charities, and perhaps romance. However, the internet can have a dark side that we should all be aware of- it's the perfect place for crime, scams, and bullying. The lack of accountability, confusing laws (hate crime vs misdemeanor vs felony), biases about emotional pain not equating to physical pain, and so on, all enable these cyber perpetrators. As the physical world became more distant during the pandemic, the internet became more available. Prior to the pandemic, 93% of teens had internet access and 91% reported accessing online content from a mobile device. Furthermore, 4 out of 5 teens reported they used the internet "almost constantly" or "several times a day" (as cited by Polanin et al., 2022). With the pandemic, it is believed that internet use among teens increased significantly as schools relied on virtual learning. It is also believed that adults relied heavily on the internet for jobs, coping, and entertainment during this same time. It is known that mental health is strongly impacted by negative cyber interactions and scams. A rise in mental health crises during the pandemic shined the lights on problematic internet usage and increased cases of cyber perpetration and victimization- cyberbullying, catfishing, financial fraud, and so on. Youth victims of cyberbullying are at higher risk of developing depression, self harm, suicide attempts, substance abuse, and anxiety (Englander et al., 2017; John et al., 2018; Zhu et al., 2021). Elder victims of financial fraud and scams are at increased risk for mortality, poor physical and mental health outcomes, and

hospitalizations (Burnes et al., 2017). It is known that during the pandemic, the total amount of scams increased (Nolte et al. 2021). Despite this knowledge, internet use is rarely addressed in mental health appointments. In this presentation, we will expand on the most recent findings from the 2022 National Survey results and further explore another vulnerable group, geriatric population. We will discuss the impact of cyber victimization on the mental health of pediatric and geriatric populations, particularly in light of the pandemic. We will use polls, breakout groups, and a case presentation to explore our audiences' experience on this issue. We hope that by the end of the presentation, participants become more aware of the dangers youth and older adults face with internet use and the importance of setting time aside to discuss cyber interactions.

How to Provide Gender-Affirming Mental Health Care in a Clinical Setting

Presenter: Dan Karasic, M.D.

Moderator: Ron M. Winchel, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Integrate principles of providing gender-affirming mental health into clinical practice; 2) Incorporate guidelines for care of transgender patients with mental illness from the Mental Health chapter of WPATH Standards of Care Version 8 into clinical practice; and 3) Utilize knowledge of research on gender affirming care in providing psychiatric care for transgender patients..

SUMMARY:

Gender-affirming care encompasses the range of mental health and medical interventions that support transgender and non-binary people in living more comfortably in alignment with their gender identity. The principles of gender-affirming care are in alignment with those of cultural competence and humility of psychiatric care more generally. Gender-affirming care has faced political and social critics, but remains the model of care supported by mainstream mental health, pediatric, and medical organizations, including the American Psychiatric Association. There is a large and growing body of

research that supports the provision of gender-affirming care, which will be discussed as part of this talk. Providing gender-affirming care includes respectful treatment throughout the patient's visit to the office, clinic, or ward, and includes principles of respectful care that should be practiced by all clinical and other staff that the patient may encounter. In September 2022, the World Professional Association for Transgender Health released the Standards of Care Version 8 (SOC 8). SOC 8 provides updated clinical guidelines for gender affirming care for clinicians in mental health, primary care, and surgery as well as discussions of broad principles of gender-affirming care. The application of SOC 8 to the provision of mental health care will be discussed in detail, including its guidance on interdisciplinary care for patients seeking medical or surgical interventions, and the care of transgender and non-binary patients with severe mental illness and substance use disorders.

How to Safely Manage High Level Escalations: Applied Engagement Skills While Intervening in Crisis Situations

Presenter: Jose M. Viruet, L.C.P.C.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Evaluate the causes, traits, dynamics, and stages of a crisis.; 2) Develop skills of self-awareness as an essential tool to use for crisis de-escalation and co-regulation.; 3) Utilize new skills of nonverbal communication, active listening, and other techniques to avoid power struggles with individuals in crisis and promote an intervention that engages rather than enrages.; and 4) Identify strategies to get out of power struggles during times of escalation..

SUMMARY:

A crisis is disruptive by nature and can impact the people involved in different ways. Crisis can be sudden, unanticipated or unexpected, affecting one individual or an entire system of care. Crisis intervention or deescalation refers to a set of responses that can be implemented to avoid a potential crisis from occurring or lessen the impact caused by a crisis. These interventions are designed

to address the emotional, psychological, and social needs of the individual (s) involved in the situation and facilitate a return to the person (s) levels of functioning. This training aims to identify the traits and dynamics of the different stages of a crisis to help the responder develop awareness on how to best assist the individual in crisis and other individuals involved. The training will also highlight the importance of using the following skills: nonverbal communication, active listening, awareness of the power struggles, and engagement strategies.

I Am Assessing a Minor That Said He/She Will Shoot Its School. What Should/Can I Do?

Chair: Cristian Zeni, M.D., Ph.D.

Presenter: Parnaz Daghighi

Discussant: Vinay Kothapalli

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the frequency of school violence; 2) Recognize how identification of risk may lead to early interventions and prevention of mass casualties; 3) Identify resources for clinicians when assessing patients in emergency/inpatient/outpatient settings; and 4) Recognize the contrasts in course of action in the different US states and internationally.

SUMMARY:

Youth disclosure of an intention to harm others raises a difficult situation for providers, in which confidentiality, risk of violence and liability, and potential harm to the community all need to be carefully considered. Evaluation of threats of school shootings differ from other risk assessments in that youth who commit mass violence may not have a prior history of violence and when questioned may deny their intent. Evaluation of risk in youth threatening mass violence is a specialized investigation and may require the involvement of police and the school in question. Careful documentation from all parties involved should be required to aid in protecting against liability. There is no clinically validated profile for school shooters, so risk for violence should be assessed with the current comprehensive threat assessment protocols.

Furthermore, in these cases, the limits of provider-patient confidentiality are tested. The case that sets the standard on this issue is *Tarasoff v. Regents of University of California*, 551 P.2d 334 (Cal 1976). However, this is not applicable in all states which leads to confusion for healthcare providers when they consider their right or duty to warn. In such a case, it is up to the provider to consider the best course of action. HIPAA does not prevent providers from disclosing the necessary information to law enforcement if they believe there is imminent danger, but the provider should also consider issuing warnings in writing and documenting their clinical rationale. The lack of standard protocol, issues around legality, and unclear limits of privacy and confidentiality in provider directed interventions make difficult the management of these extremely important and life-threatening cases. We will present a case of a minor presenting to a child and adolescent psychiatry acute care unit where all the factors above will be discussed. A significant barrier was the patient primary diagnosis, which was selective mutism. We will invite the audience to revisit the decision-making process, the differences between our state laws, the participants state laws, limitations of providers, and present some tools to help in the management of these difficult situations.

I Think You're Muted: Diagnosing and Treating Catatonia Via Video Platforms in the Ambulatory Setting

Chair: Jane Richardson, M.D.

Presenters: Stephanie Susan Kulaga, M.D., Ashley Malka, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify challenges and benefits to treating catatonia over video visits.; 2) Reflect on which portions of various catatonia rating scales can be conducted remotely.; 3) Identify ways to augment sessions to obtain necessary information to assess catatonia; and 4) Describe how treatment must be altered when monitoring is conducted by telehealth..

SUMMARY:

Catatonia is a motor syndrome that is associated with various psychiatric and medical conditions

including bipolar affective disorder, major depressive disorder, schizophrenia, autism spectrum disorder, substance intoxication or withdrawal, encephalitis, and delirium. Though the presentation can be quite dramatic requiring inpatient stays to prevent malnourishment, pressure ulcers, and blood clots, in our practice it is frequently diagnosed and treated in the ambulatory setting. There is very little data available on treating catatonia in the clinic, including how frequently it occurs. Treating these medically and psychiatrically complicated patients became even more difficult with the covid-19 pandemic. Though psychiatry had steadily been increasing its use of telehealth in the last decade - it doubled in incidence between 2016 and 2019 - the catatonic patient would surely not have been the target audience. This obviously changed drastically in 2020 with the onset of the pandemic, and though most practices are seeing patients in-person again, many patients and their families have become accustomed to seeing providers over telehealth, saving them the expense and difficulty of getting to the clinic. As a result, the selection of which modality to use when seeing a patient, in-person or telehealth, is now just as dependent on the patient's (and patient's family's) desires as the clinician's. There is no doubt that catatonia is one of the most difficult psychiatric conditions to treat over telehealth given the need for a physical exam and the patient's lack of ability to interact. However, there are ways to make the diagnosis, treatment, and monitoring more effective. This workshop will present the case of a 17 year old female who was seen in a first-episode clinic who developed catatonia which was necessarily treated primarily over video due to the family's lack of transportation and the patient's impulsivity. We will use this example to describe how to tailor the physical and mental status exams to be conducted remotely, and how to obtain additional information from family. The treatment of catatonia is well-established to start with high-dose benzodiazepines, but we will discuss differences in titration and monitoring in this setting, as well as how to determine when a patient should be sent to an emergency room.

Identidad, Comunidad y Cuidado Mental Competente: Past, Present and Future of Mental Health Care in the LatinX Community

Chair: Felix Torres, M.D., M.B.A.

Presenters: Hector Colon-Rivera, M.D., Sebastian Acevedo, M.P.H., Bernardo Ng, M.D., Edmundo Ismael Rivera, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the social determinants of health affecting the LatinX population and their mental health.; 2) Appreciate the evolution of mental health care and treatment of the LatinX population.; and 3) Recognize the importance of culturally competent care in the delivery of mental health services to the LatinX community..

SUMMARY:

LatinX culture is as varied as the wide-ranging distances from the hot Sonoran Desert to the warm Caribbean beaches to the glaciers of Tierra del Fuego. While Latinos share a common language, national and regional differences exist. There are also variations in history, ancestry, heritage, race, ethnicity, beliefs, values, religion/spirituality, family dynamics, and cultural identity. In the United States, the LatinX population grew by 70 percent from 2000 to 2019, making it the second-fastest growing racial or ethnic group in the country. While representing 18.9% of the general population, only 4.7% of psychiatrists in the United States are of LatinX descent. Our panel will focus on the past, present, and future of mental health care in the LatinX community in order to gain an understanding of the evolution of the care and treatment of LatinX with mental illness through the lens of the social determinants of health affecting this minoritized population. What have we learned from the Past? What is happening at Present? What are the hopes for the Future? This session is presented by the APA Foundation.

Impact of the Environment on Adolescent Development: Findings From BIPOC Scholars in the ABCD Study START Program

Chair: Gayathri J. Dowling, Ph.D.

Presenters: Neo Gebru, Ph.D., Skye Bristol, Stacy Ryan-Pettes, Ph.D.

Discussant: Micah Johnson, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify factors mediating the relationship between paternal mental health and impulsive behaviors among youth; 2) Understand the interactions between race and family conflict as a risk factor in alcohol expectancy among youth; and 3) Describe the relationships between parenting behaviors and neighborhood risk factors on youth externalizing behaviors.

SUMMARY:

Solutions to constantly evolving substance use and mental health crises demand sustainable pipelines of elite investigators with a kaleidoscope of backgrounds, perspectives, and talents. However, there is a lack of diversity among researchers that hinders innovation. The greatest challenges faced by early-stage investigators, particularly those who are Black, Indigenous, or Persons of Color (BIPOC), include access to data, analytical training, and research support. To enhance diversity, equity, and inclusion among the next generation of neuroscientists, investigators with the Adolescent Brain Cognitive DevelopmentSM (ABCD) study recently piloted an intensive research education program titled “Scientific Training in Addiction Research Techniques (START) for gifted future investigators from historically underrepresented and underserved backgrounds” to equip BIPOC scientists to access, analyze, and disseminate data from ABCD study[®]. The proposed session will highlight work emerging from these scholars with a specific focus on environmental influences (i.e., family conflict, parenting practices, neighborhood risk) on adolescent behavior (i.e., impulsivity, externalizing behavior) and substance use (i.e., alcohol expectancy).

Improving Mental Health Care Outcomes in LGBTQ+ Populations: Challenges, Solutions, and Applications to the General Population

Chair: Christine Marchionni, M.D.

Presenters: Jerica Gerena, D.O., Olivia Danforth, M.D., Chris Gauthier, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand how epidemiology of mental health crisis in LGBTQ+ populations is intrinsically tied to societal/environmental/global events; 2) 2. Demonstrate an understanding that by increasing competency in improving LGBTQ+ mental health outcomes, this ability is transferrable to the greater population; 3) 3. Demonstrate an ability to collaborate with others by listening to their projects and collectively identify themes that come up as well as initiatives that work, and places to grow; 4) 4. Provide opportunities to network, share resources, motivation and ideas to improve mental health care quality; and 5) 5. Provide innovative and novel changes to protocols and procedures at respective institutions for improvements in patient care and outcomes.

SUMMARY:

As a minority demographic, LGBTQ+ individuals presently stand in tension between increasing societal acceptance and a sweeping international backlash. According to a Gallup poll in February 2022, approximately 20% of generation Z openly identifies as LGBTQ+, a rate twice that reported in millennials. Contemporary research by the CDC has found that a staggering 20% of LGBTQ+ youth attempted suicide in the last year alone. These facts stand against a backdrop of increased social and personal opportunity for LGBTQ+ individuals contrasted by political and social efforts to constrain the autonomy, dignity, and human rights of such persons. This contemporary context of the LGBTQ+ community has generated a wealth of research and insight into the influence of a range of experiences on the likelihood of suicide and suicidal ideation and opportunities for improved mental health outcomes. Providers in mental healthcare must familiarize themselves not only with the specific needs of minority populations, but with how those needs reflect on general human welfare and human psychology. Through understanding dynamics of relevance to LGBTQ+ persons with respect to

suicidality, further insight and innovation in suicide prevention is possible. To grasp this however, we must look upstream from the emergency event of suicide attempt. We introduce the topic of LGBTQ+ quality improvement in healthcare specifically as relevant to suicide prevention and improving overall outcomes in psychiatric care. The presenters have extensive personal and professional experience with LGBTQ+ populations. We will review mental health epidemiology and identify barriers to mental healthcare for LGBTQ+ individuals. Case studies will include scenarios such as hormone access and gender-affirming prosthesis use on a psychiatric unit at St. Luke's University Health Network in PA as well as through family practice in rural OR, and others. There will be opportunities for interactive collaboration, learning through role play, didactics and skills-based practice. Finally, we will come full circle to elucidate and solidify an understanding that caring for marginalized/legally vulnerable populations promotes healing of all populations that suffer from mental health disorders.

Improving the Quality of Mental Health Care: Lessons from Collaborative Care to Inform Future Psychiatric Practice

Presenter: Anna Ratzliff, M.D., Ph.D.

Moderator: Farah Zaidi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List the evidence base for the Collaborative Care Model; 2) Name the core principles of Collaborative Care; and 3) Discuss how core Collaborative Care principles inform future psychiatric practice.

SUMMARY:

Providing high quality psychiatric care increasingly requires psychiatrists to optimize their care through a variety of strategies. This presentation will draw on the principles of the evidence-based Collaborative Care model to discuss clinical approaches that may be helpful to inform the practice of psychiatrists working in a variety of settings. This presentation will overview the development of and evidence base for the Collaborative Care Model. The five core principles of Collaborative Care will be reviewed

including: Measurement Based Treatment to Target, Team-Based Patient Centered Care, Increasing Access to Effective Patient-Centered Treatment, Measuring Quality for Accountable Care and Population-Based Care. Each of these core principles and the lessons to be learned from them to address the mental health crisis will be discussed. These principles are helpful for all psychiatrists, even those not practicing in integrated care, to have the most positive impact on our patients and communities.

Innovating Chalk Talks 3.0: Incorporating Virtual Learning Platforms to Improve in-Person Learning

Chair: Paul Riordan

Presenters: Miles Christensen, Bryan Lao, Jordan Broadway

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to compare the costs and benefits of adding digital resources to in-person chalk talks, for both patients and/or peers.; 2) At the conclusion of this session, the participant will be able to list 3 digital resources that can be implemented for in-person chalk talks.; and 3) At the conclusion of this session, the participant will create an original chalk talk utilizing innovations from virtual learning environments..

SUMMARY:

With increasing technological advancements, the interface between deliberate educational delivery and patient communication is more dynamic than ever. The future of mental health is reliant upon the deliberate and focused training of psychiatry trainees, to prepare them for an evolving landscape of patient interactions. An essential tool of providers is the ability to construct and deliver effective educational materials, for trainees, other clinicians, and our patients. This is often done with bite-size learning that is epitomized by the "chalk talk". Through the real time creation of visual concept maps, chalk talks facilitate interactive discussion in a variety of learning environments. By mastering this skill, providers and trainees are well-prepared to engage with other learners, peers, and patients as they discuss research, clinical paradigms, and other

academic concepts. Over the course of the COVID-19 pandemic, chalk talks were often delivered over digital platforms requiring new technological resources. Clinical providers shifted to virtual models and became well-acquainted with digital interactions. As clinicians move back to in-person chalk talks and patient interactions, the incorporation of these digital platforms into in-person teaching and virtual visits can be used to strengthen communication and the transfer of knowledge. In this workshop we aim to guide participants in the creation of innovative and effective chalk talks using lessons learned from virtual teaching/presentations. Participants will be provided with a generalizable model, as well as a project outline for adapting digital media to chalk talks. Learners will work collaboratively, and have the opportunity to learn from and be inspired by peers within breakout groups. By the end of this workshop, participants will be able to utilize these skills to create a digital chalk talk suitable for any teaching or clinical environment.

Innovations in Community-Based Mental Health Interventions Within and Beyond the Military

Chair: Jerry Trotter, M.D.

Discussants: Monica D. Ormeno, D.O., Sebastian R. Schnellbacher, Eric G. Meyer, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the community-based mental health care within the military, to include provider roles and special care considerations; 2) Discuss mental health approaches to maintaining a healthy and resilient community; 3) Describe interventions aimed to improve mental health equity and reduce barriers to care; and 4) Discuss the differences in community-based mental health approaches within and outside the military.

SUMMARY:

Public mental health approaches serve many critical roles that help improve engagement and access to mental health resources. Engaging with community stakeholders is an essential part of public mental health and community-based practices by helping identify and address barriers to care and improve

care equity through fostering culturally competent interventions. Public mental health aims to improve mental health outcomes but has the opportunity to also foster resiliency with the community in a preventive manner. In this session, participants will learn of the public and community-based mental health approaches within the military and non-military communities. Our first presentation will discuss community-based mental health interventions in the non-military population. Participants will learn about past and current public mental health practices, their limitations and successes, and opportunities for future innovation. Both presentations will review the strategies to learn and maintain the competencies and capabilities of community-based providers, such as through serving in leadership and policy positions. Our second presentation will be an overview of the diverse roles of military psychiatrists in public mental health and community-based interventions across the Navy, Army, Marine Corps, and Air Force. Participants will learn about the special role of an embedded provider in maintaining the mental health of a community, reducing barriers to care, leading preventative programs, and engaging with community stakeholders. The audience will also learn about the education and skills needed to successfully serve in this role. This session will be interactive, giving participants an opportunity to interact through questions that facilitate self-reflection on their clinical practice and how to implement strategies discussed in the session that improve the care of the patients. Participants will also have the opportunity to interact with the panel to collaboratively discuss the application of these interventions to their clinical scenarios. Community-based mental health approaches play an important role in providing care to our patients, fostering stability, and enhancing the health and well-being of members within the community. It is hoped that through participating in this session, audience members will be able to better identify new opportunities to improve equitable care outcomes for their patients.

Innovations in Improving Access to Mental Health Care for Frontline Healthcare Clinicians

Chair: Gaurava Agarwal, M.D.

Presenters: Mary Moffit, Ph.D., Christine Yu Moutier, M.D., Nathalie Dougé, M.D., Linda Bresnahan

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understanding a framework for various aspects of mental health care that can be improved for healthcare clinicians; 2) Understanding innovative approaches that health systems and programs are implementing to offer an array of mental health services and supports that address clinicians with mental health care needs; and 3) Understanding the change management process in implementing system updates that improve mental health care services.

SUMMARY:

The COVID-19 pandemic has profoundly impacted frontline healthcare workers with many experiencing crisis level rates of anxiety, depression, suicidality, trauma, and substance use. Unfortunately, healthcare workers are not accessing the mental health care they need when they need it. The urgency in improving access to mental health care could not be greater. During this session you will hear firsthand from hospitals and health systems that have improved access to mental health resources for their frontline healthcare clinicians, including the change management and implementation strategies that have allowed these innovations and programs to be successful. This session is presented by the APA Foundation.

Innovative Versus Inappropriate: Examining a Psychiatrist's Role to Support Mental Health in a Politically Divided Society

Chair: Mira Zein, M.D., M.P.H.

Presenters: Diana Robinson, Adrienne Taylor, Abhisek Khandai

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply principles of social justice and structural competency to psychiatry in the setting of current political climate; 2) Critique and explore psychiatry's role in patient advocacy and reducing mental health inequity; 3) Encourage trainees and faculty to examine policies from a

structural competency lens in order to address the ramifications on patient mental health; and 4) Explore how mental health professionals can motivate an innovate policy change with their role as subject matter experts.

SUMMARY:

Psychiatrists increasingly recognize how structural factors can negatively impact individuals' psychiatric outcomes (1). The political structures at local, state, and national levels are a key contributor to structural vulnerability for patients (1,2), and recent laws passed in the United States have the potential to increase health inequities and impact mental health on a larger scale. The political climate has been shown to impact the public's attitude and choices when it comes to obtaining mental health care, and towards mental health policies (3). However, when healthcare professionals take more public stances on social justice concepts or engage politically, there can be pushback both from other clinicians and from the broader community (4). This workshop will challenge attendees to consider what is a psychiatrist's role in the context of recent policy developments. The goals of the workshop are to: 1) Motivate mental health professionals to be aware of current political issues and to understand the multi-factorial impact these issues have on mental health through a structural competency lens 2) Critically examine a psychiatrist's role as a thought leader and subject matter expert in order to innovate clinical and policy change 3) Collaborate as a group on how to provide appropriate clinical care when political changes impact patient mental and physical health. During this session, we will first review key policies across the country enacted since 2019 that have the potential to worsen mental health for already vulnerable groups of people, including policies on gun control, women's health, and LGBTQ rights including access to gender-affirming care. We will then present a series of clinical cases that have direct relevance to these policies and examine them from a social justice perspective. Dividing into small groups, we will dive deeper into these cases and discuss how 1) the clinical cases interact with policies, 2) how psychiatrists should collaborate with patients and providers around clinical care in the context of these laws and 3) what is the role of a psychiatrist from a structural intervention and advocacy perspective.

Education around structural competency concepts will be woven into the small group discussions. The larger group will then utilize conclusions from the small group conversations to inform a debate as to where along the political spectrum CL psychiatry should fall. Lastly, we survey the audience using audience response technology to gauge final opinions at the end of the session and changes that participants may engage in moving forward

Inspiring Motivation and Collaboration Through Social Justice Education in the General Hospital

Chair: Diana Robinson

Presenters: Adrienne Taylor, Abhisek Khandaj, Mira Zein, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply principles of social justice and structural interventions to acute psychiatric care settings (consultation-liaison psychiatry, ED psychiatry, and inpatient psychiatry); 2) Critique common acute psychiatric interactions from a social justice perspective; and 3) Develop informal and formal curricula for teaching social justice in acute psychiatric settings.

SUMMARY:

Psychiatrists increasingly recognize how structural factors can negatively impact individuals' psychiatric outcomes (1); accordingly, recent efforts have been made to incorporate social justice principles into medical school and residency education (1,2). However, social justice education has not been highlighted in the acute psychiatric clinical settings (consultation-liaison (C-L) psychiatry, inpatient psychiatry, and ED psychiatry). Indeed, we believe that acute psychiatric settings C-L psychiatry is the setting best suited to apply social justice principles to trainees in the clinical settings, given its embedded role within the general medical system. The acute psychiatric services lend themselves to provide a foundation in trainee education due to being typically scheduled for early exposure in the PGY1 and PGY2 years and reinforcing many clinical milestones. This workshop will challenge attendees (with particular focus on medical students, residents, and fellows) to reframe acute care psychiatry from a

social justice perspective. First, we will provide an overview of important terms in social justice with a focus on structural interventions and the structural levels to target. We will also discuss how these can be applied to psychiatric care of medically complex individuals. We will critique common acute care psychiatry interactions through a series of case discussions and examine them from a social justice perspective, finding opportunities for teachable moments for trainees. In small groups, we will dive deeper into these cases and discuss the specific relevance of social justice to care of specific medically complex populations. Finally, we will discuss ideas for informal and formal curricula for enhancing social justice competency in the acute psychiatric setting, from ad hoc discussions following patient interactions to formal didactics and quality improvement projects that are currently in practice at different academic institutions. We will wrap up the workshop by surveying the audience using audience response technology. We aim to re- envision acute care psychiatry, through a social justice lens, as a transformative tool for reducing inequity.

Integrating Patients? Work Identity Into Practice: The Military as an Exemplar in How It Cares for Military Service Members, Veterans, and Families

Chair: Walter J. Sowden, Ph.D.

Presenters: Sean Wilkes, M.D., Natalie Picciano, M.D., Jazmin Scott, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the importance of work, work identity, and how critical elements of these may inform both the diagnosis and treatment of mental health disorders.; 2) Assess the degree to which a patient identifies with their work and defines their self-concept in respect to their work as it applies to their diagnosis and treatment.; 3) Incorporate a patient's work and work identity into their diagnostic interviews and treatment plans.; 4) Appreciate the unique characteristics of the military occupational context and the centrality of military identity when diagnosing and treating military service members, veterans, and family members.; and 5) Optimize therapeutic alliance, patient

satisfaction, diagnosis, and treatment for military service members, and family members by identifying, assessing, considering, and incorporating the m.

SUMMARY:

Work, also known as one's job, occupation, vocation, career, or profession, is a major part of our lives (Blustein, 2019). U.S. adults spend a majority of their waking hours working and work influences all aspects of well-being (Giattino et al., 2020; Jahoda, 1982; Rosso et al., 2010). Work, as with any social endeavor (e.g., interpersonal relationships, group membership), can be a double-edged sword. Work provides us with financial, psychological, and social benefits, but also precipitates illness, trauma, and suffering (Gallagher et al., 2015; Jex, 1998; Paul & Moser, 2009). *Work identity*, the degree to which an individual's self-concept is defined by their work, is a key mechanism that influences the relationship between work and wellbeing (Skorikov & Vondracek, 2011). Recent estimates show that one in two adults diagnosed with a serious mental health condition is employed (Luciano & Meara, 2014). Adults with psychiatric disabilities who work and develop adaptive work identities have better mental health outcomes than those who don't (Milner et al., 2022). Moreover, work has been identified as therapeutic for individuals diagnosed with mental illness (Provencher et al., 2002). There is a multitude of work. Each possesses its own idiosyncratic set of characteristics. The military is the prototypical *high-risk occupation* characterized by high levels of dynamism, demand, and danger (Sowden et al., in-press). To guard against the trials and tribulations of military service, military service members are institutionalized via an intense socialization process intended to inculcate a sense of resilience, honor, and esprit de corps (Adler & Sowden, 2018). This unique acculturation has the potential to create a uniquely strong sense of work identity (Lancaster & Hart, 2015; Migliore & Pound, 2016). However, this *military identity* can vary based on the individual's unique interaction with the *military occupational context* (Meyer et al., 2022). Military psychiatrists are trained and developed to systematically identify, assess, and incorporate the service member's military identity into their therapeutic practice. Using military psychiatry as a generalizable exemplar, we

will describe and demonstrate how military psychiatrists use evidence-based tools to systematically diagnose and develop occupationally sensitive and personalized interventions for their *military-related patients* (*military service members, veterans, and family members*) centered on thinking patterns and behavior associated with military identity. The usefulness of this session is two-fold. First, civilian psychiatrists can use this information to better serve their military-related patients. Second, psychiatry-as-a-whole can apply this knowledge to improve the assessment and treatment of all working adults suffering from psychiatric disorders. Disclaimer: The views expressed are solely those of the presenters and do not reflect the official policy of any part of the U.S. Government.

International Medical Graduates: Trends, Trials and Tribulations

Chair: Raman Marwaha, M.D.

Presenter: Saul Levin, M.D., M.P.A.

Discussants: Vishal Madaan, M.D., Tanuja Gandhi, M.D., Manal Khan, M.D., Zeeshan Nisar Ahmed Mansuri, M.D., M.P.H., Muhammad Zeshan, M.D., Narpinder K. Malhi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Highlight the significance and contributions of International Medical Graduates (IMGs) to psychiatry in the United States (US); 2) Enhance our understanding of the unique challenges faced by IMGs; 3) Discuss actions that the APA can take to increase retention and participation of IMG members in the APA; and 4) Consider actions that the APA can take to support aspects of career development for IMGs.

SUMMARY:

Background: International Medical Graduates (IMG) are a heterogeneous group of physicians who have completed their medical schooling outside the United States (US). Based on their nationality and citizenship, IMGs can either be non-US IMGs or US IMGs. IMGs constitute a significant part of the US healthcare workforce. IMG physicians constitute 23% of all physicians. In psychiatry, IMGs represent 30% of all the psychiatrists in the US. IMGs represent

about 27% of the membership at the American Psychiatric Association. IMGs play a significant and unique role in the delivery of mental health services in the US. IMGs are more likely than their US Medical Graduate (USMG) peers to treat patients who are ethno-racial minorities, publicly insured, or severely mentally ill. IMG physicians also represent an ever-growing diverse immigrant population in the US. However, IMG physicians face considerable challenges and rely on their unique strengths during the course of their career development. The impact of the pandemic on IMGs was felt even more severely given issues related to recruitment into the US workforce, visa and travel delays. Considering the impact of IMGs on psychiatric workforce and subspecialty recruitment, the APA constituted a workgroup to better understand the unique strengths and challenges related to IMGs, and to provide recommendations to address their unique needs. During this presentation, using an interactive format and panel discussion, we will highlight several of these aspects and engage in dialogue with the audience. **Methods:** Given the significance of IMGs in the delivery of mental health services in the US as well as subspecialty recruitment, and trends indicating a sustained downward slope in IMG recruitment, the APA created a work group to better understand practical measures to support the IMGs. A needs assessment survey along with creation of an updated resource guide and recommendations to enhance IMG engagement within the APA will be discussed. Both didactic and interactive methods along with small group and large group engagement will take place. **Conclusion:** IMGs play a significant and unique role in the delivery of mental health services in the US. IMGs face special challenges and rely on distinct strengths to navigate the healthcare system in the US. A variety of measures, including those related to increased access to observerships, fair and meritocratic recruitment methods, and immigration related legal support will help IMGs in their career development. APA has opportunities to improve member satisfaction by providing support, advocacy and mentorship to IMGs.

Lights, Camera, Action! Creating a Short Film to Put Asian American Mental Health in the Spotlight

Chair: Elizabeth Ma, M.D., Ph.D.

Presenters: Joseph Wong, M.D., Jessica Chen, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand more about the opportunities available with the APA SAMHSA Minority Fellowship Program; 2) Discover how to create a short film and use it as a vehicle to spread awareness about mental health and outreach to underserved communities; and 3) Learn about cultural considerations to be aware of when addressing mental health treatment with Asian Americans (from both a pharmacologic and psychotherapeutic standpoint).

SUMMARY:

Asian Americans currently make up about 7.2% of the US population (24 million people, per the 2020 US Census) and are one of the fastest growing ethnic groups in the US. Despite this, Asian Americans are the least likely to utilize mental health services, even with a previous diagnosis, and often present with more severe and/or chronic illness when they do access care. These delays in seeking treatment have been attributed to stigma and shame, cultural beliefs and linguistic barriers, lack of knowledge about treatment options, and other sociodemographic factors, such as migration stress or issues with the model minority myth. In addition, there is often a generational gap between the immigrant generation and their Asian American progeny. One way to combat these barriers is through awareness and education. With the rise of both traditional and social media, mental health is becoming a topic that is more acceptable to speak up about. Films can also highly influence a viewer's values, opinions, and perceptions about themselves and others. However, depictions of mental health in films are still frequently sensationalized or inaccurate, or worse, psychiatrically insensitive, causing more harm. Furthermore, there is a lack of representation of Asian Americans in films, and when included, often fill the same, stereotyped roles. There are thus almost no accurate, psychiatrically-minded portrayals of Asian Americans with mental health issues in the film industry. Through the opportunity provided by the APA SAMHSA Minority Fellowship Program (MFP), a short film was created to address this gap – to raise awareness and help open up discussion

about mental health in the Asian American (and particularly the Chinese/Taiwanese American) community. This session will provide information about the MFP and creation of the project, a screening of the short film, and discussion about how each scene was crafted for a specific mental health or cultural educational purpose. The session will also introduce common sociocultural values and how they may contribute to the challenges these communities face in addressing mental health. Participants will then learn how screenings of the film were utilized as a vehicle to outreach and educate local communities, and to connect them with local mental health resources. This session will also review the most up-to-date treatment considerations for this population, including differences in metabolism for pharmacotherapy, as well as cultural considerations for psychotherapy, both from the literature and from speakers' lived experiences. The goal of the session is to teach mental health professionals to offer better access and more nuanced care to their Asian American patients and communities. As such, participants will also be shown samples of the informational handouts provided at the film screenings, and will be given ample time to discuss/ask the speakers questions about film creation, outreach, and treatment of Asian Americans.

Look Who Came to Treatment Team: Threat Management and Working With Federal Agencies to Manage High Risk Patients

Chair: John S. Rozel, M.D.

Presenters: Jennifer Cohen, Ph.D., Karie A. Gibson, Ph.D., Ronald Schouten, M.D., J.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Distinguish threat management from usual care in managing potentially violent patients; 2) Interpret information sharing rules under HIPAA as applied to coordination with law enforcement; 3) Identify opportunities for partnership with local and federal stakeholders in targeted violence and terrorism prevention; 4) Consider opportunities for grant funding to develop threat management programs; and 5) Analyze ethical

issues in engaging with law enforcement in the management of high risk patients.

SUMMARY:

Over the past generation, there have been substantial increases in mass attacks, active shootings, and threats of violence. While most violence is not caused by psychiatric illness or people with psychiatric illnesses there remains, nonetheless, a substantial intersection between people at risk for these serious acts of violence and the patients we see in clinical practice. One tool to improve care for these patients and reduce risks of violence is behavioral threat assessment and management. BTAM is a multidisciplinary, evidence based model where clinicians, law enforcement, and other stakeholders and subject matter experts work to develop interventions to help people on a pathway to violence shift towards a pathway to recovery. Research has shown that this approach is not only effective This presentation will explore how law enforcement in general – and specific resources from the Federal Bureau of Investigation and Department of Homeland Security – can support clinical teams and programs working with high risk patients. This workshop will feature the perspectives of experienced clinicians and subject matter experts who will discuss resources, experiences, and most importantly to explain how the call from law enforcement or the FBI about a patient may actually lead to substantially improved understanding of and care for patients. The workshop will be led by experienced psychologists and psychiatrists with a number of different roles including with the FBI's Behavioral Threat Assessment Center and the Department of Homeland Security's National Threat Evaluation and Reporting Office. Guidance on what HIPAA does and does not allow – and how collateral information from law enforcement sources can provide unexpected insights into the lives of patients that treatment providers may be otherwise unaware of. Opportunities for formal and informal partnerships including funding opportunities for program development will be discussed.

Making "Good Trouble" in Psychiatry: Creating More Equitable Systems of Mental Health Care (in the Spirit of US Representative John Lewis)

Chair: Cynthia Turner-Graham, M.D.

Presenters: Topaz Sampson-Mills, Jonathan Joel Shepherd, M.D., Ja'Nelle Maxine Blocker, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appraise American psychiatry's impact on the identity formation of both care providers and patients; 2) Acquire the tools to more readily and accurately identify the non-therapeutic ways that America's history enters the psychiatry consulting room.; 3) Increase awareness of the derivatives of their own culture and the ways they have internalized and assigned relative value to certain groups over other groups, thereby decreasing therap; 4) Have a better understanding of generally untapped community resources available to improve mental health outcomes and decrease risk of mental illness.; and 5) By the end of the presentation, the attendees will be equipped with two concrete tools to move toward replacing disabling.

SUMMARY:

America is in the midst of an "identity crisis" with palpable tentacles impacting America's mental health care delivery system. Until recently, this crisis was largely hidden beneath a denial of the truth about our collective past, as though our past and present are not connected. This denial is reflected in our psychiatric practice, as we are products of our respective worlds that often do not intersect with those of our patients. Consciously or unconsciously, we bring these experiences into the consulting room. There, we all make value judgments, such as providing differential access to research-based care, criminalizing mental illness-driven behavior, or allocating limited mental health resources based on our cumulative life experiences. Henry Faulkner once said, "The past isn't dead and buried. In fact, it's not even past". We have developed this session to make meaningful connections between our shared history as American psychiatrists - albeit from different vantage points and perspectives - and the impediments to achieving a genuinely equitable mental health care system. There will be

presentations by three psychiatrists - a senior, a mid-career, and a fourth-year chief resident. They will explore how identity, community, and transcultural competence have converged to create the wide gaps in access and quality of mental health care in America. We will end with a review of successful interventions and ways we can become effective change agents and advocates for more just and equitable care within and beyond the systems we navigate. This session is presented by the APA Foundation.

Maximizing Vaccinations Against Pulmonary Infections in Patients With Serious Mental Illness: A Multi-Pronged Approach in Mental Health Settings

Chair: Oliver Freudenreich, M.D.

Presenters: Oliver Freudenreich, M.D., Carol S. Lim, M.D., M.P.H., Manjola Ujkaj Van Alphen

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) - Provide three examples of how clinicians can help reduce pulmonary mortality in patients with serious mental illness; 2) - Appreciate the importance of psychiatric providers' involvement in vaccination campaigns to prevent deaths from pulmonary infections in patients with serious mental illness; 3) - Understand the importance of the electronic medical record as a vaccination monitoring tool; 4) - Appreciate the operational and financial feasibility of implementing mobile vaccine clinics (MVCs) in community mental health settings for both patients and staff; and 5) - Describe how MVCs in mental health settings are preferred by many groups, promoting inclusion of minority groups such as Black or African American patients and staff.

SUMMARY:

In this workshop, we will argue that psychiatrists should take a leadership role in promoting vaccines against pulmonary illnesses for patients with serious mental illness (SMI). While the past two decades have emphasized cardiovascular disease prevention in this patient group, Covid-19 has forced us to reconsider our priorities given increased mortality from Covid-19 in patients with SMI. We will use a case study approach with ample time for discussion

to make the case for two basic premises: 1) reducing mortality from pulmonary infections in patients is the next frontier, and 2) psychiatrists must become leaders in vaccination efforts to reduce vaccine-preventable pulmonary illnesses like Covid-19. Psychiatrists are trusted healthcare providers who are well prepared to assess vaccine attitudes, provide vaccine education, and nudge and help overcome obstacles towards vaccination. Dr. Freudenreich will set the stage by introducing pulmonary mortality as a cause of concern for patients with SMI. Dr. Lim will then describe how our community mental health clinic succeeded in vaccinating nearly all our clozapine patients once Covid-19 vaccines became available. Finally, Dr. Van Alphen will describe how she created mobile vaccine clinics (MVCs) to reach other patient groups and staff members, including from minorities, and to facilitate access to booster shots in our larger mental health organization. MVCs are a critical piece in a multi-pronged approach to reach populations that may not otherwise get vaccinated. MVCs are feasible and sustainable. During the discussion, participants can learn from each other what worked and what did not work to maximize Covid-19 vaccination rates in their institutions. Finally, we hope this workshop motivates participants to become vaccine ambassadors in order to reduce pulmonary mortality in patients with SMI.

Mental Health Professionals' Role in the Criminal Justice System: How to Be an Agent of Change

Chair: Michael K. Champion, M.D.

Presenters: Alicia Barnes, D.O., M.P.H., Damon Johnson, Cotton Walker

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) State 3 key statistics that frame the scope of the criminalization of mental illness in the United States.; 2) State one improvement that could change the trajectory of a community member with SMI.; 3) State one way a judge can be an agent of change within this current system.; 4) State one way a psychiatrist can be an agent of change within this current system.; and 5) Explain one program that the APA Foundation is directing to make an impact in this area..

SUMMARY:

Each year in the United States an estimated 2 million community members with Serious Mental Illness are booked into our local jails. A frayed safety net of community mental health supports contributes to challenges in accessing care. Adequate investment in building community resources has been historically lacking. Jails and prisons in 44 states now house more community members with mental illness than the states' largest psychiatric hospital. A collaborative effort from justice, mental health, and community members with lived experience is needed to envision, design, and implement a more effective mental health system. Join experts in these fields as they discuss how mental health professionals can play a significant role as agents of change to create the ideal system of care in response to these challenges and further the goal of decriminalizing mental illness. This session is presented by the APA Foundation.

Mental Health Repercussions of Migration in the Americas (Part 1)

Chair: Bernardo Ng, M.D.

Presenters: Jacqueline Cortes, M.D., Juan Andres Gallego, M.D., M.S., Mysore S. Renuka-Prasad

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Analyze the social factors that trigger migration and displacement, and their contribution to mental illness.; 2) Critically current data regarding mental health outcomes of Hispanic immigrants in the U.S. and Canada.; and 3) Differentiate clinical needs between migrant and non-migrant populations..

SUMMARY:

In the first of this two-part symposium, presenters will talk about the mounting numbers of migrants, asylum seekers, and displaced individuals and families that have become a trademark in the 21st century, in north America. Migrant populations arriving to the United States (U.S.) and Canada, who are mostly from Hispanic countries have overwhelmed the existing systems. Most people taking part in these movements are escaping

conditions of poverty, insecurity, violence, hunger, and distress, which are all determinants of mental and physical illness. At the same time, this migration moves have split and created diverse emotional reactions in the host communities, with manifestations both approving and condemning such movements. Hispanics represent the largest and youngest minority, estimated in 54 million (17% of the nation's population) in the U.S. Furthermore, 35% of Hispanics in the U.S. are foreign born and constitute half of the total foreign-born population. There are 11-million undocumented immigrants, and Hispanics make up three fourths of them with 60% being from Mexico alone. Dr. Gallego will present why these migrants come to the U.S., their acculturation issues, and the Hispanic paradox, as well as the pre-migration and post-migration determinants of health. Risks associated with the migration journey, the role of sanctuary cities, and their impact in overall health and mental health outcome data will be presented. Dr. Prasad will talk about how immigration status is itself a determinant for health in Canada. Data proposing that migratory status, or rather lack of it, adds to the stigma of mental illness among migrants and promotes marginalization. Evidence about how migratory status causes a delay in seeking healthcare services, for conditions such as depression, sleep, posttraumatic stress, anxiety, substance use disorders, and suicidal ideation will be presented. Dr. Cortes will talk about how Mexico is not only a source, but also a country of transit for migrants from other Hispanic nations, which grew into a significant issue in 2020 when U.S. president invoked "Title 42", due to the COVID-19 pandemic broke. Title 42 is a part of U.S. law that deals with public health, social welfare, and civil rights. It gives government the ability to take action to keep communicable diseases out of the country. Dr. Cortes will talk about how it kept thousands of migrants in Mexico, where a network of shelters has developed to provide a place to sleep, eat, and receive medical and psychological services. Some of the main objectives are to help the migrant understand the importance of taking care of their mental health, as well as to help them know their rights to receive health care and seek for care proactively. This symposium includes a space for discussion with attendees about the role psychiatrists play when

they encounter themselves treating migrants, especially since a judge ordered government to stop using Title 42 since December 2022.

Mental Health Repercussions of Migration in the Americas (Part 2)

Chair: Bernardo Ng, M.D.

Presenters: Thelma Sanchez, M.D., Rodrigo Cordoba, Santiago Levin

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Integrate the historical background of political and social events in Latin America in the evaluation of migrant patients; 2) Differentiate patients' unique health determinants according to their migratory status; 3) Incorporate the historical trajectory of migrant patients into the clinical scenario; and 4) Distinguish the mental health needs of Latin American migrant youth.

SUMMARY:

In the second of this two-part symposium, presenters will go over Latin American historical roots of this inevitable, global, and constant phenomenon of migration, and its impact in mental health. It is estimated that 1% of the global population are migrants, and the transit to their destinations is frequently dangerous and void of civil rights. Dr. Levin will remind us how since the 1970's several countries in South America (i.e., Chile, Uruguay, Argentina) suffered domestic terrorism emanating from military dictatorships that persecuted, repressed, disappeared, and murdered thousands of students, workers, and professionals, who did not believe in the imposed regime. Consequently, an estimate of over one-million people went into exile to different countries (i.e., Venezuela, Mexico, Brazil, Spain), from where, some of them eventually returned. Upon such return, those that initially left as children, went through a process of reintegration, which brought on its own mental health demands and challenges. Decades later, other countries in Latin America, with governments albeit elected democratically, have created environments of poverty, violence, and famine (i.e., Venezuela, Nicaragua, Haiti) forcing considerable portions of their population to flee to

their neighbor countries (i.e., Colombia, Dominican Republic, Argentina, Peru, Brazil, Chile) as their destination or in transit to other nations, posing new mental health care demands. Dr. Cordova and Dr. Peralta will describe policies and programs applied in their respective countries (i.e., Colombia, Dominican Republic) to address these demands. Dr. Sanchez will close discussing the fact that 70% of migrants are women and children, who during their journey separate from their families and interrupt basic childhood activities (i.e., education, sports, socialization) becoming vulnerable to violence and exploitation. The latter is a vulnerable group that often presents with early childhood adversity and repeated traumas that heighten their risk for poor mental health outcomes. Once at their destination, some suffer rejection and abuse by the host community, where migrants may integrate or move through a process of acculturation, marginalization, or separation, that delays such integration. A particular phenomenon is the migration of unaccompanied youth from the central American Northern Triangle (i.e., El Salvador, Guatemala, Honduras) a growing demographic in communities across North and South America. Presenters will review the clinical importance of premigration, migration, and post-migration experiences to the understanding of the youth's mental health trajectory and applying trauma-informed interventions that maximize potential for a successful resettlement. This symposium will also review the value of post-migration environments that offer opportunities for educational attainment and social engagement, to promote a sense of belonging, recovery, and healing.

Minimizing Outpatient Malpractice Risk

Chair: Stephen George Noffsinger, M.D.

Presenters: James Alexander Scott, Lawrence Belcher, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the factors uniquely inherent to the outpatient setting that present a special risk of psychiatric malpractice litigation.; 2) Comprehend the specific areas of increased malpractice risk in the outpatient

psychiatric setting.; and 3) Understand the steps that outpatient psychiatrists should take to reduce their risk of malpractice liability..

SUMMARY:

There are more than 42,000 psychiatrists practicing in United States. The majority of those psychiatrists deliver treatment in outpatient settings, such as private practices, clinics, community mental health centers, and intensive outpatient programs. Qualities inherent to the outpatient setting increase the risk of specific types of malpractice claims. Approximately 30 million outpatient psychiatric treatment encounters occur every year. With every outpatient treatment encounter, the potential for malpractice litigation exists. Adult psychiatrists practicing in the outpatient setting may face claims of medical malpractice due to a number of diverse allegations. Suicide, medication errors, misdiagnosis, harm to third parties, failure to hospitalize, lack of informed consent, breach of confidentiality, and mismanagement of co-morbid medical conditions are common allegations in malpractice claims against outpatient psychiatrists. The general outpatient psychiatrist should affirmatively undertake a number of actions to guard against claims of psychiatric malpractice. This session will describe claims commonly alleged in psychiatric malpractice litigation, and will offer 30 specific strategies to minimize malpractice risk. Strategies to minimize malpractice risk for supervision of mid-level providers and trainees will also be discussed.

Neuroscience in the Court Room

Chair: Octavio Choi, M.D.

Presenters: James Armontrout, M.D., Shafi Lodhi, M.D., Grace Cheney, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) understand the scope and relevance of neuroscience based evidence in the courtroom.; 2) understand the current state of research on the neural basis of moral reasoning and forensic implications.; 3) recognize behavioral and legal implications of ongoing brain development from early childhood to young adulthood.; and 4) identify PTSD symptoms, such as increased threat

sensitivity, that have relevance to legal proceedings, and discuss neuroscientific findings related to these legally-relevant manifestations.

SUMMARY:

Neurolaw is an emerging interdisciplinary field which examines the role of neuroscience in the law. Due to its potential to elucidate mental states and mental capacities that are fundamental to legal decision-making, recent advances in neuroscience have generated an intense amount of interest in both psychiatric as well as legal communities. This panel will review recent court cases and research highlighting neuroscience's potential, as well as limits, in guiding determinations of diagnosis, culpability and mental state. Our panel will begin with a broad introduction to the field of neurolaw and the types of neuroevidence being used in the courtroom. We will then focus on highlights of development from early childhood to early adulthood from a neuroscientific perspective and how neurodevelopmental immaturity might prompt juvenile justice policy revision. The panel will review recent advances in our understanding of the neural basis of moral reasoning and discuss how acquired deficits in moral reasoning circuitry may increase risk for offensive behavior. Finally, the panel will review recent advances in elucidating neural circuitry affected by PTSD and discuss how specific manifestations of PTSD can have relevance in both civil and criminal proceedings. Discussions regarding neuroscience's potential will be balanced against current scientific, legal, and moral limitations that prevent more widespread use of neuroscience evidence in the courtroom. The ultimate aim of this panel is to equip psychiatrists with the skills and knowledge base needed to critically examine the role of neuroscience evidence in the courtroom.

New Guideline Recommendations for Strengthening Psychiatric Practice

Chairs: Catherine Crone, M.D., Jacqueline Posada, M.D.

Presenters: Laura Fochtman, M.D., Victor Reus, M.D., George Keepers, M.D.

Discussant: Daniel Anzia, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe phases of Guideline Development including evidence collection, synthesis, and integration into practice; 2) Describe potential benefits of using evidence-based guidelines in clinical psychiatric practice; 3) Discuss the ways in which the amount and quality of relevant research evidence shapes the development of clinical practice guideline recommendations; and 4) List at least 3 APA practice guideline recommendations related to assessment or treatment of psychiatric disorders.

SUMMARY:

Practice guidelines act as a vehicle for bringing new innovations in care to the attention of clinicians, with the ultimate goals of improving quality of care and patient well-being. Practice guidelines are of increasing value to psychiatrists by synthesizing advances in research and providing consensus-based guidance based on the best available evidence. With the shift to quality-based payment methodologies and measurement-based care, practice guidelines will take on even greater importance. The goal of this presentation is to demystify the process of guideline development and show psychiatrists why they should use guidelines to inform their practice. This presentation will begin with an overview of APA's practice guidelines program including choice of guideline topics, identification and synthesis of evidence, and dissemination of guideline recommendations. Next, chairs of 3 practice guideline writing groups will describe different phases of the guideline development process using specific insights from the practice guidelines on bipolar disorder, delirium, and borderline personality disorder. Results of the expert survey on the treatment of bipolar disorder will be described and the role of expert consensus in guideline development will be reviewed. Evidence and potential recommendations for the upcoming guidelines on delirium and borderline personality disorder will also be discussed from the vantage points of guideline development and applicability in clinical practice. To promote audience engagement, the presentation will use clinical scenarios and polling/chat software to foster dialog with attendees about using guideline recommendations in psychiatric settings. Attendees' views on knowledge

gaps and guideline-related needs for information will be solicited. Attendees will also be encouraged to give examples of successes and challenges of adopting practice guideline recommendations in their own practices.

No Wrong Door: Ushering in Collaborative Solutions for College Mental Health

Chair: Meera Menon, M.D.

Presenters: Amy Alexander, M.D., Ludmila De Faria, M.D., Maryam Zulfiqar, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess the current issues facing psychiatrists working with college students;; 2) Compare current care delivery models in college mental health;; 3) Construct new models for providing care;; and 4) Identify innovative training and career opportunities in this field..

SUMMARY:

Released December 7, 2021, the Surgeon General's Advisory highlighting the mental health crisis among youth reflects the trends experienced within institutions of higher education. Increase in global stressors accompanied by a decrease in stigma has stretched campus and community mental health resources thin. As this demand is increasing, colleges and universities are having difficulty hiring and retaining clinicians, especially psychiatrists. Less than 1% of campus counseling centers are run by psychiatrists, and there is a need for increasing psychiatry leadership on college campuses. As trained medical doctors, psychiatrists are in a position to be strong advocates for improving college mental health treatment and delivery. Students suffering the most from severe mental health illnesses often require medications and possibly hospitalization for treatment, which is in the domain of psychiatry. We will discuss challenges in hiring and retaining psychiatrists in this field, as well as solutions. We will discuss the training and support of psychiatry leaders in college mental health and a specialized psychiatry fellowship in this field. We will also discuss the need for psychiatrists to have administrative skills navigating complex systems involving university administration, university

finances and funding for student mental health care, campus counseling centers, university hospital systems, students' expectations, parental expectations, and more. One of the most difficult tasks in college mental health is to increase access to care without overburdening current resources. This often requires pooling available resources together and changing care delivery systems. We will discuss the importance of collaborative care to identification, short term management and referral of students at risk, especially those that traditionally do not seek help at counseling centers. We will review the landscape of college mental health services, including psychiatry's role in determining access and propose creative models to increase access. We will discuss strategies for expanding the role of the psychiatrist to better meet the needs of our students.

Overcoming Disparities in Alcohol Treatment Among BIPOC Women

Chair: Deidra Roach, M.D.

Presenters: Catherine McKinley, Ph.D., L.M.S.W., Ayana Jordan, M.D., Ph.D., Christina Lee, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the latest findings regarding the prevalence and trends in problem drinking among American Indian, African American women, and Hispanic American women.; 2) Summarize the most salient risk factors for problem drinking in American Indian, African American, and Hispanic American women.; 3) Identify some of the unique barriers to treatment access among BIPOC women and effective approaches to overcoming those barriers;; and 4) Describe at least one promising treatment program for each group. Discuss the strengths and limitations of these programs; barriers and possible solutions to implementation challenges..

SUMMARY:

Among those with alcohol use disorders, women are less likely to obtain treatment, more likely to present with comorbid conditions, and remain in treatment for shorter durations than men. Furthermore, race and ethnicity may exacerbate gender disparities. For

example, by some estimates both Black and Latina women have approximately one-quarter the odds of obtaining alcohol services as White women. In this session, Dr. Catherine McKinley address promising approaches to improving access to care and delivering culturally grounded services to American Indian women. Dr. Ayana Jordan will discuss promising approaches to eliminating disparities in treatment access and retention among African American women. Finally, Dr. Christina Lee will offer insights on overcoming barriers to treatment access and retention among Hispanic American women. In addition to providing an overview of risk factors, prevalence, and trends in problem drinking among these groups of women, the session will include an overview of promising programs and strategies designed to meet some of their unique treatment needs. Specific teaching objectives include: 1) to review the latest findings regarding the prevalence and trends in problem drinking among American Indian and Alaska Native women, African American women, and Hispanic American women, and to highlight most salient risk factors for problem drinking in these groups; 2) to identify some of the unique barriers to treatment access among these women and effective approaches to overcoming those barriers; 3) to examine at least one promising treatment program for each group, highlighting treatment elements that are designed to address the unique needs of that group. Discuss the strengths and limitations of these programs; barriers and possible solutions to implementation and dissemination challenges; and 4) to identify gaps in the literature regarding treatment for these groups and recommend most promising directions for future research; and 5) to briefly describe ongoing efforts to address the underrepresentation of women from these groups in the alcohol research enterprise and strategies to correct these inequities.

Painting With a Broader Palette of Colors: A Psychiatrist Explores Themes of Diversity and Health Equity in His Art

Chair: John Bostwick, M.D., M.F.A.

Presenter: Suliman Salahuddin El-Amin, M.D., M.S.

Discussant: Tiffani Bell, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the connection between the visual and literary arts and its clinical application in psychiatry.; 2) Identify methods for framing personal narratives and clinical experiences in psychiatry into academic writing and publication.; and 3) Recognize strategies in which faculty can support, teach, and engage interest in the medical humanities within residency and fellowship programs..

SUMMARY:

Psychiatry and the arts are aligned at their core as both fields seek to understand the human condition and by proxy the subjective experience of the individual. The application of art in psychiatric medical education, research, and clinical practice has been well established and has led to a number of impactful outcomes. As research supports the medical humanities ability to facilitate resilience and reduce clinical burnout in learners and seasoned health care providers alike, there has been a greater call to integrate artistic studies in medical education and training through the development of medical humanities curricula. Similarly, there has been an expansion of artistic expression within medical research and increased opportunities to share humanities works across academia. With greater acceptance of the merger of these areas, psychiatrists who are artistically inclined are no longer encouraged to separate their interests, as they now can be woven into a single body of work that integrates humanities in practice, research, and education. Still, for those who have not been exposed to a medical humanities curriculum, opportunities to incorporate their artistry may be unclear. Through the first-person account of the presenter, in this workshop, participants will hear and see how he explored themes his status as a man of color and a first-generation physician. The presenter will share several examples of how they used his work to improve diagnostic accuracy in patient care, the develop education tools, and position artwork and writing about it for publication. In addition, the audience will learn several approaches to support artistic acumen and effective methods for cross-cultural mentorship in training and medical education. In collaboration with the

discussant, themes to be explored include the experience of being a minoritized physician, navigating training through a global pandemic and the current social political climate, and making art as a personal coping strategy for addressing burnout.

Pediatric Bipolar Disorder: Advances in Diagnosis and Treatment

Presenter: Janet Wozniak

Moderator: A. Jacques H. Ambrose, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To know that pediatric bipolar disorder affects a substantial minority of children and is highly impairing; 2) To understand that pediatric bipolar disorder is a valid disorder, is familial and persists over time; and 3) To learn that SGAs are the best treatment for pediatric mania and comorbidities must also be addressed.

SUMMARY:

Despite advances in the diagnosis and treatment of pediatric bipolar disorder, there remains a gap in the knowledge to confidently assess and diagnose children with emotional dysregulation as having bipolar disorder. More information on methods for identifying children with bipolar disorder and comorbid conditions as well as knowledge regarding the morbidity and validity of subsyndromal presentations will improve the assessment and treatment of children with severe emotional dysregulation and achieve quality of care and confidence in diagnosing youth with bipolar disorder. This program will use case studies to illustrate evidence based findings supporting the validity and treatment of pediatric mania and its distinct features which distinguish it from other comorbidities including depression, ADHD, conduct disorder and autism.

Persons of Color Living With Mood Disorders: Community Engagement and a Call to Action

Chair: Monica J. Taylor-Desir, M.D.

Presenters: Andres Pumariega, Monica J. Taylor-Desir, M.D., Robert Dabney Jr., M.Div.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Evaluate etiologies to current racial disparities in diagnosis and treatment in mood disorders for individuals to effectively build a road map for change.; 2) 2. Understand the rationale, design and value of newly launched peer support groups by the Depression & Bipolar Support Alliance (DBSA) specifically for Black individuals living with a mood disorder.; and 3) 3. Examine the various structural and functional factors contributing to racial/ethnic disparities for children's mental health services, how they impact diagnosis and treatment for mood disorders..

SUMMARY:

Clinically significant mood disorders often emerge in childhood and adolescence. In the case of children and youth, racial/ethnic disparities in mental health services in general and around mood disorders in particular have been identified in various studies over at least three decades. Diagnostic disparities have led to the under-identification of youth of color with mood disorders, and over-diagnosis of youth with conduct or behavioral disorders. At the same time, findings around higher risk of psychosis among youth of color have been identified which at first were felt due to diagnostic bias but more recently raise questions about the impact of higher levels of adverse social determinants on psychosis risk in this population. As far as suicide risk, after many decades of under-identification we now see rising rates of suicidality among youth of color especially after the COVID pandemic, though data has pointed to such rising rates even before COVID. Services disparities have been well known and only 1 in 10 youth of color have been found to receive adequate treatment. This presentation will focus on a review of the literature of diagnostic disparities for mood disorders in youth of color, using recent examples around suicidality from clinical and systematic studies. It will also present a call to action to address ethnic/ racial disparities using expert consensus guidelines for culturally competent care and the community system of care model for children's mental health, which has national level evidence in reducing such disparities. Mood disorders, such as bipolar disorder, represent a complex genetic disorder with a large degree of heritability. An

accurate clinical diagnosis for bipolar disorder is often delayed by a decade and for persons of color this could be even longer. This delay affects treatment options and responsiveness and illness outcomes. Early identification of genetic risk factors and other risk factors may provide for earlier diagnosis and treatment intervention. We will present data highlighting differences in comorbidity patterns, treatment, and treatment outcomes. For Black patients in particular, motivating factors and barriers to research participation is a critical area of study and we will discuss the development of a community advisory board and its importance in giving voice to Black community members. In order to move treatment guidelines and research forward that promotes equity in mental health care partnership with communities of color is necessary. The Depression and Bipolar Support Alliance has recognized this need and has analyzed the value of support group meetings for members of the Black community. Results from their research will be shared as one way to address mental health treatment inequities, as well as how collecting input directly from the community shapes future culturally responsive peer support.

Perspectives on Developing a Global Mental Health Training Curriculum: Education, Research, and Policy

Chair: Seeba Anam, M.D.

Presenters: Manal Khan, James Griffith

Discussant: Pamela Collins

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe innovative approaches to integrating global mental health training into residency training programs; 2) Recognize how global mental health training provides opportunities for bidirectional learning with applications within the United States; and 3) Identify diverse perspectives regarding the development of novel training curriculum focused on global mental health.

SUMMARY:

In response to the recognition of growing trainee interest in developing skills and knowledge in the field of Global Mental Health (GMH), the American

Psychiatric Association (APA) GMH Caucus issued the Resource Document Developing a Global Mental Health Curriculum in Psychiatry Residency Training Programs in February 2020. Since the initial guidance, the treatment gap between need and access to mental health treatment has heightened in unprecedented ways, on a global scale. The demand for mental health services in response to the sequelae of a global pandemic with attendant repercussions far exceeds the capacity of psychiatrists to meet the magnitude of need. The impact of COVID-19 itself, as well as the simultaneous exposure of structural and health inequities have prompted a re-examination of the role of global mental health in psychiatry residency training. Social and cultural determinants of health have emerged as indispensable elements of mental health training for the next generation of psychiatrists. To optimize training to care for all patients, existing US residency training may be insufficient. Concepts and approaches successful in the global mental health field may apply in US healthcare settings to optimize psychiatric training. The current APA GMH Curriculum Working Group aims to provide an overview of the innovations, collaborative efforts, and evolution of GMH training in psychiatry residency programs from different vantage points. The bidirectional educational component of GMH training will be highlighted, namely how a GMH curriculum provides all psychiatry residents with expertise that is equally applicable in addressing unmet needs in progressively diverse and underserved communities in North America and in low- and middle- income countries. To start, an overview of the development of the initial APA training resource document will be provided. The trainee perspective will be highlighted by the description of an innovative approach to development and implementation of a resident-led GMH training initiative within a residency program. The clinician-educator perspective will be shared by faculty integral in developing one of the few US based formal GMH Residency Tracks. Discussion points will include how the maturation of GMH as a discipline has reshaped psychiatry training needs for roles in GMH clinical and research programs. These include (1) skill sets vital for GMH but marginalized in US based residencies (2) Ethics training for collaborative relationships addressing asymmetries

in resource and power (3) Training in core GMH skill sets. Finally, a science policy perspective reflects on global mental health as a priority in public health research and high-level policy development and a space for collaborative research, training, and policy. Together, these diverse perspectives on GMH training will help to inform future directions for training and capacity-building for the next generation of mental health clinicians.

Physician Contract Negotiations: Consideration and Strategies for Professional Attainment

Chair: Napoleon B. Higgins, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) It is essential to help physicians develop insight and individual needs in the job search.; 2) We will discuss pitfalls physicians do not consider when searching for a job.; and 3) We will pay particular attention to understanding the balance between career goals and personal satisfaction in the physician career life cycle..

SUMMARY:

This symposium will discuss contract negotiations for the physician and increase the physician's employment satisfaction. The medical curriculum often leaves the physician unprepared for contract negotiations. The lack of insight causes many doctors to be in jobs that they feel are not personally satisfying and in which they are not reaching their career goals. We will discuss how everything is negotiable and how the employment seeker needs to realize the process has begun well before receiving a contract. We will discuss negotiating principles and how to develop a plan of action to help physicians receive jobs that align with their career paths and goals. We will discuss career level and how current personal and financial demands direct the type of jobs that physicians take. Psychiatrists are at the whim of others who don't have their best interests in mind and are not commanding their career direction. We will review the parts of a contract identifying key elements to look for and how financial compensation is necessary but not the essential part of a contract. There will be an open discussion regarding resources for help and

debate regarding issues affecting psychiatrists graduating or negotiating their next job. After this talk, participants should be better informed and empowered to negotiate medical contracts to improve job satisfaction and meet career goals.

Physician, Heal Thyself by Healing Systems

Chair: Sunil D. Khushalani, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Utilize systems thinking through the application of mapping tools; 2) Apply plan-do-study-act methodology by using a structured problem-solving tool; and 3) Employ quality improvement strategies to improve systems and prevent burnout.

SUMMARY:

The ability to solve access, quality, safety, and financial challenges does not come naturally to healthcare professionals, nor is it systematically taught during training. Upon completing their training, most healthcare professionals are generally not adequately prepared to solve complex systems challenges. These systems' challenges can be reframed as learning opportunities. Take the example of reducing the boarding of psychiatric patients in ERs. Multiple factors contribute to this problem- the increased patient volumes, especially after the onset of the COVID-19 pandemic, staffing challenges, and a significant shortage of psychiatric beds in the country. But solving this problem requires the effort of many disciplines to come together. In addition, it takes applying some unfamiliar skills such as process re-engineering or data analytics to meet these challenges. Improving flow problems of patients through a system is not a simple feat that health professionals have been prepared to solve, and such difficulties necessitate continuous learning of newer skills. For many healthcare professionals, systematically learning during the work phase of their life requires extra effort. Learning new skills such as quality improvement or data analysis methodically and regularly for personal growth is hard to do in addition to daily work. But what if learning was part of one's daily work? Where does one start? How

does one make time for learning these skills? This workshop aims to share ways of incorporating learning experientially and applying systems thinking into one's daily work. We will examine some mapping tools (such as network maps, process maps, and problem maps) to elucidate the complexity of organizations. The participants will also learn about the A3 tool, an oft-used tool used in Lean Methodology for problem-solving, planning, communication, and coaching. All these tools are suitable for experiential iterative learning and long-term problem-solving, collaboration, and communication. They help break down the complexity of health systems into smaller, manageable chunks while they foster a continuous learning mindset. As W. Edwards Deming once wrote, "Survival is not compulsory. Improvement is not compulsory. But improvement is necessary for survival." Solving complex problems individually or in teams can be empowering, invigorating, and a powerful antidote to burnout. Healthcare professionals must learn and adapt continuously to design systems to meet the Quadruple Aim. In doing so, they will heal their patients and the ailing organizations in which they work- while creating better work environments for themselves. Continuous improvement requires a methodical approach to learning and committed action to solving complex challenges. Our patients deserve better than waiting for a new appointment for months or staying in the emergency room for days. Professionals can experience greater fulfillment by learning to improve and redesign systems.

Powerful Beliefs: The Interplay Between a Patient's Spiritual Practices and Psychiatric Outcomes

Chair: Kayla Fisher, M.D., J.D.

Presenters: Helen Lavretsky, M.D., Donna Ames, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain how exploring religious and spiritual practices can assist in forensic psychiatric examinations; 2) Review the role of faith in substance use treatment.; 3) Discuss how spirituality practices can improve resilience in aging adults.; 4) Learn how to use mind-body intervention to treat and prevent depression and cognitive

decline in older adults.; and 5) Describe a holistic psychiatric approach that integrates spirituality and utilizes this approach to treat moral injury.

SUMMARY:

Seventy-one percent of U.S. adults identify as religiously affiliated, according to 2021 Pew Research data. Patients' religious beliefs and practices impact their psychiatric presentations, adherence to treatment modalities, and psychiatric outcomes. This presentation will examine the impact of religious and spiritual beliefs in various psychiatric settings. Participants will be invited to analyze cases that demonstrate how religious beliefs can present challenges in forensic psychiatric assessments, particularly when assessing for delusions and hallucinations. Research on the impact of faith practices on substance use recovery will be reviewed. Participants will learn about spiritual practices associated with resilience in aging adults and mind-body interventions to treat and prevent depression and cognitive decline. Participants will examine a holistic approach incorporating spiritual aspects of patient care with biological, psychological, and social treatments. The importance of identifying moral injury, a feeling of being betrayed by what is right by someone who holds authority in a high-stakes situation (Williamson 2021), in holistic care will be discussed. Methods of identifying and addressing moral injury will be presented.

Preparing Physicians for Digital Psychiatry: Integrating Digital Technology into the Psychiatric Education Curriculum

Chair: Julia Tartaglia, M.D.

Presenters: Darlene King, M.D., Juan Sosa, M.D.,

Sungmin Hong, Morkeh Blay-Tofey, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Introduce main themes in digital psychiatry and digital health technology.; 2) Educate attendees on the importance of developing a digital psychiatry education curriculum.; 3) Expose attendees to examples of digital psychiatry curriculums at various institutions.; and 4) Create an AI-generated digital psychiatry curriculum..

SUMMARY:

Psychiatrists are working in a rapidly evolving landscape that is heavily influenced by technological advancements. Apps, wearables, virtual reality, electronic medical records, telepsychiatry and artificial intelligence are just some examples of how ubiquitous digital tools have become. Smartphones offer a new window into human behavior with digital phenotyping, with tools being created that would allow physicians to use smartphone data on sleep, physical activity, text behaviors or location to predict behavior. As adoption of these tools is growing faster than research into their clinical efficacy and safety, clinicians are seeking guidance on how to approach using digital technology with patients. Psychiatrists need to be able to stay informed of new technological advancements and understand new clinical research methods to be able to incorporate this knowledge into clinical decision making. Without a basic understanding of digital tools, clinicians could inadvertently do harm by recommending a tool that puts patients at risk, or lose out on recommending a tool that may benefit a patient greatly. It is our view that digital psychiatry is a crucial aspect of medical education and needs to be incorporated into medical student, resident and continuing education curricula. This session will touch on different frameworks for creating digital psychiatry curriculums as well as some of the main topics a curriculum should include. The workshop will begin with an overview of digital psychiatry. We will review the currently available resources for continuing medical education for professionals on topics from app evaluation to machine learning. We will then highlight examples of psychiatry departments and programs that have created digital psychiatry curricula. We posit that a structured digital psychiatry curriculum should include the ability to: 1) Define Digital Mental Health (DMH) and common categories of DMH tools, 2) Survey a patient's digital health preparedness, 3) Use and recommend DMH tools in a clinically useful manner, 4) Understand the elements of formally prescribing DMH applications, 5) Provide opportunities to practice with tools, and 6) Increase awareness of digital mental health tools and their application in clinical care at the institution. In medical education, AI has been utilized as a tool to enhance the learning process, assess trainees' progress, or to analyze curricula. To our knowledge,

there has been limited use of AI in developing medical curricula. This workshop aims to introduce psychiatrists to the AI landscape in medical education. During the interactive section of this workshop, attendees will be able to learn how to use certain AI programs (e.g., chat GPT) to develop medical curricula. The workshop coordinators will guide attendees through the development of a psychiatry lesson plan, and address the benefits and inherent challenges or risks with using these technologies in psychiatry training programs.

Project Engage: Engaging Communities to Gain Mental Wellbeing and Equity Everywhere

Chair: Milton Leonard Wainberg, M.D.

Presenter: Milton Leonard Wainberg, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the mental and substance use services disparities in the US and globally; 2) Describe an innovative, culturally sensitive, and cost effective model of scaling up mental and substance use stratified care to decrease existing disparities; and 3) Understand how to ensure the sustainability of efforts to decrease the mental and substance use services disparities.

SUMMARY:

Half of people in the US are diagnosed in their lifetimes with a mental and substance use disorder (MSD), yet only half access treatment. In low- and middle income countries (LMIC), 75-85% of those with a MSD can't access care. In the US, the MSD treatment gap impacts people with and without health insurance, especially among minoritized socioeconomically disadvantaged populations. MSDs disparities among these communities are driven by social and structural determinants of health (SSDH) such as poverty, unemployment, stigma, discrimination, and structural racism. Limited human resources, poor funding, and fragmented services cause months of delay in treatment initiation and once engaged in treatment, patients often drop out prematurely. Integration of MSDs treatment into primary care has yet to find widespread adoption and only addresses a few MSDs. The default treatment paradigm of long-term weekly treatments

requires review with attention to context, culture, and stigma. Although short-term evidence-based interventions (EBI) are available, they are seldom used in public health systems. These EBI are feasible to be implemented at large scale and can be used sequentially to address MSDs disparities. The COVID-19 pandemic caused higher rates of MSDs that have worsened gaps in MSD services for vulnerable communities. In response, Project Engage addresses workforce shortages and increases access to timely, effective, and culturally relevant MSD stratified care. Project Engage Mental Wellness Community Workers comprise lay members of the community who are trained and supervised in detecting and delivering brief, EBI for common mental disorders, substance use disorders, and suicide risk, and referring those with severe disorders to specialized care. Based on NIMH and NIAAA-funded research in LMICs, the model is being introduced in NYS with funding by from the NYOffice of Mental Health and Congressman Espaillat. Community and policy-based participatory development can help identify the needs of the target communities, define the structure of the MSDs service delivery model, determine the composition and size of the workforce, define the business plan and resources needed, and identify sources of support. Leveraging an innovative mental and financial wellness training, supervision, and services EBI digital platform, Project ENGAGE provides the infrastructure for MSD specialists to train, certify, and supervise in an ongoing basis community workers. Partnering with policymakers affords the opportunity to explore all means of services reimbursement and sustainability. Project ENGAGE promotes MSD equity using culturally relevant EBI and practices that address both MSDs and SSDH and increase access to high-quality stratified care. Project Engage is focused on improving access and quality of care for historically underserved socioeconomically disadvantaged racial minorities, and employing and creating career paths for community members.

Promoting Women's Mental Health in a Difficult Environment: Current Challenges in the United States

Chair: A. Evan Eyler, M.D., M.P.H.

Presenters: Leslie Gise, M.D., Amanda Koire, M.D., Ph.D., Carole Warshaw, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review of recent legal and policy developments in the United States that can negatively impact the mental health of women and girls.; 2) Discuss related patient experiences, including forced or coerced pregnancy and childbirth, forced masculinizing puberty of transgender girls, and related emotional impacts.; 3) Discuss strategies for improving clinical practice and promoting the mental health of women and girls in the currently challenging American legal and social environment.; and 4) Discuss strategies that psychiatrists can utilize in maintaining emotional well-being, and avoiding burnout, while caring for women and girls affected by these social tragedies..

SUMMARY:

Social determinants of mental health have become a focus of psychiatry in recent years, due to improved recognition of the crucial impact of social and environmental factors on human development, emotional and cognitive functioning, and the development of psychiatric illness and recovery. Public policy and law can have enormous impact on the social environment, including relevant determinants of mental health. Recent examples include the 2022 Supreme Court decision, *Dobbs v. Jackson Women's Health Organization* and the enactment of state laws criminalizing the provision of medical treatments that suppress masculinizing puberty development for transgender girls. These attacks on the autonomy of women to effectively manage their own lives, including maintaining sovereignty over their own bodies, can negatively impact mental health, both for women who are directly affected and for everyone who recognizes the injustice and systemic impact that these laws represent. These developments can manifest in psychiatric practice as heightened anxiety, diminished self-efficacy, and increased complexity in critical decision making and problem solving. Practicing psychiatrists may experience feelings of sadness, grief, frustration, anxiety, and an elevated risk of professional burnout. This session will provide an update on important developments in law and public policy that can negatively affect the mental

health of women and girls, discuss their potential effects on psychiatric symptoms and illness and related clinical practice, and explore strategies that psychiatrists can utilize to promote women's mental health and maintain personal well-being while caring for women and girls affected by these social tragedies. NOTE: This session is intended for information sharing, developing clinical practice options, and providing support. It will not be a debate. Opinions contrary to the current APA Position Statements regarding women's health and the clinical care of persons who are transgender will not be entertained.

Psychiatric Diagnosis: Do Race and Ethnicity Still Matter?

Chair: William Bradford Lawson, M.D., Ph.D.

Discussant: Stephen M. Strakowski, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) participants will learn about the factors that contribute to racial disparities in diagnosis; 2) the audience will gain information about cultural factors that contribute to missed diagnoses; 3) Participants will develop experience in using diagnostic instruments that are cross culturally relevant; 4) The audience will create a better perception of the impact of missed and misdiagnosis; and 5) The audience will be able to practice a more robust diagnostic system from participating in clinical cases that reflect diagnostic issues.

SUMMARY:

Psychiatric diagnosing has seen substantial advances in reliability and validity. Yet racial and ethnic minorities have faced ongoing challenges historically from missed and misdiagnosing that has led to disparities in care and outcome. The rejection of the message in critical race theory has often closed the door in developing strategies to address these issues. Historically African Americans were thought to have little mental life and contributed to the belief that treatment was unnecessary. In antebellum times diagnosing was consistent with the politics of that time. Such an approach has persisted and used to justify slavery, racial segregation, limiting access to

psychotherapy and new treatments, and excessive use of the correctional system. There is substantial evidence that disorders such as post-traumatic stress disorder, and various anxiety disorders may be more common in Black communities, but nevertheless are believed to be rarer by providers. Extensive work has been done showing that affective disorders are often overlooked. Bipolar disorder which is often misdiagnosed, require specialized treatment and frequently face treatment delays and these are exacerbated in African Americans. Disorders such as schizophrenia however are often overdiagnosed and used to perpetuate the myth of the violent African American male despite evidence to the contrary. Provider issues certainly contribute to the diagnostic problem, including issues of failure to recognize cultural differences even though core symptoms remain the same, and historically based racist beliefs. In addition many in the African American community tend to lack mental health literacy, see these disorders as stigmatized and distrust specialized treatment programs for mental disorders. Studies and case vignettes will be used to explore factors that contribute to misdiagnosis. African Americans end up seeking self treatment including substance abuse. Primary care providers, the church, and the correctional system are more likely to be used. The likelihood of optimal treatment is less likely. The correctional system is overutilized and the excessive use of the criminal justice system is a factor in punishment vs care, and deaths in custody. Strategies that can be used to address these issues include wide spread use of screening instruments in non mental health settings and efforts to improve mental health literacy. We will discuss strategies to provide outreach to churches and the correctional system. Other key strategies including outreach from provider sites to community venues such as barbershops, and community engagement efforts in developing diagnostic strategies. The increased need for mental health services after the coronavirus epidemic, deaths from opiate overdoses, and increasing suicide in African Americans show the importance of the need for wide spread availability of state of the art, evidence based, culturally relevant mental health services.

Psychiatry and the Humanities: How to Maintain Balance

Chair: Carlyle Hung-Lun Chan, M.D.

Presenters: Margaret Chisolm, M.D., David Elkin, M.D., Shieva Khayam-Bashi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Name three core concepts that define the medical humanities; 2) Understand the three basic steps in Visual Thinking Strategies and how these relate to history taking and assessment with patients; 3) List three aspects the medical humanities that apply to self-care; and 4) Name three potential resources (including internet-based) for further self-exploration of this topic.

SUMMARY:

The medical humanities is a relatively recent field, charting the interface between the humanities--art, literature, fiction, poetry and more--and the practice of medicine. Rita Charon at Columbia stressed the narrative approach in patient care, urging clinicians to develop narrative competence that would lead them to a better understanding of their patients, and themselves through attention to language, story, symbolism, and communication in patient encounters. The medical humanities can help develop more meaningful encounters by strengthening observational and analytical skills, allowing for deeper and more meaningful interactions and interviews, more effective therapeutic alliances with diverse patients, and increasing clinician's capacities for tolerating ambiguity in clinical and ethical problems. The workshop will help re-center participants in their relationship to their work in medicine, and to their own self-care.

Psychopharmacology Master Class: The Art of Psychopharmacology

Chairs: David L. Mintz, M.D., Carl Salzman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe some of the evidence base that suggests that how one prescribes may affect outcomes as much as what one prescribes; 2)

Develop a patient-centered alliance that supports the patient's ability to make healthy use of medications; and 3) Adapt prescribing behaviors to the specific need of the patient.

SUMMARY:

In this era of evidence-based psychiatric practice, it is important to recognize that there are evidence bases, too often overlooked, that provide guidance not about *what* to prescribe to optimize pharmacotherapy outcomes, but, rather, about *how* to prescribe. Indeed, for some of the most common conditions, the evidence suggests that psychosocial factors exert a larger influence on treatment outcome than do the actual medications. Mastery of these psychosocial factors in prescribing constitutes an important part of the art of psychopharmacology. In this session, some of that evidence base will be explored, addressing the science of the art of psychopharmacology. The importance of the doctor-patient relationship will be highlighted, as well as the importance of a patient-centered evaluation that considers *who* the patient is, and not just *what* the patient is in diagnostic terms. The presenters will show how a deeper understanding of the patient may help guide prescribing decisions in ways that facilitate the patient's healthy use of treatment. The presentation will also explore some common errors in prescribing that, though sensible from the perspective of the standard of care, may undermine effective treatment. Time will be left for questions about the evidence base, implications for practice, and discussion of clinical cases.

Putting Your Best Foot Forward: The AAP/APA Curriculum Vitae Boot Camp

Chairs: Catherine Crone, M.D., Sean M. Blitzstein, M.D., Amin Azzam, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Grasp the importance and purpose of a CV in one's educational and professional development.; 2) Review your CV with experienced academic mentors and identify areas for improvement and refinement.; and 3) Develop an action plan to enhance your CV to best meet your educational and professional goals..

SUMMARY:

Attendees should bring a hard copy or electronic version of their CV to this session.

The Curriculum Vitae (CV) is an essential document for academic and professional opportunities, whether applying for residency, fellowship, or employment as an attending physician, that serves as a first glimpse at an individual's experience, skills, and expertise in an organized manner. A well-written CV can help open doors and lead to interviews, yet often trainees receive little guidance about how to create a clear and effective CV, despite its importance to one's career. It is our aim with this session, a collaboration between the Association of Academic Psychiatry (AAP) and the APA, to address this crucial learning gap by providing medical students, residents, and fellows an opportunity to meet with established academic faculty mentors to review their CVs and receive feedback and practical suggestions for improvement. Attendees should bring a hard copy or electronic version of their CV to this session. Additionally, handouts will be provided, including sample CVs as well as tips and tricks to help develop a CV that can help facilitate an optimal first impression. This session is also an opportunity to network with and obtain career guidance from experienced academic psychiatrists.

Recognizing and Addressing Burnout Among Healthcare Workers in Rural Nepal: A Proof of Concept Study Using Visual Learning Aids

Chair: Bibhav Acharya, M.D.

Presenters: Kristin Nguyen, M.D., Raj Kumar Dangal, M.D., Eva Studer, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List the three symptoms of burnout as described by the WHO; 2) Describe the benefits and limitations of using visual learning aids in disseminating skill-building interventions for health care providers in LMICs; 3) List specific strategies and resources (e.g., frameworks such as Kerns six-step process and video creation tools such as Toonly) to create educational content on burnout, applicable; and 4) Review advantages and pitfalls of

creating these educational materials remotely vs in person.

SUMMARY:

Background: Burnout among health care providers has been widely discussed in the recent years in high income countries, especially since the COVID pandemic has exacerbated the situation. However, many providers in LMICs, including Nepal, have not learned about burnout, its consequences, and how to manage it. LMICs already have a critical shortage of health care providers, yet providers are leaving the profession or even dying from suicide driven by burnout. Few prior studies have found high (72.4%) rates of burnout among doctors in Kathmandu (Vaidya, 2020) but to our knowledge studies have not included other health care providers (e.g., dentists, physical therapists, and nurses) and have not studied interventions to reduce burnout

Methods: We tested a proof-of-concept intervention to assess and manage burnout about diverse healthcare providers in rural Nepal. We developed audio-visual materials based on evidence-based guidelines from the World Health Organization. Clinicians in Dolakha hospital in rural Nepal completed pre- and post-intervention questionnaires (responses in 4-point Likert scale or Yes/No) to assess a) symptoms of burnout, b) use of negative coping skills, and c) use of evidence-based coping skills. The questionnaire will be administered three months after the initial intervention to assess if any changes have been sustained. Qualitative data are collected via key informant interviews with XYZ clinicians immediately after the intervention. Results: A total of 20 clinicians attended the intervention. 18 attendees completed pre-test and 16 attendees completed the post-test questionnaires. We will collect three month follow-up in June and will have final results available for the conference. We will conduct McNemar's test for categorical outcomes (Yes/No questions) and Wilcoxon signed rank test for continuous outcomes (Likert scale questions). Full qualitative results will include thematic analysis and preliminary qualitative results show that clinicians believe many of them suffer from burnout but were not aware of it, and that the videos were helpful in being able to name their experience and provide potential solutions. **Implications:** Psychiatrists have a unique opportunity to provide evidence-based

interventions to address burnout in global mental health (GMH) settings, given the increase in burnout during the COVID pandemic. The presenters are psychiatrists with extensive experience in GMH and will lead a discussion on low-cost resources and strategies to make the educational content and questionnaires accessible and impactful for health care workers internationally. Audience members will be able to gather lessons to implement similar proof of concept interventions in their settings, and prepare for future scale-up to reduce burnout about healthcare providers.

Recovery, Remission, Cessation: New Operational Definitions to Assist in the Evaluation of Treatments and Outcomes

Chair: Brett Hagman, Ph.D.

Presenters: Paul A. Gilbert, Ph.D., Christine Timko, Ph.D., Sarah Zemore, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) At the conclusion of the session, participants will be able to identify the important components of the newly released NIAAA research definition of recovery from DSM-5 AUD; 2) 2) At the conclusion of the session, participants will be able to understand more about the many pathways to recovery among those who do not seek treatment; and 3) 3) At the conclusion of the session, participants will be able to understand how recovery is defined and operationalized for concerned others (e.g., family members; loved ones).

SUMMARY:

Much is known about the short- and long-term benefits of formal treatment for alcohol use problems, but many questions remain in the field of recovery research. For one, there is no current agreed-upon definition of the term “recovery” in the alcohol literature. It is critical to enhance operational definitions of recovery and develop measures that reflect this process in order to enhance evaluations of alcohol treatment programs and the recovery process. Further, little attention has been devoted to understanding recovery pathways among “concerned others” (i.e., family members; loved ones). A better understanding of these recovery pathways can

provide healthcare and treatment providers with better resources to identify, treat, and refer Concerned Others to resources that provide education, coping skills, and support for recovery. Similarly, while much is known about recovery among those who seek formal treatment, the majority actually resolve their alcohol use problem on their own, a phenomenon known as “natural recovery” or “independent recovery”. To date, little is understood about the natural or independent recovery pathways and how these pathways compare to those who seek formal treatment. Along these lines, little is known also about factors that support recovery outside of AOD treatment contexts generally, and more specifically, if and how an individual’s recovery definition may support better outcomes over time. This information is needed to guide services and strategies for individuals independently pursuing recovery, and may help inform AOD interventions and formal definitions of recovery in the AOD field. Given this background, this symposium showcases and highlights recent recovery-based findings supported by NIAAA in the Division of Treatment and Recovery (DTR) addressing each of the above topics and will start with a brief introduction to the newly developed NIAAA definition of recovery from DSM-5 AUD. Presentations will enrich existing frameworks for conceptualizing recovery and illuminate new directions in research on the myriad options available for supporting recovery, and move the field towards a better understanding of defining recovery in the treatment of DSM-5 AUD.

Reproductive Rights, Physician Roles, Government Interference and More: Advocating for Your Patients and Profession in a Time of Societal Division

Presenters: Eric Rafila-Yuan, M.D., Katherine Kennedy, M.D., Tichianaa Armah, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe current legislative measures at the state and federal levels that may impact their practice of psychiatry; 2) Engage more effectively with state and federal policymakers; 3) Appreciate how APA members can more effectively

engage with District Branches in state-level advocacy; 4) Understand how APA members can benefit from, affect, and participate in APA's federal advocacy; and 5) List the various tools, platforms, and forms of customized assistance from APA staff available to facilitate advocacy at both the state and federal levels.

SUMMARY:

If you're not in the room where it happens, you're on the menu. The stakes for psychiatry and our patients in current debates in state houses and Congress are high. When it comes to issues like the role of our profession, the safety of our patients, reproductive and LGBTQ+ rights, mental health equity, and others, it is imperative that the voice of psychiatry—and individual psychiatrists—be heard. Participants in this session will learn about how hot policy debates at the state and federal levels could impact our profession and our patients, and what we each can do to make a difference. APA members who are active in many of these efforts will share their insights and guide you toward advocacy opportunities that we hope you will find energizing, fulfilling, and even essential for your practice and your patients.

Responding to the Impact of Suicide on Clinicians

Chair: Eric M. Plakun, M.D.

Presenter: Jane G. Tillman, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Enumerate clinician responses to patient suicide; 2) Implement practical steps for responding to patient suicide from the personal, collegial, clinical, educational, administrative and medico-legal perspectives; 3) Design a curriculum to educate and support trainees around their unique vulnerabilities to the experience of patient suicide; and 4) List recommendations for responding to the family of a patient who dies by suicide.

SUMMARY:

It has been said that there are two kinds of psychiatrists--those who have had a patient die by suicide and those who will. Nevertheless, mental health clinicians often have less direct experience

with patient death than clinicians from other environments. Each death by suicide of a psychiatric patient may have a more profound effect on psychiatric personnel than other deaths do on non-psychiatric physicians because of powerful emotional responses to the act of suicide, and the empathic attunement and emotional availability that are part of mental health clinical work. Given this, the death of a patient by suicide may be a significant contributor to burnout. This presentation surveys the literature on the impact of patient suicide on clinicians, while also offering results from an empirical study carried out by one of the presenters demonstrating 8 experiences frequently shared by clinicians who have a patient who dies by suicide: [1] Initial shock; [2] grief and sadness; [3] changed relationships with colleagues; [4] experiences of dissociation from the event; [5] grandiosity, shame and humiliation; [6] crises of faith in treatment; [7] fear of litigation; and [8] an effect on work with other patients. Recommendations derived from this and other studies are offered to help guide individually affected clinicians, but also their colleagues, as well as trainees, supervisors, training directors and administrators in responding to patient suicide in a way that anticipates and avoids professional isolation and disillusionment, maximizes learning, addresses the needs of bereaved family, and may reduce the risk of litigation. The presentation includes ample time for interactive but anonymous discussion with participants about their own experiences with patient suicide—a feature of this presentation that has been valued by participants in the past.

Revisiting the Imposter Phenomenon

Chair: Tanuja Gandhi, M.D.

Presenter: Cheryl D. Wills, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) To enhance understanding about the challenges faced by trainees and practicing psychiatrists in the context of feeling like an imposter in professional environments.; 2) 2) To create a safe space for discussion about the imposter phenomenon, a critical but often uncomfortable discussion to have.; and 3) 3) To examine and discuss

factors contributing to the imposter feeling for trainees and practicing psychiatrists.

SUMMARY:

BACKGROUND: First described in 1978, as the impostor syndrome, the experience of feeling like an imposter has gradually gained recognition as a phenomenon experienced by physicians. It is described as a pattern of thought including feeling of inadequacy, an inability to accept one's success or level of competence often leading to the feeling of being a fraud or an imposter. The imposter phenomenon can be seen in physicians including psychiatrists & is associated with low self-esteem and higher rates of burnout. To address the impact of this phenomenon, it is important to understand it's presentation and factors leading to a feeling of imposterism on trainees and practicing psychiatrists from diverse racial, cultural and ethnic backgrounds and in diverse clinical and academic settings. It is only by understanding the phenomenon that we can effectively identify, create, and provide resources to support psychiatrists struggling with this experience. This presentation aims to create a safe space to have this discussion. **METHODS** This session will be in the format of an interactive panel discussion with individual presentations of 20 min each by Dr. Cheryl Wills and Dr. Tanuja Gandhi. This will be followed by case discussions or hypothetical scenario based discussions. The panelists will help examine and reflect on professional and personal challenges faced by trainees and psychiatrists in their career path using their own unique experiences. Together, the panel will help examine the myriad of challenges psychiatrists deal with and its contribution to feeling like an imposter. We examine the complexities associated with an imposter syndrome and ways to address some of these challenges through support and mentorship. **RESULTS** This presentation will enhance participants' understanding of the imposter phenomenon, factors that precipitate this phenomenon and its impact on the well-being of psychiatrists from diverse cultural, racial and ethnic backgrounds. This presentation is geared towards creating a space for this discussion, for attendees to reflect on their professional and personal experience and to discuss ways to support trainees and practicing psychiatrists experiencing this phenomenon. **CONCLUSION** The Imposter

Phenomenon is an internal experience often leading to a feeling of being a fraud or an imposter. This feeling of inadequacy can lead to low self-esteem and can be linked to burn out. It is important to discuss the experience of imposterism to improve physician engagement, functioning and well-being in academic and institutional environments. It is also important to identify and address the systemic challenges that contribute to this phenomenon and interventions to address it both from a personal and systemic standpoint.

Risky Business? An Analysis of Recent Medical Malpractice Claim Trends and Risk Mitigation Strategies

Chair: Allison Funicelli, M.P.A.

Presenters: Allison Funicelli, M.P.A., Nicole Paquette, Esq.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the requirements to prove a medical malpractice claim.; 2) Review and analyze recent historical trends of medical malpractice and psychiatric malpractice claims.; and 3) Apply risk management strategies to help build a strong defense and improve patient outcomes..

SUMMARY:

Analyzing historical medical professional claim data can provide insight into how best to mitigate risk. By understanding these risks, a psychiatrist can create a risk management plan to reduce patient injury while preparing for a sound defense in anticipation of litigation. This presentation will cover medical and psychiatric malpractice claim statistics including: claim severity, claim frequency, types of allegations, difficult litigation venues, settlement The presentation will cover medical, hospital and psychiatric malpractice claim statistics including: claim severity, claim frequency, types of allegations, difficult litigation venues, settlement values and how the claim resolved. The required elements for a Plaintiff to bring a malpractice claim will be discussed. A recent court decision regarding a failure to disclose metadata related to an electronic health record will address one of the novel aspects of defending a medical malpractice more difficult.

Lastly, the audience will learn multiple techniques for reducing risk in this office practice or health care facility. Reducing risk can assist with improving patient safety and reduce the likelihood of facing a medical malpractice claim or licensing board complaint.

Rollout of Measurement-Based Care in Different Healthcare Settings: Successes and Pitfalls

Chair: Jessica Lynn Thackaberry

Presenters: Andres Ricardo Schneeberger, M.D., Rahul Gupta, M.D., Erik Rudolph Vanderlip, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the benefits of and opportunities afforded by implementing measurement-based care in different mental health care settings; 2) Demonstrate knowledge and awareness of the barriers to implementing measurement-based care; and 3) Recognize how strategies can be used to overcome pitfalls in the rollout of measurement-based care.

SUMMARY:

Considerable evidence suggests that the implementation of measurement-based care that integrates advanced evidenced-based treatment (i.e., psychotherapy, pharmacotherapy, and neurostimulation) leads to superior treatment efficacy. Poor clinical response leads to prolonged suffering, lengthy wait times and high global disease burden due to the high personal and societal costs that are associated with resistant depression, leading to increased suicidality. Despite this evidence, the implementation of measurement-based care that integrates the most evidenced-based effective treatment options (i.e., psychotherapy, pharmacotherapy, and neurostimulation) is not always part of routine clinical practice. The barriers for implementing measurement-based care are numerous and involve different levels of healthcare including the patient, the provider, organizational and systemic. The systemic and structural factors include administrative challenges such as staff turnover, leadership and organizational norms, information technology support with

implementation of standardized self-report measures and integration into medical records. The clinical procedures and pathways include possible barriers at an individual patient level including increased burden for patient intake process, time for completing measures and adherence as well as risk management. The providers themselves are practicing within a work culture based on attitudes, knowledge, self-determination and self-efficacy. Our session will introduce participants to measurement-based care and its implementation in diverse settings and institutions. We will practically illustrate the rollout of different measurement-based care programs and provide information about barriers and pitfalls during that process and strategies to address these difficulties. We will also highlight successes during this process, and how to replicate and generalize these strategies. Participants will be provided examples and cases highlighting the different levels of barriers that they might encounter. Participants will then have the opportunity to discuss their own experiences, attitudes and knowledge in breakout groups. The session will conclude with a summary and take-home message for implementation strategies for measurement-based care.

Successful Aging: How African-Americans and Hispanics Do It, the Connection With Nature and Motivating Our Patients Through Outdoor "Prescriptions"

Chair: Maria D. Llorente, M.D.

Presenters: Maria D. Llorente, M.D., Rita Rozanne Hargrave, M.D., Antoinette Shappell, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Define successful aging and identify contributors; 2) 2. Understand why Hispanics in the US have longer life expectancies than non-Hispanic Caucasians despite having high medical comorbidities – the Hispanic Epidemiologic Paradox; 3) 3. Review the factors that facilitate African-American seniors to age successfully, in spite of adverse social determinants; 4) 4. Understand how nature experiences can enhance well-being and longevity; and 5) 5. Practice “prescribing” outdoor experiences for older adults.

SUMMARY:

Successful aging is defined as high physical, psychological and social functioning without major diseases. Thus, most centenarians have aged successfully. There are important, unique features of centenarians, however, that enable them to reach an older age, while maintaining health and independence. And in the case of minorities, who, as a group, experience greater adverse social determinants, and greater disease burden, there are additional factors that promote longevity and successful aging. This session will consist of three presentations that will demonstrate features that facilitate successful aging among minority elderly. The first will review the traditional definition and dimensions of successful aging according to Rowe and Kahn. There will be a review of the demographic changes that are leading to an increasing number of centenarians, their unique physiology, and other aspects that contribute to longevity. This presentation will also review the Hispanic epidemiologic paradox – the finding that despite having a larger burden of comorbid medical conditions, US Hispanics live longer than non-Hispanic Caucasians. The second presentation will describe the significant social determinants of disease that lead to disparities in life expectancy among African Americans. This presentation will then review the factors that contribute to some African Americans achieving longevity. Black-white mortality crossover will be explored. This is the observation since approximately 1900 that whites have lower mortality rates at younger ages, but blacks have lower rates at the oldest ages (typically starting at age 85). The third presentation will describe the growing body of literature that identifies the benefits of nature and nature experiences for human health and well-being, and the recent literature describing the specific beneficial impact of nature on longevity and successful aging. This presentation will demonstrate how natural environments are more restorative cognitively, psychologically, and physiologically than urban or artificial environments. The ways that nature-based activities promote stress management will be reviewed. Participants will practice how to “prescribe” outdoor activities in order to motivate patient engagement in physical activity, social

connectedness, and spirituality, all of which are important for longevity and successful aging.

Supporting the Mental Health of Health Care Workers During Covid-19 and Beyond

Chair: George L. Alvarado, M.D.

Presenter: Mayer Bellehsen

Discussant: Manish Sapra, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the unique mental health risks of health care workers.; 2) Understand the typical barriers to seeking care; and 3) Appreciate the elements of successful administrative-clinical partnership to effectively reach employees..

SUMMARY:

Background: Healthcare workers (HCW) are exposed to a variety of unique stressors in the execution of their day-to-day duties, placing them at risk for adverse mental health outcomes. These challenges have been compounded by the COVID-19 pandemic. Unfortunately, existing models of employee support, such as EAP, can suffer from low uptake due to concerns about confidentiality and impact to employment. This session will focus on the development and scaling of two newly developed offerings at Northwell Health, a large integrated health system with over 70,000 employees, namely, the Center for Traumatic Stress, Resilience and Recovery (CTSRR) and the Employee Navigation Program. **Methods:** A. CTSRR was developed to provide trauma-informed resilience and clinical services through collaboration with system partners. It was established with the goals of guiding: 1) educational and resilience activities that could promote prevention for HCW at risk of experiencing greater emotional distress 2) clinical services to provide intervention for those impacted by the stress of the pandemic and health care work and 3) evaluation and research efforts to surveille the ongoing impact of stress from the pandemic. B. Employee Navigation The Navigation program was developed to provide timely linkage to employees and their dependents seeking mental health services. Employees could access the service by

phone or online chat, completing a targeted needs assessment with a mental health clinician to match them to the right level of care including psychotherapy, medication management, crisis services and specialty programs through the Northwell Network. **Results:** CTSRR activities have included: 1) Delivery of clinical services aimed at educating providers on the delivery of trauma-informed services. This has resulted in over 2500 trauma and stress related sessions provided to ~200 HCW. 2) Delivery of 830 resilience and educational activities to promote emotional wellbeing of staff and prevent stress injuries including a centerpiece program of Stress First Aid. This has resulted in nearly 11,500 individuals being touched by the range of activities. Satisfaction with these services has been high as employees rate their experiences at a 4.5/ 5. 3) Support for a wellbeing research consortium and partnership with HR on a wellbeing survey to understand the long-term impact of COVID-19. This has resulted in the execution of two system wide surveys to assess mental health, emotional wellbeing and resilience and has produced 11 manuscripts. Navigation call volume has grown steadily since go-live in 2021, fielding over 2100 calls in its first 18 months. The service has enjoyed high levels of patient satisfaction, with the majority of callers linked to resources within the Northwell provider network. **Discussion:** Offering an array of high quality, flexible and accessible mental health supports is essential for maintaining an engaged and resilient healthcare workforce.

Teaching Decision-Making Capacity: An Asynchronous Workshop Model

Chair: Cara Angelotta, M.D.

Presenter: Brittany N. Goldstein, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define decision-making capacity and its 4 components.; 2) Understand who is responsible for determining decision-making capacity.; 3) Assess a patient's decision-making capacity using the necessary communication tools.; and 4) Replicate workshop for future learners..

SUMMARY:

Physicians have inconsistent knowledge and comfort levels of decision-making capacity (DMC) assessment. Inequities in this healthcare competency lead to increasing burden on consult-liaison psychiatry services and inequities in community hospital settings that lack consult-liaison psychiatric services. Given this is a necessary skill for all medical specialties, it would be most efficient to address this competency in undergraduate medical education. However, there is scarce literature or guidelines for teaching DMC to medical students, and the existing literature uses a wide variety of approaches. Moreover, without an effective capacity curriculum, future physicians are extremely limited in their ability to provide ethical patient care. We developed a DMC curriculum guided by Kern's six-step approach. The curriculum was initially created for third year medical students during the psychiatry clerkship but could be delivered to residents, advanced practice providers, or attending physicians. It utilizes an asynchronous learning model whereby participants view an online DMC module prior to an in-person workshop. The workshop includes lecture material, small group case-based skills practice, and large group discussion. During the workshop, learners are provided with a best practice checklist for capacity assessment, which was developed via literature review and expert consensus panel. In future iterations of this workshop, the complexity and context of the example cases can be adjusted based on the target audience. The goal of this curriculum is to teach learners what DMC is and how to assess for it, improve comfort with conducting capacity assess, and emphasize the importance and relevance of this competency. This session will present a modified version of the workshop that includes recommendations of how providers can utilize this structure to teach learners at their institutions.

The Association of LGBTQ+ Psychiatrist (AGLP) and the American Psychiatric Association

Chair: Pratik P. Bahekar, M.B.B.S.

Presenters: Nathen Spitz, B.A., Amir K. Ahuja, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Educate about origins of the AGLP; 2) Discuss association of AGLP with the APA.; and 3) Review impact of the AGLP on LGBTQ+ mental health..

SUMMARY:

AGLP, celebrating over 40 years of service to the LGBTQ Community, traces its roots to the late 1960s, when gay and lesbian members of the APA met secretly at the annual meetings. At that time, in most states, homosexuality could be used as a cause for the loss of licensure to practice psychiatry. After the now-infamous appearance by Dr. John Fryer in 1972, and the behind-the-scenes work of several members of what was then referred to as the GayPA, the APA removed homosexuality from their diagnostic manual (DSM). This allowed a more open association of lesbian and gay psychiatrists, who no longer had to fear for their jobs if they were found out to be gay. Even today, the mission of providing support and a safe space for LGBTQ+ psychiatrists to meet continues to be important to many of our members. AGLP is the oldest association of LGBTQ+ professionals in the country. AGLP is an independent organization from APA, but works closely with APA through LGBTQ+ representation on the APA Assembly (the LGBT Caucus of the APA), APA position statements, LGBTQ+ Committees of the DSM, the creation and staffing of an AIDS Committee, Awards, such as the Dr. John Fryer, M.D., Award, and research and advocacy of particular interest to the LGBTQ+ Community through our quarterly *Journal of Gay and Lesbian Mental Health*. AGLP offers an online referral service to those seeking LGBTQ+-friendly counseling, support, and psychiatric treatment. AGLP conducts a full schedule of seminars and discussion groups concurrent with the annual meeting of the American Psychiatric Association (APA). The organization also sponsors several awards honoring the accomplishments of people and organizations that contribute to the well-being of the LGBTQ community. Panelists will include the president, vice president, and trainee leaders of the organization. The workshop will discuss challenges in navigating controversies while advancing LGBTQ+ mental health. Attendees will learn about AGLP's mentorship program, advocacy efforts, and official

statements on various legislative, judicial and scientific matters related to LGBTQ+ mental health. Participants will also learn about the official journal for AGLP, the *Journal of Gay and Lesbian Mental Health*. We will also review how AGLP has collaborated with the APA to advance LGBTQ+ mental health and how APA members can participate in AGLP endeavors.

The Evolution of Exposure-Based Psychosocial Treatments: What's Known and What's Next!

Chair: Robert D. Friedberg, Ph.D.

Presenters: Ciera Korte, M.S., Ramaris German, Ph.D., Jamal Essayli, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Synthesize the extant empirical and clinical literature related to the application of exposure techniques to novel populations; 2) Understand the inhibitory learning model; 3) Evaluate the uses of food exposure and open weighing in eating disorders; 4) Define tonic and phasic dimensions of irritability; and 5) Critically analyze the data supporting in vivo exposure treatment for chronic irritability.

SUMMARY:

Exposure-based treatment is a powerful psychosocial intervention method. Sturdy coping responses are built through applying acquired skills in emotionally triggering circumstances via this method. These procedures modify behavioral patterns, emotions, cognitive processes, and neural pathways. Nearly 90 percent of the outcome studies examining anxiety disorder treatment include exposure. Additionally, the procedure is evolving both conceptually and clinically. For instance, growing research in the field of anxiety disorders supports the theory of inhibitory learning, which challenges the traditional habituation-based approach to exposure therapy. Moreover, the procedure is not just for anxiety spectrum disorders anymore. Exposure treatment is being applied to eating disorders, disruptive mood disorders, selective mutism, Tourettes/Tics, and chronic pain. Despite the robust empirical support and the rapid evolution of the approach, exposure is implemented too infrequently in treatment-as-usual

settings. Accordingly, disseminating basic principles, existing empirical findings, and new directions in exposure-based treatment as a way to increase the adoption of this psychosocial intervention is the precise focus of this session. This panel integrates theoretical knowledge, research findings, and clinical directions in three presentations by leaders from three institutions. Korte and Friedberg's (Palo Alto University) presentation offers both an overview of exposure-based treatment as well as delineation of new developments in treatments for pediatric patients. More specifically, they focus on explaining the inhibitory learning model, moderators of treatment outcome (e.g. gender, ethnicity, comorbidities), and clinical applications to new pediatric populations. The science of inhibitory learning also has implications for the treatment of eating disorders. Consequently, in his presentation, Essayli (Penn State College of Medicine) contrasts inhibitory learning from the habituation-based model and discusses how to use principles of inhibitory learning to optimize two types of exposure therapy for eating disorders (food exposure and open weighing). German, Naim, Dombeck, White, Cullins, Kircanski, and Brotman (NIMH) describe a novel exposure-based CBT treatment for severe irritability in youth. In particular, mood (tonic) and temper outburst (phasic) dimensions are defined, the in vivo exposure treatment is described, and the robust accompanying outcome data is presented.. More specifically,, in both the pilot study and larger clinical trial, iirritability symptoms improved during treatment across all measurements (all β s > -0.04, p s < 0.011, Cohen's d range: -0.33 - -0.98). Finally, attendees leave the session with helpful handouts and material that is easily translated from bench to patients' bedsides.

The Heart of the Matter, "Narrative Means to Therapeutic Ends": Exploring Narrative Therapy and the Healing Power of Stories in Medicine

Chair: Nada L. Stotland, M.D., M.P.H.

Presenters: Komal Trivedi, Maryam Zulfiqar, M.D., Trishna Narula, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the importance of

narrative therapy and highlight the various practice styles and its benefits for patients/providers.; 2) Use interactive media including an original animation; 3) Facilitate small group discussions. Participants reflect on how they may already be using aspects of narrative therapy in their practice.; 4) Highlight resources/opportunities for individuals wanting to train in and practice narrative therapy.; and 5) Case simulation to practice techniques used in narrative therapy..

SUMMARY:

Stories are powerful. They can be a source of resilience, meaning-making and validation. Stories can also be destructive. Narratives are shaped by the society we live in. A dominant narrative that is problem ridden or instills emotions of blame, shame and guilt can contribute to mental illness. Narrative Therapy aims to help patients challenge potentially destructive discourses, and gain authorship of their stories. Psychiatrists can play an integral role by using creative expression in not only helping patients gain authorship of their narratives, but in shaping the larger narrative of mental health and the issues that influence it. Our Trainee led session will introduce participants to narrative therapy. We will explore the history, theory, and principles of narrative therapy: - The concept of identity as a dynamic shaped by social interactions, and individual choices and values rather than a fixed construct of an individual's problems. -Changing an individual's relationship with the problem. Externalizing the problem: "The person is not the problem, the problem is the problem", exploring language to empower and reduce stigma. Exploring psychosocial determinants. -Thinking in stories: Exploring the power of narratives, reshaping and enriching stories. Dominant versus preferred narratives. -Therapeutic documents: letters, case notes, certificates. - Applications of Narrative therapy. We plan to utilize small-group discussion to facilitate members' experiences with using "Narrative means to therapeutic ends" as well as group activity with a simulated case application of narrative therapy.

The Mental Health Impacts of Climate Change: A Diversity and Health Equity Approach

Chair: Andreea Seritan, M.D.

Presenters: Ali Abbas Asghar-Ali, M.D., Amalia Hatcher, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the mental health aspects of climate-related natural disasters, as well as extreme heat impacts on mood, behavior, and cognition.; 2) Understand socio-cultural determinants that contribute to the mental health impacts of climate change in vulnerable populations.; and 3) Discuss evidence-based management approaches for climate-related psychiatric symptoms and resilience-enhancing strategies..

SUMMARY:

Climate change is a major public health emergency, with significant consequences to not only physical health, but also to mental health across the lifespan. Minority populations are especially vulnerable and more likely to be exposed to heat waves, sea level rise, extreme weather events (e.g., hurricanes, floods) and poor air quality. Psychiatric impacts of climate change include new-onset or exacerbation of preexisting symptoms of anxiety, depression, posttraumatic stress, sleep disturbances, and cognitive impairment, in addition to eco-distress (anticipatory anxiety about climate change and its consequences). Many clinicians do not feel well equipped to recognize and address climate-related psychiatric conditions. Under-recognition can lead to under-treatment and long-term consequences for individuals, families, and communities. Following a brief overview of the mental health impacts of climate change across the lifespan, we will review socio-economic-cultural factors which increase the risk of adverse outcomes for vulnerable populations. We will discuss common psychiatric syndromes that can occur in people exposed to heat waves and/or natural disasters. Using a diversity and health equity lens, we will provide tips for clinicians to facilitate discussions about climate change and its mental health impacts. We will provide recommendations on how to inquire about social determinants of health and climate change-related distress and resilience factors during clinical interviews. Thereafter, we will present an approach of how to

incorporate social determinants of health and the impact of climate change in the case formulation to inform a comprehensive treatment plan. We will then review the extant evidence focused on treatment interventions and propose resilience-enhancing strategies, focusing on minority individuals and communities.

The Overturning of Roe Versus Wade: Implications for Women’s Mental Health

Presenters: Nicole Huberfeld, J.D., Paul Appelbaum, M.D., Nancy Byatt, D.O., M.B.A., M.S.

Moderator: Madeleine Anne Becker, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand the history of the Roe vs Wade decision, its effect on women over time, and the implications of its overturn on reproductive rights.; 2) 2. Review factors that contribute to maternal morbidity and mortality, including inequities in medical and psychiatric care, and how the overturn of Roe will impact maternal mortality; 3) 3. Understand the implications of the Dobbs decision, how it impacts the practice of evidence-based medicine and patient access to safe care, and how it contributes to health inequities.; and 4) 4. Understand the role of psychiatrists when making recommendations, counselling, and treatment decisions related to abortion and reproductive planning..

SUMMARY:

abstract: The session will begin with a review of the history and significance of abortion legalization in the US. We will then highlight the implications of the decision to overturn Roe vs. Wade on women’s mental health, women’s right to privacy, women’s rights, and human rights. We will review factors that contribute to maternal morbidity and mortality, with a particular focus on inequities in medical and psychiatric care. We will also how restricting abortion impacts maternal mental health and interferes with the practice of evidence-based medicine and patient access to safe care. Finally, we will also discuss how psychiatric care will need to be adapted post Roe, particularly in regards family planning counseling.

The Role of Animals in the Treatment of Mental Disorders

Chair: Nancy R. Gee, Ph.D.

Presenters: Aubrey H. Fine, Ph.D., Sabrina Schuck, Ph.D., Lisa Townsend, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Differentiate the spectrum of animal assisted interventions in patient interactions (therapy animals, service animals, ESA); 2) Synthesize the scientific evidence for involving animals in treating mental disorders; 3) Identify patients likely benefit from animal-assisted interventions; and 4) Understand factors relevant to both patient and animal welfare when implementing animal-assisted clinical care.

SUMMARY:

Research on the human-animal bond suggests that our relationships with animals influence our health and well-being. Our session explores how human-animal relationships can be incorporated into psychiatric treatment. We summarize the research on the human-animal bond and its impact on outcomes of mental disorders. We highlight the role of companion animals (pets) in promoting well-being across the life course as well as challenges in providing and planning for animal welfare. Dr. Gee begins the session by contextualizing the human-animal bond within the unique relationship humans have had with dogs over thousands of years of co-evolution, highlighting the known health benefits associated with companion animals. Dr. Fine introduces terminology to help clinicians differentiate between types of animal-assisted interventions, such as animal-assisted activities, interventions, and therapies (AAA, AAI, AAT). He highlights differences between various working animals including service, therapy, and emotional support animals, outlining how each function to help people with mental illness. He elaborates the unique attributes of dogs and explores why they are well-suited to assist humans experiencing emotional distress. Emphasis is placed upon the therapy animal as a partner whose well-being must be considered vital in therapeutic interventions - a partner that

deserves and requires agency in their own right. Dr. Fine draws from his experience as a licensed psychologist to illustrate how AAT can be integrated into practice and how clinicians can promote recovery for patients while ensuring therapy animal well-being. Dr. Schuck presents AAI from a neurodevelopmental perspective, reviewing literature on AATs for Autism and ADHD and providing guidance on integrating various animal species into therapy. She supplements the review with examples from her NICHD-funded randomized, controlled trials examining AAI with children who have ADHD and posits why AATs improve executive functioning and social processes. She highlights individual differences in patient and animal temperament that play key roles in AAT. Schuck describes considerations for assessing fit between patients and animals in the therapeutic context. Dr. Townsend reviews research on how animals assist recovery from serious mental illnesses such as depression and schizophrenia. She highlights how they can be involved in safe and supportive ways in various settings, including inpatient and long-term residential treatment. She includes practical considerations for developing an AAT program and strategies for assessing which patients can interact safely with animals and potentially benefit from AAT. She focuses on social isolation and loneliness and the roles animals may play in alleviating these sequelae of mental illness, focusing on patient populations particularly prone to loneliness, such as those in long-term care, older adults, and palliative care patients reaching the end of life.

Too Much Is Never Enough: Compulsive Sexual Behavior in Psychiatric Practice

Chair: Kathryn Baseline, M.D.

Presenter: Sara Gilmer West, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define Compulsive Sexual Behavior Disorder as it appears in ICD-11 and identify the reasons behind its omission in DSM-5.; 2) Understand the potential misuse of CSBD by the legal system based on key landmark decisions.; 3) Identify the gaps in the literature on CSBD.; and 4) Differentiate sexual behaviors with underlying

compulsive or addictive characteristics from sexual behaviors originating from a paraphilic disorder..

SUMMARY:

Compulsive Sexual Behavior Disorder (CSBD) is a controversial diagnosis formally adopted by ICD-11 in January, 2022. The inclusion of this disorder under the name Hypersexual Disorder was rejected by the authors of DSM-5 for multiple reasons including its potential misuse by the legal system (Kafka, 2015). Despite the ongoing controversy surrounding the diagnosis, research and our understanding of this diagnostic phenomenology has continued to grow. The prevalence of compulsive sexual behavior may be around 5% (Kuzma & Black, 2008); further, compulsive sexual behavior is associated with other psychiatric diagnoses including substance abuse, anxiety and depression (for instance, see Raymond, Coleman & Miner, 2003). Thus, it is increasingly likely that the average psychiatrist will encounter a patient with compulsive sexual behavior in their practice. Learning how to conceptualize compulsive sexual behavior and differentiate it from paraphilic disorders and healthy sexual functioning is an important tool for the well-rounded psychiatrist. This session will introduce participants to CSBD. Our session is structured to include audience participation and debate throughout. We will do this by incorporating cases in a stepwise fashion, introducing new information at the beginning of each section of the presentation and posing questions and discussion at specified points during the presentation to maintain audience engagement. The presentation will start off by exploring the current literature on the prevalence and etiology of CSBD, including its genetic and neurological underpinnings (e.g., Schmidt et al., 2016), relationship to obsessive-compulsive disorders (e.g., Fuss, Briken, Stein & Lochner, 2019) and its relationship to substance and behavioral addictions. We will then discuss treatment considerations (both pharmacological and psychological). We will comment on forensic implications of the diagnosis, with specific but brief attention paid to its potential misuse by states with sexually violent predator laws. Presenters will offer tangible considerations for treatment and evaluation of cases that may involve CSBD as well as ways in which providers can educate their patients and other entities about this diagnosis.

Town Hall: COP²: A Global Response to the Mental Health Needs of Our Climate Crisis

Chair: Elizabeth Haase, M.D.

Presenters: Gary Belkin, M.D., Ph.D., M.P.H., Joshua Wortzel, M.D., M.Phil., M.S., Carissa Cabán-Alemán, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the approach of COP2 and the Race to Resilience to grow psychological resilience at global scale by developing local resilience capacity; 2) Describe possible future directions for interventions to build resilience in the face of climate change and ways to research their effectiveness; 3) Learn about case examples of lay community mental health efforts to respond to climate change, and ongoing US efforts to mainstream such approaches; 4) Understand the clinical and public mental health implications of the socioemotional burdens and damage of climate and environmental change; and 5) Explore with others how the APA can lead in this global mental effort, specifically by growing a COP2 North American network of learning and practice.

SUMMARY:

Town Hall: COP2: A global response to the mental health needs of our climate crisis. As places fall apart with climate change, people's emotional health too is falling apart. This is not only alarming from a humanitarian perspective. It interferes our ability to absorb new realities, adapt, endure, transform, find hope, and maintain community. The climate crisis is a behavioral crisis. To tackle this part of the climate crisis we must support communities in doing so. Community organizations, spiritual communities, neighborhood associations, and other social infrastructure must have the psychological tools and empowerment to become the psychological resilience engines that are needed. This is the task of COP2, Care of People x Planet, a United Nations initiative under the UN Race to Resilience. There is a mountain of existing evidence and experience about how to scale up social resilience, developed by organizations working in social justice, economic fairness, gender equity, sustainable peace,

environmental and climate justice, and protecting Indigenous rights, cultures, and places. Resources include youth activists, networks focusing on wellbeing economics, and those working on global mental health, sustainable development, ?inner development,? and public health. COP2 will join together the wisdom of all these groups and lay out a path for how put that evidence to work on the climate mental health crisis, with the goal of reaching 4 billion people in the world?s most impacted areas by 2030. The American Psychological Association and other allied mental health fields are already deeply involved, joining in the leadership of a COP2 North American Hub. Psychiatrists must be too. These approaches are also sorely needed to meet the magnitude of our mental health needs now. The COVID-19 pandemic has generated increasing federal action accelerating their use through examples such as ThriveNYC and REACH—NOLA. The first half of this panel will review the effects of climate change on mental health and what COP2 is trying to achieve as a response. We will present case examples of what building climate resilience looks like through the experience of Creer Con Salud in Puerto Rico and conclude with proposed future directions for these interventions and research. In the second half of the panel, we will hold a Town Hall discussion, capturing ideas for how the APA and APA members can organize a concerted national engagement joining others to build out the North American Hub of this global effort.

Training Together: Building and Bolstering Trainee Communities in a Post-Pandemic World

Chair: Jessica Gold, M.D.

Presenters: Sean Woodward, Amanda Koire, M.D., Ph.D., Simone Ariel Bernstein, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to maximize their online presence to grow their virtual community and find spaces to network and obtain mentors.; 2) At the conclusion of this session, the participant will be able to describe examples of outcomes and benefits of a virtual space to engage in educational activities.; 3) At the conclusion of this session, the participant

will be prepared to function effectively on a virtual team with an awareness of trainee-driven projects that are successful in the virtual space.; and 4) At the conclusion of this session, the participant will have collaborated with trainees to construct an action plan for a virtual initiative and obtained feedback from attendees..

SUMMARY:

Amidst the COVID-19 pandemic, trainees were required to adjust to an unexpected and evolving environment. Many activities, lectures, and events were canceled or converted to a virtual format.¹ While these disruptions led to fewer opportunities for in-person connection and networking, the pandemic accelerated the adoption and acceptability of online and virtual spaces for networking, education, and wellness. Virtual spaces offer benefits to trainees, including opportunities to network with and be mentored by physicians worldwide, and to collaborate with other students worldwide – all from home. Notably, a nationwide virtual hangout opportunity is an example of a program that was quickly implemented during COVID-19 to improve social connectivity among physicians.² Building trainee communities in this post-pandemic world requires learning to harness new opportunities presented by the migration to a virtual setting. During this session, we aim to empower trainees to create and participate in virtual communities that they find intellectually and emotionally supportive. We will first offer perspectives from trainees who have built virtual spaces, hearing from the co-founder of Inside the Match, a platform that has grown to create a community of medical school students during the pandemic, and the co-founder of Repro Psych Trainees, an educational initiative to educate and connect trainees interested in women’s mental health. Then, PsychSIGN leadership will discuss how to join and operate within existing virtual student organizations and considerations for developing successful projects for the virtual space. Speakers will illustrate their points with data derived from the development of their respective groups, including membership growth trajectories, geographic distributions, and training level demographics. Through this discussion, we will consider future ideas for virtual opportunities for trainees to engage in mentorship, networking, and

education. This conversation about virtual spaces will provide a conceptual point of reference as well as a template for an individualized action plan. We will prompt participants to clarify their goals, determine their target population, consider practical considerations of starting a platform, and plan avenues for outreach while demystifying the process. In the form of a “mini hackathon”, attendees will then expand the draft of their action plan in an interactive environment to promote collaboration amongst trainees from different training stages and geographic areas to tackle a challenge in a short period. Trainee-focused healthcare hackathons and ‘microhacks’ are productive and meaningful to participants.³ Workshop presenters will provide feedback to help develop ideas and a timeline to ultimately present an elevator pitch at the end of the session. The session will end with a summary of ways to attract and recruit a diverse group of trainees to join a virtual space.

Treating Evangelical Christians: Challenges and Opportunities

Chair: John Raymond Peteet, M.D.

Presenters: Samuel Thielman, Jennifer Harris, M.D., Steve Chennankara, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify common beliefs of evangelicals that present obstacles to psychiatric treatment; 2) Recognize the historical, cultural and theological underpinnings of these obstacles; 3) Understand resources available for working with evangelicals in need of treatment; and 4) Appreciate opportunities for collaboration, and education of both clinicians and patients.

SUMMARY:

Americans identifying as evangelical make up a majority of Protestants, and comprise an estimated 30% of the U.S. population. While their beliefs extend across a spectrum, several may present challenges to psychiatric treatment, including that mental struggles can be the result of demonic possession or personal sin, that depression reflects a lack of faith, that alternative sexual behaviors are sinful, and that secular professionals pose a threat to

their faith. Presenters in this session will explore the nature of these potential obstacles, resources for addressing them, and opportunities for collaboration and education. Dr. Samuel Thielman will describe from his perspective as a psychiatrist and historian the legacy of tension between evangelical Christians and psychiatry. This tension became especially pronounced in the latter half of the twentieth century when psychiatric literature often exhibited both subtle and explicit bias against evangelical religion. In response, alternative interventions emerged, from the charismatic approaches of theophstic counseling and deliverance ministries, to the more subdued alternatives developed by influential figures such as Tim Lahaye, Jay Adams, and Clyde Narramore. As a psychiatrist who has worked with evangelical outpatients, Dr. Jennifer Huang Harris will focus on practical ways to connect with Christians from such a background. Clinicians may need to cultivate compassion for those who perceive their depression or anxiety as evidence of spiritual failure, and may distrust psychiatry and its agenda. They may also need to cultivate humility, acknowledging the importance of the hope and meaning that faith confers, conceptualizing mental illness from a spiritual perspective, and potentially partnering with clergy. Dr. Steve Chennankara, a pediatric consultation liaison psychiatrist practicing within the Bible Belt, will discuss his work with families of Southern Baptists and Charismatics, the largest and the fastest growing sub-groups of American Evangelicals, respectively. These families often express concerns about mental health treatment of their children, including those identifying as LGBTQ. Southern Baptists tend to view mental illness as reflective of failure to be a true Christian, while Charismatics tend to see mental illness as a manifestation of demonic oppression. Interestingly, both groups view healing as coming from “faith” – in the form internalizing and rediscovering the truths and promises in the Bible for Southern Baptists, and through invoking God given authority over demonic oppression, for Charismatics. Building rapport with these families often depends on the psychiatrist’s ability to weave the psychiatric formulation and treatment plan into their spiritual worldviews. Discussion will focus on the experiences and questions of audience members regarding work with evangelical patients and families.

Treatment Resistant Depression: Definitions, Associated Factors, Available Treatment Approaches and Vistas for the Future (Not for CME)

Presenter: Roger McIntyre

Moderators: Ron M. Winchel, M.D., Justin Smith

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) to review current definition for treatment resistant depression (TRD); 2) to identify baseline factors that influence response to antidepressant and psychotherapeutic treatments; 3) to discuss the role of biomarkers and/or biosignatures in identifying TRD; and 4) to discuss treatment options capable of improving health outcomes in persons with TRD.

SUMMARY:

It is estimated that approximately two thirds of adults living with major depressive disorder (MDD) fail to respond adequately to current antidepressant treatment. It is also observed that a substantial proportion of persons with MDD exhibit suboptimal response to manual-based psychotherapy and/or neurostimulatory modalities of treatment (e.g., repetitive transcranial magnetic stimulation; rTMS). Varying definitions of treatment-resistant depression (TRD) have been proposed, with the most cited definition being suboptimal response to two or more antidepressant treatments. The pertinence of TRD is that persons with TRD when compared to those without TRD are more likely to have a severe and more persistent depression complicated by suicidality, increased health service utilization, psychosocial/workplace impairment as well as direct and indirect healthcare costs. Healthcare providers often encounter persons with TRD providing the impetus for the need for a consensus definition of TRD, as well as recognition of associated sociodemographic, clinical, treatment, and contextual factors. Moreover, it is also recognized that a substantial proportion of persons living with TRD or difficult-to-treat depression (DTD) are preventable. This presentation will provide participants with an update as it relates to current definitions of TRD, associated factors, as well as an update on the role of point-of-care biomarkers and

pharmacogenetic strategies. Participants will be introduced to the notion of DTD and hear about state of the art pharmacologic, neurostimulatory, psychotherapeutic, and other modalities which are currently available to implement in TRD. Participants will be informed of investigational treatments that are under development for application in TRD.

Ukrainian Mental Healthcare Provider Stress Relief With Breath-Centered Mind-Body Practices

Chair: Patricia Lynn Gerbarg, M.D.

Presenters: Richard Paul Brown, M.D., Liudmyla Moskalenko, Ph.D., Tatyana Vatulova, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the effects of the war in Ukraine on mental healthcare providers.; 2) Discuss the benefits of breath-centered mind-body practices on stress-related symptoms in Ukrainian mental healthcare professionals; 3) Explain the effects of breath-centered mind-body practices on the autonomic system, stress response, sleep, cognitive function, and fatigue.; 4) Discuss the effects of stress on the social engagement system and the capacity to feel meaningful connectedness.; and 5) List 3 advantages of a model of group mind-body interventions with community extenders during and after mass disasters..

SUMMARY:

Introduction by Chair Dr. Richard P. Brown: Since Russia invaded Ukraine on February 24th, 2022, millions of Ukrainians and their healthcare providers have been enduring unrelenting severe traumatic stress that is physical, psychological, and emotional. Peacetime models of mental healthcare fall short of meeting the needs of the people in most countries. How can we hope to reduce the short- and long-term adverse effects of war? What can be done to better prepare both the healthcare workforce and the general population with simple, inexpensive, readily accessible tools to improve stress resiliency and reduce the likelihood of post-traumatic stress disorder and the intergenerational transmission of trauma? Dr. Gerbarg will briefly review the scientific basis for understanding how breath-centered mind-body practices rapidly balance the autonomic

nervous system, reduce fear and anxiety, restore energy reserves, improve attention and cognitive function, and activate the social engagement system. She will describe how Breath-Body-Mind methods were modified for working with the highly sensitized and exhausted nervous systems of the Ukrainians. Prof. Liudmyla Moskalenko, President of the UAPP, will describe the effects of the current war on Ukrainians and on mental healthcare providers. She will discuss why UAPP chose to work with BBMF, how these programs affected her and her colleagues, what aspects of the BBMF training experience were most important to the Ukrainians, and how the training translated into their clinical work. Data from before and after two Ukrainian BBMF Courses will be presented. Major Tatyana Vatulova, of the Civil Protection Service of Ukraine, will describe her assessment of the population for whom she provides emergency psychological services. She shares her perspective on the most pressing needs of Ukrainians for dealing with war trauma and what kinds of support from outside mental health organizations is most needed. Dr. Vatulova will also comment on how the methods learned from BBMF can best be integrated into the Ukrainian healthcare system. A Panel of presenters concludes the session Q & A.

United We Stand: An Integrated Approach to Psychotherapy Training

Chair: Hinda F. Dubin

Presenters: Christopher Miller, Donald Ross, Anna Zeira

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply principles of Integrative psychotherapy appropriately; 2) Design an integrated psychotherapy curriculum; and 3) Develop an ego syntonic system of utilizing integrative techniques.

SUMMARY:

The University of Maryland/Sheppard Pratt Psychiatry Residency Program comes from a rich psychoanalytic tradition. At the same time, we have evolved and provide in-depth training for the shorter evidence based psychotherapies as well. In particular, there is a strong focus on cognitive

behavioral therapy (CBT) and dialectical behavior therapy (DBT) among others. In the course of training our residents, we strive to not only provide a strong theoretical and practical experience in these therapies, but also a true exposure to an integrated way of conducting psychotherapy. In this light, we have developed an Integrative Psychotherapy course. This course attempts to help our residents understand what happens in real time when a patient and a psychiatrist meet in a room. Regardless of theoretical orientation, every therapist brings into the room their own experiences, education, diagnostic lens and implicit biases. In our didactic approach, we create a milieu that makes this learning experiential on many levels. Our Director of Psychotherapy Education is a formally trained psychoanalyst and we also have a Director of Brief Psychosocial Therapies Training. These faculty work together to present their different perspectives in a way that enhances learning and also allows for an integrated approach. Our model curriculum is incorporated over a year long psychotherapy course for the PGYIII's. The course is framed in several stages. The first stage is technique based, in which we introduce CBT, motivational interviewing, trauma informed psychotherapy, psychodynamic therapy, attachment based, DBT and supportive. The second stage involves progressing to developmental stages in which we help our residents learn to integrate analytic models, attachment models and other developmental approaches. The third stage is applying psychotherapy to other realms including psychosomatic issues, suicide, race and group relations and addictions. The fourth stage incorporates neuroscience and psychotherapy including neurobiology of early adversity and mechanisms of therapeutic change. Finally, in the fifth stage we progress to advanced discussions in integrated approaches to practicing psychotherapy. In addition, we provide a monthly journal club, and a class on psychodynamic formulation. In this presentation, we will share our model curriculum in greater depth. We will also have a case presentation, followed by how to use an integrated approach to engage this patient's care. This portion will include audience participation as they bring their own unique treatment approaches to the discussion. There will also be a role-play of a prototypical case with volunteers from the audience with discussion

and feedback. This will be followed by small group discussions about incorporating integrative practices into their current approach. Finally, we will focus on how to implement this type of curriculum in other programs in a thoughtful and inclusive fashion.

Virtual Reality in Suicide Prevention: A New Frontier in Teaching and Training

Chair: Igor I. Galynker, M.D., Ph.D.

Presenters: Igor I. Galynker, M.D., Ph.D., Skip Rizzo, Ph.D., Aaron Norr

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the potential advantages of Virtual Reality technology for training clinicians in discussing uncomfortable and difficult topics and providing training in high-risk interpersonal communication; 2) Understand the differences and the potential use of Virtual Human Scenarios and Virtual Standardized patient; and 3) Appreciate the usefulness of current VR-based clinician training for front-line work with suicidal patients and future directions in designing user interfaces with high quality of “suspension of disbelief.”

SUMMARY:

There is a general paucity of training for clinicians interacting with suicidal patients. Despite years of research and intensified public attention, suicide remains a leading cause of death for adults 18-65 years old in the U.S. Further, half of suicide decedents see a clinician in the months prior to dying by suicide. Thus, improving clinician-patient interactions can save lives. Virtual reality (VR) technology offers new opportunities for the development of innovative clinical intervention tools. VR-based training and teaching approaches that would be difficult, if not impossible, to deliver with traditional methods are now being developed. VR, including Virtual Humans (VHs) and Virtual Standardized Patients (VSPs), has increasingly been employed to support clinicians in discussing uncomfortable and difficult topics and to provide training in high-risk interpersonal communication, such as physician-patient interactions with acutely suicidal individuals, which are highly stressful for clinicians. Many technical challenges need to be

overcome before clinical VR is ready for widespread teaching, training, and clinical implementation. Computers need to be sufficiently fast, and user-interface devices need to be sophisticated not to require more effort than users are willing to expend to learn how to operate them effectively. Consequently, different aspects of VR-based training interactions, for example, VH visual and audible speech likeness, VH speech comprehension, and the quality of “suspension of disbelief” during the training interaction need to be researched. In this symposium we will present recent advances in the use of VR for training clinicians for front-line work with acutely suicidal patients. The speakers will discuss training effectiveness and usability of VHs- and VSPs-based training methods. The first speaker will provide a review of the history of and rationale for the use of VR with clinical populations in psychiatry. The second speaker will describe the first results of the project aiming to develop an interactive training tool that uses Virtual Standardized Patient (VSP) to train providers to practice and improve their skills in implementing suicide safety plans through a remote learning environment applicable to the COVID-19 pandemic. The third speaker will present findings on using VHI training of outpatient clinicians in emotional self-awareness to improve clinicians’ recognition and management of their negative emotional responses and verbal empathic communication with acutely suicidal patients. The concluding discussion will provide a detailed examination of the implications of the presented findings on VR-based clinician training for front-line work with suicidal patients, as well as future directions in designing user interfaces with the optimal and cost-effective combinations of VR visual and audible speech likeness, speech comprehension, and the quality of “suspension of disbelief.”

What Is the Role of Psychiatry in K-12 Schools? Addressing High Risk Scenarios While Supporting the Continuum of Mental Health Care in Schools

Chair: Justine J. Larson, M.D., M.P.H.

Presenters: Nikhil Patel, M.D., M.P.H., Heather Gotham, Jessica Gonzalez

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) • To consider the role of psychiatry in the evolving landscape of mental health services and supports in K-12 schools; 2) • To gain knowledge of resources and frameworks to support the continuum of mental health services in schools.; 3) • To understand federal activities in the area of school mental health; and 4) • To examine one example of a model of service delivery by hearing from Project AWARE grantees in North Carolina.

SUMMARY:

Policy makers, teachers, parents, and clinicians alike are increasingly aware of the benefits of mental health services provided in schools, and that these services have the potential to meet an unmet, urgent need among youth. Schools provide a natural setting for accessing students needing a range of mental health services, especially traditionally underserved student populations (Anglin, 2003; NCTSN, 2017). There is substantial data pointing to exponential increases in anxiety, depression, and other mental health, behavioral, and developmental issues in children and youth (e.g., Bitsko et al., 2018; Horowitz & Graf, 2019; North Carolina School Mental Health Initiative, NCSMHI, n.d., Thompson, et al., 2021) that impede their ability to manage their emotions, establish positive relationships with peers and educators, make responsible decisions, and achieve positive goals (Collaborative for Academic, Social, and Emotional Learning, CASEL, 2019). a greater commitment to children's socio-emotional needs in schools, many schools struggle to provide adequate programming and services to address challenges students bring into the classroom (NCSMHI, n.d). In high-needs schools, these services often are primarily reactive and fragmented due to, among other challenges, under-staffed and inexperienced student services personnel (i.e., school psychologists, school counselors) (NCSMHI, n.d.) as well as inadequate resources to support mental health care services. first speaker, Dr. Justine Larson, Medical Director for Schools and Residential Treatment at Sheppard Pratt, will discuss potential roles for psychiatry in schools, including a role not only in consulting on high-risk clinical scenarios but also in supporting the full continuum of mental health services and supports. second speaker, Dr. Melinda

Baldwin, Division Director for the Child and Family Division of the Center for Mental Health Services at Substance Abuse and Mental Health Services Administration (SAMHSA), provide a broader framework for work that is underway in the federal government. Lastly, the audience will hear about one example model of service delivery in North Carolina, funded through SAMHSA's Project AWARE grant. audience will have the opportunity to hear how these school districts address the three tiers of mental health (promotion, prevention, and intervention) through a continuum of education, universal screening, and appropriate services and supports for all students in response to varying levels of need aligned with a Multi-Tiered System of Supports (MTSS). Lastly, participants will have the opportunity to discuss and consider their own potential role in school mental health services. Participants in this presentation will walk away with practical implementation guidance, framework, partnership ideas, and resources to scale up social emotional and mental health supports for students and clients they serve.

**When the Supervisor Needs a Supervisor:
Navigating Challenges in the Supervision Dyad**

Chair: Amber Frank

Presenters: Aimee Murray, Donna Marie Sudak, M.D., Anne Ruble

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe common challenges in supervision.; 2) Identify several potential approaches to manage these challenges.; and 3) Develop an action plan to address at least one supervisory challenge relevant to their present work environment..

SUMMARY:

Despite the importance of the supervisory relationship, there has been little uniformity in its application and a paucity of evidence about the most effective supervisory behaviors. Nevertheless, literature about principles of adult learning exists that may be applied to supervision to enrich and make the experience more robust. Several recent studies point to supervision as vital to the process of

psychotherapy adherence and quality, as well as its relationship to improvement in patient outcomes. This workshop is derived from the work of an AADPRT Psychotherapy Committee subgroup, which generated a list of common challenges and core issues in psychotherapy supervision in residency and created a series of practical guides to help address these challenges. This workshop will review a subset of these common challenges common to all supervisory relationships and the core issues they illustrate. Attendees will discuss specific roadblocks to effective supervision and develop an action plan to overcome these roadblocks. Participants will explore challenges within the supervisor-supervisee dyad as well as systems-level supervision concerns relevant to training directors and those who are responsible for managing supervisors in other settings. Scenarios include the "oil and water" supervisor/supervisee pair who are at a supervisory impasse, a supervisor who commits microaggressions with a supervisee, and challenges in telesupervision. The scenarios provide opportunities for reflection on personal experiences and impasses in supervision and in managing those conflicts in a supervisor-supervisee pair. Discussion topics will include managing impasses or conflict between supervisors and supervisees, recruiting and developing a psychotherapy supervisor pool, and improving diversity, equity, and inclusion fluency for supervisors. Participants will be active in this workshop through breakout groups, case-based discussions, and larger group debriefs. This workshop will provide participants with the opportunity to increase confidence in navigating common supervision challenges of their own, as well as in handling difficulties that may occur in managing a pool of supervisors.

Monday, May 22, 2023

A Practical View Into the Growing Digital Psychiatry Era: Integrating Pdots Into Clinical Psychiatric Practice and Advancing Access to Care (Not Available for CME)

Chair: Yuri Maricich

Presenters: Yauheni Solad, M.D., M.B.A., M.H.S., Michelle Primeau, M.D., Mariya Petrova, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to review how PDTs are being used and the clinical and real-world evidence supporting their use in clinical psychiatric practice.; 2) The participant will be able to describe how to integrate PDTs into clinical psychiatric practice.; and 3) The participant will be able to understand how continuous content improvements to PDTs, like language translations and evidence-based health literacy enhancements, can support patients' access to care.

SUMMARY:

Digital health technologies are increasingly being used at all levels of the health care system and at all stages of clinical diagnosis and treatment. This general session focuses on the integration of Prescription Digital Therapeutics (PDTs) into psychiatric care, spanning across addiction and chronic insomnia treatment areas. PDTs are software-based treatments delivered on mobile devices and are classified as Class II Medical Devices by the Food and Drug Administration. Nine PDTs have received FDA authorization thus far, and many more are in various stages of development. Multiple clinical trials, real-world observational data, and healthcare resource utilization analyses have supported the ability of PDTs to advance treatment for psychiatric conditions among patients who are currently under the supervision of a clinician.¹⁻³ Integrating PDTs into actual psychiatric clinical practice, however, requires additional levels of infrastructure, expertise, collaboration, and technical savvy. This general session will cover aspects of PDT deployment, with an emphasis on the critical requirements and workstreams that can enable full-scale use of PDTs in the day-to-day operation of psychiatric clinical practices. Panelists will address some of the innovations, infrastructure, legislation, and implementation efforts involved with full integration of PDTs into clinical practice workflows and electronic systems management. Additionally, panelists will discuss how the PDT modality is able to be adapted in an effort to improve access by responding to stigmatizing terminology and language needs, incorporating health literacy principles to

reach a wider patient population and subpopulations experiencing inequities in receiving psychiatric care.

A Psychiatrist, a Teacher and a Pediatrician Walk Into a Bar: A Multidisciplinary Approach to Active Shooter Drills in Schools

Chair: Margaret A. Mc Keathern, M.D.

Presenters: Chelsea R. Younghans, M.D., Brittany Bumgardner, Barrett Younghans

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand the impact of gun violence on school aged children and the community.; 2) 2. Recognize the pitfalls and possible consequences of realistic active shooter drills on school age children.; 3) 3. Demonstrate understanding of recommendations from the national organizations of pediatrics, psychiatry and education.; 4) 4. Provide examples of how to talk to children and parents regarding active shooter drills.; and 5) 5. Offer policies and procedures that reduce harm created by active shooter drills..

SUMMARY:

When thinking of our most vulnerable population we are often quick to consider children especially susceptible. We attempt to keep them safe by sending them to schools, a protected place in society. What happens when that expectation of safety is not met and our smallest and most susceptible population is put in grave danger? Using the most common definition of a mass shooting—an incident where 4 or more individuals are killed by a single (or sometimes pair) of perpetrators—studies have found that children and teens make up a high percentage of the victims killed in these tragedies. In 2019, children comprised 22% of the population in the United States and accounted for approximately 25% of victims in all mass shootings. Well over 200 instances of gunfire in K–12 schools have occurred in the United States in the 20 years since the Columbine shooting in Colorado. One response to the increase in violence in schools has been implementing active shooter drills (often referred to as “lockdown drills”). These drills are meant to help students and teachers practice quickly locking the door and windows/blinds, finding cover in a

classroom, remaining quiet and, in some instances, create barricades, evacuate the school, and actively resist a shooter. The exact nature of these drills vary, but some are so realistic they involve a simulated shooter who “stalks the hall, checking classroom doors, listening for any noise that may indicate the presence of students.” In the United States, 92% of schools report having a plan in place for a shooting incident. Existing literature suggests that the threat of a crisis can negatively affect children's anxiety levels. Further studies indicate that children who “fear” different aspects of school portray a wide variety of negative consequences stemming from lack of concentration and school avoidance, resulting in lower test scores and decreased graduation rates. Given the growing fear regarding school shooting incidents, active shooter drills are likely to become a more common and routine component of the K-12 institutional structure. Increasing the amount of active shooter drills shows a direct correlation to fear among students while hindering the instructional value of a school day. podium presentation will provide a multidisciplinary approach to discuss the implications of active shooter drills on youth from the perspective of a psychiatrist, pediatrician and teacher. Each presenter will discuss risk for harm from their respective specialties and review recommendations for schools and districts that continue to conduct active shooter drills. The presenters will then participate in a panel allowing active discussion and the ability to ask questions from the audience. This presentation aims to display the motivation and urgency for multidisciplinary teams to collaborate in innovative ways to combat gun violence and the effects it has within our communities.

A Public Health Crisis: Treating Intimate Partner Violence (IPV) With a Focus on LGBTQ+ Populations

Chair: Amir K. Ahuja, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) By the end of this presentation, the audience will be able to define intimate partner violence and define the constituent groups within the LGBTQ+ community.; 2) By the end of this presentation, the audience will be able to identify

common characteristics of perpetrators and victims of IPV, and be able to define; 3) By the end of this presentation, the audience will be able to identify the prevalence of IPV in adults overall, in the LGBTQ+ community specifically, and across various age and racial groups.; 4) By the end of this presentation, the audience will be able to conduct an appropriate IPV assessment with LGBTQ+ people.; and 5) By the end of this presentation, the audience will be able to identify and utilize IPV resources and techniques for treatment..

SUMMARY:

As the Director of Psychiatry at the Los Angeles LGBT Center and the author of a book under contract regarding LGBTQ (lesbian, gay, bisexual, transgender queer) IPV, I see this problems frequently. Current understanding indicates that intimate partner violence is sufficiently widespread in both heterosexual and LGBTQ populations to constitute a public health problem (Koop, 1987). No one - regardless of race, ethnicity, nationality, culture, class, age, level of education, income, political affiliation, spirituality, religion, size, strength, gender identity, or sexual orientation - is safe from domestic violence. Batterers can be male or female, "butch or "femme", large or small. So can victims (Holt, 2002). As many as one-in three persons, regardless of sexual orientation, is affected by domestic violence (NCAVP, 2011). In the LGBTQ population, intimate partner violence is one of the community's largest health problems (Island & Letellier, 1991) and has serious physical health, mental health, and social consequences for its victims, their families, the LGBTQ community, and society-at-large (Houston & McKirnan, 2007). While it shares some similarities with domestic violence in the heterosexual community, there are numerous and complex differences that complicate intervention, as well as the safety and well-being of LGBTQ individuals. Without an understanding of these differences, intervention is potentially damaging, oftentimes dangerous, and can increase risk for serious injury and death. For the reasons above, it is vital that we as Psychiatrists confront the issue of IPV. In particular, this presentation will focus on this within the LGBTQ population, given that it is disproportionately affected by IPV and under-diagnosed and under-treated routinely. I will begin

with a case example which highlights some of the issues we face with IPV, including mutuality of violence, proper assessment, and interfacing with legal and community resources. Next, I will discuss the overall prevalence of LGBTQ IPV in the community as a whole and within subsets of the community. I will also discuss the characteristics of typical victims and perpetrators, and also define other terms related to this which are in the literature. Finally, I will review proper assessment and treatment of LGBTQ IPV. I will discuss the questions to ask, what to do in challenging situations, and lessons learned from treating this on a daily basis.

A Systematic Approach to Psychiatric Innovation Across Technologies, New Therapeutics and Care Re-Design

Chair: Jay H. Shore, M.D., M.P.H.

Presenters: Cynthia Epperson, M.D., Allison Dempsey, Ph.D., Scott Thompson, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand an approach to systematic integration of Innovation in Psychiatry bringing together new technologies, therapeutics and care redesign.; 2) Explain how the individual projects in psychiatric innovations in APPs, psilocybin and integrated care can be synergized in resources and scientific approaches and outcomes; and 3) Understand the benefits, challenges and lessons from seeding individual psychiatric innovations within a large model of systematic innovation.

SUMMARY:

The field of psychiatry is in an unprecedented moment. Psychiatry, as it emerges from the pandemic, confronts multiple crises including increasing mental health needs, provision of equitable access to care in the face of health disparities and workforce burnout and staffing challenges. Simultaneously driven by the exponential growth of technology in the past decades, there is an explosion of current and emerging knowledge and innovations that can be leveraged to address these current crisis's. The University of Colorado's Department of Psychiatry is working to structure

innovation in psychiatry to advance how innovations are discovered, developed, and integrated into systems of care to improve patients' and communities' mental health. This approach seeks to mature 3 pillars of innovations: mental health technologies, new psychiatric therapeutics, and system care redesign. Central to this is fostering key internal and external collaborations for research and development, expanding the concept of the triple helix to the quadruple helix to bring together partnerships between academia, industry, government and community. This session will provide an overview of this approach and illustrate it with examples of current individual projects at the University of Colorado across the three pillars. For technology an Industry-Academia partnerships developing a software application that is being integrated into the University-affiliated healthcare system to support monitoring, tracking and treatment of patients' mood and anxiety symptoms. New therapeutics will describe the vision for investigating from bench to bedside the potential use and development of psilocybin for psychiatric care. Care redesign will be exemplified through the description of how a model of integrated care, integrated behavioral care plus, was developed and then implemented across a series of Family Medicine clinics to cover 70, 000 patient lives. Finally a methodology across several innovation projects will be described that adapts technology innovations to clinical mental health treatment and evaluation using a measurement based approach to pair individual technology with function for the promotion of stepped care models. panel will then discuss synergies across projects and their integration into the larger structure and partnerships in innovations including the benefits, challenges and lessons learned. se include: 1) Balancing speed, flexibility and innovation with need for structure, regulation and coordination; 2) Working across multiple partnerships and organizations; 3) Attending to competing priorities and goals; and 4) Considerations around prioritization of work, sustainability and return on investment. It will conclude with an audience and panel Q&A.

Access and Equity: The Level of Care Utilization System (LOCUS) and the Self-Assessment for Modification of Anti-Racism Tool (SMART)

Chair: Rachel Talley, M.D.

Presenters: Sosunmolu Shoyinka, M.D., M.B.A., Kenneth Minkoff, M.D., Wesley Eugene Sowers, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the various functions of the LOCUS for its intended use for patients, providers, payers, and population health managers, along with the process for conducting a LOCUS assessment.; 2) Describe the development, domains, and implementation process of the SMART Tool, including ways in which the tool builds on prior inequity frameworks; and 3) Understand the barriers and facilitators to successful and equitable allocation of mental health care resources via real-world examples of LOCUS and SMART application.

SUMMARY:

The Self-Assessment for Modification of Anti-Racism Tool (SMART) (Talley et al, 2021) is a quality improvement tool recently developed by American Association for Community Psychiatry (AAPC) to address structural racism in community mental health, with applicability to a variety of organizational settings. SMART builds on existing healthcare inequity frameworks (Spitzer-Shohat & Chin, 2019; Metzl & Hansen, 2014; Gomez et al, 2016) by facilitating a self-directed, stepwise quality improvement process for health organizations to work towards elimination of discriminatory practices and policies. Through group dialogue tied to the tracking of disparity and inequity-related metrics, SMART provides a platform for interaction and meaningful discussion that would otherwise be more difficult to initiate and maintain. Progress toward more equitable and respectful organizational structures can be documented and displayed. Level of Care Utilization Services Tool (LOCUS) was developed by the AAPC in 1996 to promote level of care decision-making processes that are unbiased, effective, and consistent with professional standards (AAPC, 1996). The LOCUS is emotional health assessment tool that use six quantifiable dimensions of function to help clinicians, payers, and those in

need of behavioral health services, to have a uniform process for understanding what care is needed, when and for how long. tool also uniquely defines six levels of service intensity and provides an algorithmic formula for using the scores to match needs to appropriate services. LOCUS provides a framework for consistency in placement decisions, treatment planning, continuity of care, smooth transitions, and collaborative, recovery-oriented care. To date, the LOCUS has been widely adopted across the US and in several international locations. Beginning in 2019, interest in the LOCUS has increased significantly as several states and other large public entities have enacted policies that require payers of behavioral health services that they oversee to employ level of care determination methods consistent with those applied by the LOCUS (California Insurance Commissioner, 2020; New York State Office of Mental Health, 2019). This panel will consist of the developers of the LOCUS and SMART tools. In this presentation, panelists will describe the development, content, and implementation process for the LOCUS and SMART. Panelists will then engage the audience in an interactive discussion of several real-world case examples of LOCUS and SMART application in community mental health settings. Panelists will share key lessons learned related to the process of using structured assessment and quality improvement tools to advance equitable access and allocation of mental health resources.

**Alcohol Use Disorder as the ‘Elephant in the Room’:
The Changing Conversation Around Alcohol in the
United States**

Presenter: George F. Koob, Ph.D.

Moderator: Vikas Gupta, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define the negative consequences of alcohol misuse; 2) Identify positive societal changes related to alcohol consumption; and 3) Describe drivers of AUD and alcohol misuse amplified by the COVID-19 pandemic.

SUMMARY:

Alcohol misuse and alcohol use disorder (AUD) are endemic societal problems that have been willingly

absorbed into the social fabric of our society for generations. They cause an enormous amount of medical pathology, human suffering, loss of productivity and cost to our medical care system and the nation’s economy. Alcohol misuse accounts for 30 million individuals with alcohol use disorder, 5% of cancers, 50% of liver disease deaths, and up to 25 % of pancreatitis. While efforts to employ screening, brief intervention and referral to treatment have successfully initiated screening in many situations, brief intervention and referral to treatment remain underused. Missed screening opportunities especially for some subgroups and the more widespread lack of follow up after screening contribute to a significant treatment gap: less than 10% of individuals in need of treatment receive treatment for AUD. Less than 2% receive one of the three FDA approved and effective medications for treatment of AUD. In addition, the COVID-19 pandemic has exposed some long-neglected drivers of AUD: increased drinking to cope with stress, interaction of alcohol with mental health, the role of alcohol in women’s health, alcohol and health in older adults, and understanding recovery from AUD. The good news is that a cultural change is underway as highlighted by movements to reevaluate our relationship with alcohol such as Dry January, Sober October, and the broader Sober Curious movement. Underage drinking has steadily declined for the past 20 years. Current NIAAA priorities and challenges include providing resources for the public to facilitate prevention among young adults (College Aim), to help individuals evaluate their own relationship with alcohol (Rethinking Drinking), and to assist those seeking treatment (NIAAA Treatment Navigator). Also, the Healthcare Professional Core Resource on Alcohol, launched in 2022, provides healthcare professionals with evidence-based knowledge and resources to address alcohol misuse in clinical practice. An operational definition of recovery has been formulated to facilitate evidence-based research on the factors that promote recovery. Efforts are underway to facilitate the development of individualized treatment for AUD with an emphasis on a harm reduction framework. Challenges that remain include expanding the uptake of screening, brief intervention, and referral to treatment (SBIRT), exploring and expanding a role for telehealth in treatment, addressing stigma, addressing diversity,

equity and health disparities in the alcohol field, and developing the next generation of alcohol researchers. Addressing such challenges will facilitate the implementation of evidence-based diagnosis, prevention and treatment of alcohol use disorder and will significantly improve health and reduce health care costs.

An Athlete's Achilles Heel: The Risk Stratification of Athletes and Barriers to Mental Health Care

Chair: Bhagwan A. Bahroo, M.D.

Presenters: Thanh T. Nguyen, M.D., Katrina L. Wachter, M.D., Marissa Anne Manning, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the psychiatric comorbidities associated with athletes.; 2) Recognize and appreciate the risk factors of an athlete developing depression, suicidality, or other mental health conditions.; 3) Examine the barriers to treating athletes and apply techniques to overcome these barriers; and 4) Identify three prevention strategies for reducing mental illness within the athlete population..

SUMMARY:

A significant number of athletes suffer from conditions such as Depressive disorders, Anxiety disorders, Obsessive-compulsive disorder, Eating disorders, Body dysmorphic disorder, and Substance abuse disorders. The world of professional sports often sensationalizes the rollercoaster of events from the National Collegiate Athletic Association (NCAA) competitions and their athletes. The glorification of slam dunks, hole-in-ones, home runs, and miraculous touchdowns ignites a roaring crowd and turns into media snippets. It rarely is the case when an athlete takes a knee, especially regarding mental health. Considering collegiate athletes' stakes, this unique environment may exacerbate these disorders. The context can be competitions for scholarships, NCAA Name, Image, and Likeness (NIL) deals, and professional aspirations. Most current models of mental health around athletes are centered on the socialization of mental health awareness. However, they are insufficient to address athletes' varied mental health needs. These models

utilize risk factors for athletes, though they stop short of providing decisions on management and next steps. In this session, we will elucidate the current "state of play" of the prevalence of psychiatric conditions among athletes from the collegiate to the major leagues. We will then discuss holistic factors of an athlete's emotional, mental, physical, social, spiritual, and environmental influences. We will discuss the Athlete Psychological Strain Questionnaire, touching on the benefits and drawbacks of this tool in identifying athletes at risk for mental health decline. We will highlight the studies relating to factors such as enduring injuries that require a protracted recovery and rehabilitative period, sustained multiple concussions, overtraining syndrome, performance expectations, athletic identity, and the involuntary termination of an athletic career. The presenters will include in the session several preventative components that athletes and their coaches can utilize to provide support before a decline in mental health, specifically regarding depression and suicide. We will propose a measuring tool to stratify a particular athlete for their vulnerability towards a decline in mental health. We hope to demonstrate our main points through examples and media and provide a handout at the end of the session, encapsulating our salient points along with our proposed risk factors. We hope this innovative model will foster collaboration with sports societies and motivate a new wave of mental health-conscious coaches and support staff. While we may not harbor high hopes that this model will cause a loud cheer when an athlete bows out of an Olympic event, we hope a conversation of this caliber will open dialogue amongst mental health professionals, athletes, and their coaches to collaborate and initiate a change

Are You Here to Help? The Intersection of Mental Health, Policing, and Race in a Crisis Response

Chair: Dionne Hart, M.D.

Presenters: Matthew Goldman, Taun Hall

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Learn the historic origins of policing in America and its impact on current relations in Black communities; 2) Understand the

risk of fatal outcomes for unarmed Black people and those experiencing a mental health crisis.; 3) Appreciate how race factors into the outcome of a Black person experiencing a mental health crisis.; and 4) Explore innovative solutions to decrease the role of police in response to a mental health crisis.

SUMMARY:

Policing in America dates back to the early 1700s and the slave patrols. These patrols were designed to apprehend runaway slaves, to provide deterrence against a revolt, and to create an atmosphere of terror. In the Southern states, these patrols evolved into police forces in the 1800s. In 1900s, police were involved in enforcing racial segregation and suppressing the civil rights of Black Americans. In modern times, Black people are imprisoned at five times the rate of whites and are three times more likely than whites to be killed by police. Over the years, responding to mental health crises and addressing social and mental health issues has been placed under the purview of law enforcement. Police have also become the gatekeepers of the largest mental health facilities in the US, correctional institutions. Black parents have “The Talk” with their children to prepare them for police encounters. The Talk requires the party to have logical thoughts and be able to follow directives. Nearly 20 percent of fatal shootings involve someone who has mental health problems. When you add irrational thought and dysregulated behaviors and historical race based tensions, the result is a culture of unarmed Black individuals facing high risk of harm or death when in a mental health crisis. Two of the presenters (psychiatrist Dr. Dionne Hart and former New Haven, CT Chief of Police Anthony Campbell) will describe how their identities as both Black and members of law enforcement give them unique insights into the intersection of mental health, policing, and race in a crisis response. They will be joined by Taun Hill, a mother who lost her son Miles who was shot by responding police officers when he was experiencing a mental health crisis. Following the death of Miles, Ms. Hill founded the Miles Hill Foundation to advocate for people living with mental illness and their families. The last presenter will discuss innovative solutions to decrease the role of police in responding to individuals experiencing a mental health crisis.

Ascertaining Evidence and Strategies for Medical Treatment of Adolescents With Substance Use Disorders (SUD)

Chair: Nita V. Bhatt, M.D., M.P.H.

Presenters: Jesse P. Cannella, M.D., Julie Gentile, M.D., M.B.A., Kari Harper, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To identify diagnostic criteria and recognize presentations of substance use disorders (SUD) in adolescents, including opioid use disorder (OUD), alcohol use disorder (AUD), and cannabis use disorder; 2) To categorize and assess varying evidence, efficacy, risks, and indications of MAT in adolescents, including NAC, naltrexone, disulfiram, acamprosate, NRT, bupropion-S; and 3) To elucidate and establish evidence-based practices for medication-assisted management of adolescents with substance use disorders (SUD).

SUMMARY:

Substance use disorders (SUD) remain a long-standing problem for adolescents. As impacts of the opioid epidemic continue to expand throughout the adolescent and young adult population, pediatricians and child and adolescent psychiatrists are increasingly frequently identifying and managing opioid use disorders (OUD) as well as other SUD. Adolescent-medicine is thus critical in combating this epidemic. Growing evidence suggests the paramount responsibility of SUD-management incorporation throughout the healthcare system, including in primary care. While medication assisted treatment (MAT) is now standard treatment for adult SUD, it remains less common in adolescents. Considering biopsychosocial influences, the adolescent demographic is highly vulnerable to developing SUD and poses further concerns regarding chronic dependence and complications including corresponding effects on neurocognitive development. Studies and literature evaluating treatment of SUD in the adolescent population, however, remain limited, as do formal United States Food and Drug Administration (FDA) indications. While varying by specific disorder and treatment, the literature finds an overall predominance showing

similar efficacy, safety profiles, and adverse effects of psychotropic MAT for SUD in adolescents to that of the adult demographic. Buprenorphine/naloxone and extended-release naltrexone (XR-NTX) are evidence-based treatments for opioid use disorder (OUD), safe and appropriate for use in adolescents. The American Academy of Pediatrics (AAP) Committee on Substance Use and Prevention (2016) thus emphasizes the evidence of these medications, including buprenorphine, for use in adolescent patients, and the importance of provider training and education. Additional safe MAT options with at least some demonstrated efficacy for adolescents further include: N-acetylcysteine (NAC) for cannabis use disorder (CUD); naltrexone, disulfiram, and acamprosate for alcohol use disorder (AUD); and nicotine replacement therapy (NRT), bupropion-SR, and varenicline for cessation of tobacco use. This general session includes an overview of DSM-5 TR criteria for various substance use disorders (SUD) and overview of the FDA-approved and off-label indications, adverse effects, and efficacy of medication assisted treatment (MAT) in adolescents with NAC, naltrexone, disulfiram, acamprosate, NRT, bupropion-SR, and varenicline. This session is intended to examine, identify, and evaluate the various means of psychotropic medical management of SUD in the adolescent population to improve the clinical care and medical management of this highly vulnerable population. While management is multidisciplinary and complex, both FDA-approved and off-label uses of MAT show great promise for this demographic and act in the continued battle against the opioid epidemic, aiding in apt management, reduced stigma, improved quality of life, and increased societal integration of these adolescents and young adults.

Asian American Mental Health, Advocacy and Empowerment in the Age of Covid-19

Chair: Seeba Anam, M.D.

Presenters: William Wong, Russell Jeung

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Recognize the impact of the rise of anti-Asian discrimination on the mental health of Asian American communities; 2) 2. Describe the

ways in which anti-Asian discrimination has been affected by media coverage; and 3) 3. Identify different approaches to engage in advocacy work to promote mental health in collaboration with underserved communities.

SUMMARY:

The impact of the COVID-19 pandemic on the mental health of members of the Asian American Pacific Islander (AAPI) community are increasingly being recognized. COVID-19 related anti-Asian rhetoric in media outlets has contributed to a sharp rise in verbal and physical harassment, which in turn has elevated risks for negative mental health outcomes, including anxiety, depression, and trauma- and stressor- related symptoms. This panel will aim to highlight the intersection of media, advocacy, and mental health in AAPI communities. Initially, we will discuss the role of media as a potential social determinant of health, with a particular focus on the AAPI community as a case example. By shaping thoughts, attitudes, and behavior, media can play a critical role in influencing mental health and may have a particular impact in underrepresented or misrepresented communities. Stereotypes perpetuated in representations of Asian Americans in the media, particularly “model minority” and “perpetual foreigner” tropes reinforce the notion that AAPIs are not part of mainstream American society, rendering the community more vulnerable to acts of racism and discrimination. The problem of misrepresentation impacts all minority communities in America, but the true impact of this media influence is yet to be determined. We will then highlight a novel academic-community collaborative project formed during the early stages of the COVID-19 pandemic, the Coalition for Healthy Asian Minds Program (CHAMP), serving five distinct AAPI communities. The CHAMP project aims to both examine the impact of media on mental health in AAPI communities, as well as utilize media as a tool to promote culturally responsive mental health. CHAMP project components focused on the intersection of media and the sequelae of COVID-19 will be featured. Lastly, we showcase the innovative and nationally recognized advocacy project, Stop AAPI Hate, a community-generated database spotlighting the rise in acts of racism and discrimination against Asian communities, and the

attendant toll on mental health in these communities. The expressions, sources, and impacts of COVID-19 related racism will be described, followed by the ways in which AAPI communities are employing advocacy efforts to address racial trauma and related mental health concerns. Participants will be engaged to reflect on the intersection between media, advocacy, and mental health via interactive exercises interspersed throughout the presentation.

Back to the Future: Psychiatry and Abortion in a Post-Roe v. Wade World

Chair: Eva Mathews

Presenters: Leah Dlugolecki, Natalie Hunsinger

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the history between psychiatry and abortion, and how this relates to the ethical conflicts facing psychiatrists in the current post Roe vs Wade world.; 2) Synthesize the literature on abortion's impact on mental health as well as denied abortion's impact on mental health, including the impact on suicide rates.; and 3) Know the laws in the participant's home state regarding abortions, including mandatory counseling and whether suicidality is an exception to abortion bans..

SUMMARY:

With the recent Dobbs vs Jackson Women's Health Organization ruling by the Supreme Court and subsequent flurry of laws being passed and enacted in many states across the US, women in large areas of the country will not be able to access health care in the form of pregnancy termination. To understand the potential impact on psychiatrists, one must look to pre-Roe Vs Wade times to see the complex ethical position many state laws put them in. Prior to 1973, mental health exceptions were one of only a few ways of gaining access to abortion in some states, making psychiatrists the gatekeeper to abortion access. As Dr. Paul Appelbaum, former president of the APA opined thirty years ago, returning to restrictive abortion laws "will confront psychiatrists with dilemmas from which there is no clear escape." This session will review the history of the role of psychiatry in abortion access, update attendees about the known mental health impact on women of

getting an abortion and/or being denied one, and make attendees aware of current laws in their state. By reviewing our history and lessons learned, participants will be encouraged to think through their own positions on this difficult issue as it faces our profession once again.

Breaking Through Chronicity: Using Psychotherapy to Overcome Barriers to Change

Chair: Donna Marie Sudak, M.D.

Presenters: Jesse H. Wright, M.D., David Allan Casey, M.D., Katharina Perlin

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Detail key strategies for overcoming challenges to effective implementation of cognitive-behavior therapy in chronically ill patients; 2) 2. Describe common problems in implementation of successful cognitive-behavior therapy; and 3) 3. Develop CBT formulations to address barriers to effective treatment.

SUMMARY:

In this workshop, experienced cognitive-behavior therapists will discuss common challenges in delivering effective treatment and invite participants to present dilemmas they have encountered in chronic patients. The initial focus of the workshop will be on modifications of CBT for patients who have chronic cognitive and behavioral patterns that may impede the progress of treatment. An open forum will follow in which participants can share their experiences in treating difficult cases and receive suggestions from session leaders and other participants. Flexibility, creativity, and persistence will be emphasized in finding solutions to treatment challenges. Specific challenges that will be addressed include: 1) tailoring CBT for treatment-resistant depression; 2) exposure therapy for agoraphobia; 3) CBT for relapse prevention in bipolar disorder; 4) behavioral activation in the elderly; 5) helping patients who are stuck in maladaptive behavioral patterns.

Bridging the Digital Divide: The Interplay of Innovations in Digital Mental Health and Healthcare Disparities

Chair: Nicole Christian-Brathwaite, M.D.

*Presenters: Hossam M. Mahmoud, M.D., M.P.H.,
Leroy Arenivar, M.D.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the potential role of digital health solutions in expanding access to care for marginalized populations, including racial, linguistic and sexual and gender minorities; 2) Appreciate the complexities of access barriers for marginalized populations, at the patient, clinician and systemic level; 3) Understand the potential of innovations in healthcare to mitigate, as well as exacerbate health disparities; and 4) Explore the health equity dimensions of healthcare innovations and technologies.

SUMMARY:

The COVID-19 pandemic has facilitated a digital revolution in healthcare, as the pandemic and subsequent public health emergency forced massive scaling of telebehavioral health (TBH) across the country. This occurred due to a combination of increased demand for behavioral health services, coupled with exacerbated barriers to accessing care. Lockdowns, contact precautions, and reduced facility capacity added to the pre-existing behavioral health crisis. While these challenges affected everyone, they also exacerbated healthcare disparities among many underserved patient populations, including racial, linguistic, and sexual and gender minorities. The stressors of the pandemic including economic downturn, social unrest, discrimination, and anti-LGBTQ+ legislation worsened the already escalating mental health needs of members of minority populations. The expansion of TBH and digital solutions expanded access to care, but many patients belonging to minority populations have continued to face challenges in accessing care. Barriers and challenges exist in both in-person and virtual behavioral health care, at the patient, clinician, and systemic level. In this session, we discuss the use of TBH and digital solutions to expand access to care, focusing on three historically underserved patient

populations, including racialized minorities, linguistic minorities, and sexual and gender minorities. We further discuss the interplay of innovations in healthcare with systemic barriers and the potential for disparate dissemination, adoption, and access to such innovations that may compound healthcare disparities. We explore different approaches to digital health implementation that would incorporate equity into the delivery of TBH and virtual care more broadly, ultimately mitigating the access divide without perpetuating the digital divide.

Bridging the Gap: Epidemiology, Clinical Care, and Policy at the Intersection of Serious Mental Illness and HIV

Chair: Alison R. Hwang, M.D., Ph.D.

Presenters: Francine Cournos, M.D., Alexander Reza Bazazi, Andrew Sudler, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify risk and protective factors for HIV among people with schizophrenia and other types of serious mental illness; 2) Demonstrate knowledge of clinical approaches to support people with HIV and serious mental illness; and 3) Identify public health and policy reforms that affect HIV risk for people with serious mental illness.

SUMMARY:

Schizophrenia and HIV are two persistent illnesses that are often treated in different health care settings, with risks of fragmented care and divergent funding sources. Greater awareness of how to treat these two conditions in community mental health settings is needed: the prevalence of HIV among persons with schizophrenia is consistently reported to be greater than in the general U.S. population and contributes to the premature mortality in this population. This panel of experts on HIV/AIDS and schizophrenia will discuss the epidemiology of HIV/AIDS among people with schizophrenia, disparities in clinical care for HIV/AIDS among those with schizophrenia and other types of serious mental illness, and public health implications of policy reform around HIV/AIDS care for those with serious mental illness. First, the panel will present on the prevalence of HIV among people with schizophrenia

and other types of serious mental illness and risk and protective factors for acquiring HIV among people with serious mental illness. The increased HIV prevalence among persons with serious mental illness is not likely the result of a biological predisposition to HIV but rather appears to be driven by higher rates of HIV-related risk behaviors in this population. Secondly, the panel will discuss clinical approaches to treating people with HIV/AIDS and schizophrenia in integrated and community health settings. Finally, the panel will discuss the role of public health reform, such as access to substance use disorder treatment and pre-exposure prophylaxis (PrEP) for people living with serious mental illness treated in community mental health settings. Barriers to treatment for substance use disorders (especially opioid use disorders, or OUD) and PrEP include provider attitudes and provider knowledge gaps, patient attitudes and knowledge, and systems issues. There is a unique opportunity for community mental health settings to help address the ongoing HIV epidemic by facilitating access to OUD treatment and prescribing of PrEP to the at-risk populations they currently serve. The panel consists of a psychiatric epidemiologist, former director of community services at the New York State Psychiatric Institute, and a psychiatric researcher whose work focuses on at-risk populations with serious mental illness.

Buprenorphine Update and Evolving Standards of Care

Chair: John A. Renner, M.D.

Presenters: Andrew John Saxon, M.D., Dongchan Park, M.D., Petros Levounis, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain changes in patterns of opioid use disorder since 2022.; 2) Describe regulatory changes relevant to buprenorphine in 2022.; and 3) Describe changing standards of care in the use of buprenorphine in the treatment of opioid use disorder..

SUMMARY:

This session will describe recent changes in the epidemiology of opioid use disorder, including the

current epidemic of fentanyl, carfentanil, and other fentanyl analogs. We will review: 1) 2022 regulatory changes and their effect on clinical practice and collaborative care models 2) The results of research studies comparing buprenorphine and extended-release naltrexone 3) The impact of new medication formulations, including injectable buprenorphine 4) Evolving standards of care for medication-assisted treatment including efforts to expedite admission to long-term medication treatment, and models for the management of opioid over-dose 5) Plans to expand access to evidence-based treatment within the justice system.

Challenges for International Medical Graduates (IMGs) in Psychiatry in 2023: Top Issues and Solutions

Chair: Nhi-Ha T. Trinh, M.D., M.P.H.

Presenters: Elie Aoun, M.D., Ian Hunter Rutkofsky, M.D., Dora-Linda Wang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define imposter syndrome and describe how it specifically impacts IMGs.; 2) Identify two specific challenges facing Caribbean IMGs.; 3) Describe three solutions to post-pandemic challenges facing IMGs.; and 4) Use three specific Upstander strategies when witnessing microaggressions..

SUMMARY:

International medical graduates (IMGs) are a heterogeneous group of physicians who have received their medical education outside the United States (US). IMGs can be further categorized as US IMGs or non-US IMGs, depending upon the status of their citizenship or nationality (Elnajjar 2022). IMG psychiatrists continue to make significant contributions to the US physician workforce. As a group, they represent 29% of active psychiatrists in the USA, compared to 23% in all other medical specialties (Duvivier 2022). Of all active IMGs in psychiatry, 17.8% were Caribbean medical school graduates (Duvivier 2022). Specific career challenges have always existed for IMGs, including visa and licensure challenges, recruitment, training, and post-residency job opportunities (Elnajjar). In addition,

issues of imposter syndrome, racism and other discrimination, and heightened stressors related to the COVID19 pandemic, have complicated the career trajectories, work-life balance, and well-being for IMG trainees and psychiatrists (Zepeda 2022 and Pemberton2022). In this session, using case examples and small group discussion, panelists will identify the top challenges for IMGs in this era and offer practical solutions for both IMGs and their allies.

Changing the Trajectory: Innovations in First-Episode Psychosis to Reduce Risk of Violence, Suicide, and Legal Involvement

Chair: Deirdre Caffrey, M.D.

Presenters: Stephanie Rolin, M.D., Michael Compton, M.D., Ilana Nossel, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Formulate the risk of violence, suicide, and legal involvement in the prodromal and early stages of psychosis; 2) Apply novel approaches to identification, risk assessment, and timely intervention for patients experiencing early psychosis; 3) Consider how innovations in practice settings can better meet patients' needs; and 4) Review cases of early psychosis, and recommend new ways to reduce high-risk behaviors.

SUMMARY:

Early psychosis is a time period in which patients are at increased risk of violence¹, legal involvement², and suicide³. The goal of this session will be in line with the APA 2023 theme: "Innovate, Collaborate, Motivate: Charting the Future of Mental Health," wherein we will ask audience members to reflect on their own experiences and collaborate with experts to reduce patient risk and change patient trajectories. The session will start with the chair (Caffrey) introducing the speakers (Rolin, Compton, and Nossel). Dr. Caffrey will then ask audience members to reflect on their experiences working with patients experiencing early psychosis. Often, we worry about risk—is an individual at risk of suicide or violence? Are they at risk of being arrested? What is their support network like? What are their risk factors, and which are modifiable? How are their symptoms impacting their risk? What are their goals

and what is most important to them? After leading the audience through these questions about their own experiences with a high-risk patient, we will ask for 1-3 volunteers to briefly present a patient vignette (de-identified); in particular, patients experiencing early psychosis who had engaged in violent behavior, attempted suicide, who were arrested, or who were at high risk for one (or more) of these outcomes. The chair will then present a case of a young patient experiencing early psychosis who had violent and suicidal behaviors stemming from symptoms of paranoia and hallucinations. The case will highlight the patient's interactions with family, law enforcement, and the mental health care system, and the chair will ask audience members to consider opportunities for intervention at each step in the timeline. Both the audience's cases, and the case presented by the chair, will be referenced throughout the session as ways to anchor the information presented and ensure it remains clinically relevant to the audience and their patients. This session will then pivot to hearing from three experts in first-episode psychosis. Dr. Rolin will present her research on early psychosis and violence, including how to conduct a thorough risk assessment and promising behavioral interventions to reduce violence that are being developed. Next, Dr. Compton will present about patients' increased risk of legal involvement during early psychosis and innovations to better identify and treat this patient population. Then, Dr. Nossel will present how Coordinated Specialty Care programs for young adults with early psychosis are working to understand and reduce suicide risk. During each of these three presentations, the chair will prompt the speaker to discuss the patient cases that the audience presented and offer how innovations could be applied to better support the audience members' patients. After the presentations, the chair will facilitate a discussion with the three speakers and the audience about the future of mental healthcare for this patient population.

Collaborating With South Asian Communities to Combat Microaggressions

Chairs: Altha J. Stewart, M.D., Deepak Penesetti, M.D.

Presenters: Dhruv Gupta, M.D., M.S., Rohit Chandra, M.D., Bhagirathy Sahasranaman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review evidence-based literature on prevalence and types of microaggressions and prejudice faced by South Asians; 2) Elicit the mental health effects of microaggressions against South Asian individuals, groups, and organizations through small-group discussions; 3) Identify collaborative strategies for mitigating the effects of microaggressions on South Asian communities; and 4) Engage the audience to explore additional strategies for addressing prejudice and helping to chart a future towards improving the mental health of diverse communities.

SUMMARY:

Background: The South Asian community in the US comprises individuals with ancestry from Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives. One of the largest Asian subgroups, South Asians represent 5.4 million of the US population. The South Asian population in the US grew 40% in seven years, from 3.5 million in 2010 to 5.4 million in 2017. South Asian Americans are known to be at high risk of prejudice and microaggressions in multiple community settings. South Asians are more likely to report racial discrimination in institutional and interpersonal settings than East Asians and Caucasian Americans. A report entitled "Communities on Fire" by South Asian Americans Leading Together (SAALT) depicted a rising tide of hate violence. In 2017, SAALT catalogued 213 incidents of hate violence aimed at South Asian, Muslim, Sikh, Hindu, Middle Eastern, and Arab American communities, a 45% increase from 2015-2016. Between 2017-2019, SAALT had documented 469 incidents of hate violence and xenophobic political rhetoric. Microaggressions and their impact: First coined in 1970 by Harvard psychiatrist Dr. Chester Pierce for the African-American population, the term microaggressions has expanded to include other minority groups. As seen in other minority populations, the prevalence of microaggressions and prejudice against Asians and South Asians may be a social determinant of mental health. Albeit less known than overt prejudice, subtle prejudice against Asian and South Asian

Americans has always existed. Asian Americans frequently face unique challenges such as the 'model minority' myth and the 'spokesperson phenomenon.' South Asians are also disproportionately at risk for cardiovascular diseases which, like mental health conditions, can be aggravated by discrimination and microaggressions. This presentation examines the existing bias against South Asian populations living in the United States. During the first half of the presentation, speakers will focus on the impact of microaggressions on South Asian individuals, families, and communities. We will aim to increase awareness and understanding among mental health providers about incorporating the effects of microaggressions in the evaluation of and treatment planning for South Asians, in a manner akin to assessment and treatment planning for other vulnerable groups. The second half of the presentation focuses on discussing evidence-based strategies to prevent and overcome discrimination as well as engaging the audience in brainstorming novel solutions and strategies for combating microaggressions against South Asians at the individual, interpersonal, community, and systemic levels. We will conclude by summarizing the evidence-based and novel strategies discussed during the session.

COVID19 Microchips, Chemtrails, and Q: What Can the Fringe Teach Us?

Chair: George David Annas, M.D., M.P.H.

Presenters: Corina Freitas, M.D., M.B.A., M.Sc., Philip Saragoza, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the population and "culture" of so-called Conspiracy Theorists.; 2) Understand the differentiation of true delusion, from overvalued ideas and normal odd beliefs (such as most conspiracy theories); 3) Improve expertise in analyzing fringe beliefs and their relevance in forensic evaluations; and 4) Learn about the psychological theories behind why some are drawn to "fringe" beliefs and conspiracy theories..

SUMMARY:

A so-called Conspiracy Theorist may rigidly believe in something that is almost certainly false. At first glance, such a belief can come very close to the definition of a delusion. Yet, much of the general public hold faith in many of these seemingly impossible truths, thus we cannot dismiss them as pathologic, at face value. How do we determine when a belief is simply odd and anecdotal vs. ill and disordered? And, when do such distinctions matter in psychiatric practice? In this panel we explore some of these theories and odd beliefs. Included will be the seemingly harmless ones which are not associated with potential violence or dysfunction (such as the "Alien Astronaut Theory"), as well as those that can be (such as the beliefs propagated by "QAnon"). We also address some of the psychological theories that may lead one to become "conspiracy minded." With the "evolution" of Fake News, Alternative Facts, and "doing your own research!" we will encounter ever more people who believe in things that sound fantastical. Examining this "culture" may open our eyes to what is "out there" and better prepare us for being able to determine when such beliefs are based on true illness and when they are simply anecdotal to the encounter. Included will case reports outlining how odd and fringe beliefs may occur in clinical and forensic psychiatric evaluations, how conspiracy mindedness may not be a clear cut issue of "them" and "us," and how some of our own beliefs in clinical practice are not always as rational as we think. Because we are tasked to determine what defines a sound and unsound mind, it is becoming ever more important for us to understand what lies behind the "fringe curtain."

Cultural and Spiritual Considerations in Mindfulness-Based Interventions

Chair: Farooq Naeem, M.B.B.S.

Presenters: Ahmad N. Alhadi, M.D., Farooq Naeem, M.B.B.S., Kenneth P. Fung, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify conceptual congruence and divergence between ACT processes and Buddhist tenets; 2) Reflect on and adapt ACT and mindfulness-

based therapy based on cultural and spiritual considerations of the patient; 3) Discuss acceptability and effectiveness of ACT among Muslims cultures.; and 4) Discuss Sufism and mindfulness manual as a psychotherapy modality..

SUMMARY:

Mindfulness-based interventions are often considered part of the third wave cognitive behavioural therapies (CBT). They are evidence-based interventions that are growing popularity in the last two decades (Zhang et al, 2021). Acceptance and Commitment Therapy (ACT) is one exemplar of these interventions, with its therapeutic aim to increase one's psychological flexibility through 6 core psychological processes, including defusion, acceptance, present moment, self-as-context, values, and committed action. These core processes have much conceptual overlap with mindfulness as commonly operationalized in Western psychological interventions. Further, there is congruence between these processes and fundamental concepts traditionally found in Buddhism from a spiritual and philosophical perspective, such as the four noble truths and the eightfold path. In fact, while ACT is derived from Western behavioural science, it is important to acknowledge its roots and influences from Buddhism and Asian philosophies. Examination of points of divergence not only can inform further theoretical development, but also clinical practice, especially for culturally diverse populations. The ACT processes, especially when mindfully applied in therapy, often can address existential issues, lending itself a means of cultivating cultural, spiritual, and philosophical reflections. This has broad clinical applications, while warranting cultural and spiritual considerations for diverse populations. In this symposium, we will examine ACT's relationship with Buddhism, and its clinical application in the context of patients of various beliefs, from humanism to Buddhism and Christianity (Fung et al, 2020). Moreover, we will present about ACT among Muslims (Bahattab and Alhadi, 2021). Lastly, Sufism and mindfulness manual will be presented.

Current and Future Treatment of Depression: Glass Half Full or Half Empty?

Presenter: Charles Barnet Nemeroff, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the novel agents that are in development for treatment of major depression.; 2) Understand the latest algorithm in management treatment-resistant depression.; and 3) Understand the relative merits of transcranial magnetic stimulation, electroconvulsive therapy, and psychotherapy in augmenting antidepressant therapy in non responders..

SUMMARY:

Major depression, one of the most common of the serious mental disorders associated with high levels of mortality (suicide, drug overdose, and comorbid medical disorders) and morbidity is relatively difficult to treat. Although 30-50% of patients attain remission after monotherapy treatment with an antidepressant or cognitive-behavior therapy (CBT), the majority of patients do not. It is well established that the longer a patient remain depressed, the greater the the likelihood of a poor outcome – increased treatment resistance, increased risk for catastrophic medical events such as myocardial infarction and stroke, and increased risk for suicide and substance abuse. The absence of any validated predictors of treatment response as exemplified by the failed clinical trials of commercially available pharmacogenomic testing forces clinicians into a “trial and error” approach in which there is little guidance available as to next steps after monotherapy treatment failure. This presentation provides a summary of the available data on next steps in a treatment algorithm that includes: switching to another antidepressant, or augmentation with T3, lithium, pramipexole, another antidepressant (combination therapy), atypical antipsychotics, esketamine, CBT, transcranial magnetic stimulation (TMS), or ECT. Finally, recently approved and novel promising treatment strategies including psilocybin, zuranolone, esmethadone, dextromethorphan + bupropion, ezogabine as well as advanced neuromodulation methods (e.g. Stanford Accelerated Intelligent Neuromodulation Therapy) will be described. After a lag of almost two decades, the antidepressant pipeline is currently quite robust.

Deconstructing the Missing White Woman Syndrome: Intimate Partner Crime and Racial Bias in Media Portrayals of Missing Persons Cases

Chair: Susan Hatters-Friedman, M.D.

Presenters: Nina Ross, Kathleen Kruse, Camille Tastenhoye, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To develop a deeper understanding of the epidemiology and pathology of intimate partner violence, specifically male-perpetrated intimate partner homicide; 2) To acknowledge and discuss the role of racial biases in media representation of these cases; and 3) To understand the phenomenon of.

SUMMARY:

In August 2021, Gabrielle Petito disappeared while traveling cross-country with her fiancé Brian Laundrie. In September, shortly after his return to Florida, her fiancé was reported missing while a person of interest in the case. Petito’s remains were found shortly thereafter, and Laundrie’s remains were later discovered in October. Months after his death, Laundrie’s journal was found with entries detailing his assertion that killing Gabby was altruistic in nature. During these months, the case was widely discussed on news outlets and social media sites including Instagram and TikTok. This general session will discuss the Petito case and its sensationalization in the media. During our session, we will review the literature on the epidemiology of intimate partner violence generally, and homicide-suicide more specifically. We will review gender differences in these types of violent crimes, particularly male-perpetrated intimate partner homicide. Finally, we will discuss the effect of “Missing White Woman Syndrome,” and the racial biases evident in media coverage of similar cases, including the comparable case of Lauren Smith-Fields. This will include the use of relevant clips from news reports and social media.

Depression and Social Determinants of Health

Chair: Tatiana A. Falcone, M.D.

Presenter: Fernando Espi Forcen

Discussant: Ruby C. Castilla Puentes, M.D., Dr.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) attendees will be able to recognize how social determinants impact the treatment of depression; 2) Attendees will be able to recognize how social determinants of health early in life can impact the development of depression and increase suicide risk; and 3) attendees will be able to identify how social determinants of health can be an important barrier to treatment.

SUMMARY:

Depression is one of the largest contributors of the years lived with disability in the world. Social determinants of health impact the occurrence of depression. This presentation will describe how the social determinants of health can potentially impact depression in youth, in patients admitted to inpatient adult psychiatry especially those with medical comorbidities, also how substance abuse can play an important role in depressive symptoms. Social inequalities through life can influence the development of depressive symptoms and the progression of depressive symptoms without treatment secondary of lack of access or stigma can lead to suicide. Major social inequalities are present in the access for depression treatment. In this presentation we will examine how individual variables such as age, gender, cultural background, levels of education and having medical comorbidities impacted the probability of accessing depression care. There are several factors that can impact how an individual is impacted by depression and reaches care for depression, our talk will focus on how these factors impact the individual, the family and societal level to get care and will help clinicians integrate information about how these factors impact minority patients differently (economics, insurance, availability of services), also how patients and families (beliefs, stigma, cultural barriers, language) impact access to evidence-based depression care. In youth, studies have described the effect of maternal mental health during pregnancy and postpartum in children, the importance of the role as a caregiver and how economic disadvantages can seriously impact emotional wellbeing and children's mental health. Also the impact of adverse childhood experiences

early in life as one of the main risk factors for depression, suicide and substance abuse. (1) Homeless, and uninsured patients frequently receive their psychiatric care at the emergency room and the inpatient psychiatry unit. Underrepresented minorities are a particularly vulnerable population in these settings. Clinicians working in inpatient units help them reconnect with the system of care by treating them getting them resources for follow-up care. (2) In a survey by the CDC nationwide during the COVID pandemic, the overall prevalence of depression, suicidal thoughts and increase in substance use were 28.6%, 8.4%, 18.2%, when comparing white with minorities the numbers were four times higher in Hispanic and two times higher in multiracial. Substance use in minorities was reported 36% in Hispanics, compared to 14% among all other participants. We will discuss how these numbers were also impacted by the ability to obtain health care, not having enough food, housing instability, possible job loss, and how the American population saw an increase of substance abuse to cope with stress during COVID-19 (3) .

Effective Presentation Skills in Psychiatry

Chair: Carlyle Hung-Lun Chan, M.D.

Presenters: Monique Yohanan, M.D., M.P.H., Robert Joseph Boland, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Implement strategies for constructing impactful PowerPoint slides; 2) Appreciate alternative philosophies and models of presentation slides; and 3) Review techniques which assist in improving a speaker's oral delivery.

SUMMARY:

Almost everyone has attended a lecture where they were bored by a speaker who either displayed a slide with too much information to be effectively absorbed or read a lecture word for word from the writing on a slide. This has resulted in over 157 million Google hits on the subject of Death by PowerPoint. Although lectures have been downplayed as a teaching method, it has not disappeared and remains a principle means of conveying information to a large audience. Young

psychiatrists may be called upon to speak at some point in their careers. The purpose of this workshop is to provide attendees with strategies and methods to avoid traditional presentation pitfalls. We will advance the focus from simply conveying information to what an audience will learn and how they will best retain the information being presented. We will begin by reviewing ways to improve the use of the most widely used presentation software, PowerPoint. Next, we will explore some alternative forms of presenting such as methods proposed by Takahashi, Godin, Lessing and Kawasaki. We will also briefly discuss non-linear presentation software such as Prezi. Finally, we will examine delivery techniques and styles and how they impact audience responses and retention, using the Dr. Fox Effect as a starting example. Throughout the workshop, we will offer the opportunity for audience responses and feedback.

Empowering Trainees to Engage in Scholarly Work and Leadership Roles

Chair: Donna Marie Sudak, M.D.

Presenters: Muhammad Zeshan, M.D., Sadiq Naveed, M.D.

Discussant: Cathryn Galanter, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) • Incorporate novel strategies to improve interests of residents in scholarly work and facilitate development of academic clinicians; 2) • Utilize various resources to help medical students and residents in writing/publishing posters, abstracts, case reports, and articles; and 3) • Address apprehensions around the challenges of research work, especially among residents with limited research experience.

SUMMARY:

Residency-based exposure to research will help trainees to assimilate emerging theoretical knowledge about biology, neurotransmitters, genetics, epigenetics, impact of trauma and other psychosocial stressors on patient's current presentation, and strengthen the evolution of best psychiatry practices on routinely basis. Although, the Accreditation Council for Graduate Medical

Education (ACGME) requires that programs provide list of residents' annual scholarly activities, but there is scarcity of specific recommendations on how to achieve this professional milestone, especially for programs who have limited funding and resources. As a result, different programs have designed various strategies to meet the mandatory ACGME requirement, resulting in inconsistencies in satisfaction among residents across the US. Studies have repeatedly demonstrated that engaging in scholarly projects during training helps residents to interpret the literature, apply evidence to patient care, demonstrate competency in research methods, pursue a career in academic medicine, and ultimately achieve higher academic ranks. It also adds to the program's ranking and enhances its profile by increasing the departmental publications, poster and oral presentation at conferences, and nomination of their residents for regional and national awards. Despite the overarching benefits, residents find it challenging to pursue scholarly work due to limited number of formal research training opportunities, increasing pressure on mentors to maintain revenue based clinical activities, lack of clarity and consistency among programs about setting scholarly goals and providing protected scholarly/research time. A trainee's lack of enthusiasm, possibly due to apprehensive beliefs around the meticulousness of research work, and prospects regarding utility of research in their clinical practice may also serve as impediments. The National Institute of Mental Health has also noted a decline in the number of psychiatrist-researchers as compared to other medical specialties. The aim of our workshop is to enable programs, with limited funding and resources, to overcome some of the aforementioned challenges by providing lists of short courses on putting together research proposals, abstracts, as well as designing a poster. We will also share names of resident friendly journals and conferences along with useful strategies to start with reachable / sustainable goals like case reports and literature reviews. Moreover, we will discuss how to find a topic, approach a mentor, and create a research friendly environment during training. We will also furnish some tips to assist program directors to write letters supporting their residents, often necessary to obtain research grants and applications

for prestigious leadership awards and honorary fellowships.

Ethical and Practical Implications of Psychedelics in Psychiatry

Chairs: Gregory Samuel Barber, M.D., Charles Dike, M.D.

Presenters: Adriana De Julio, M.D., M.P.H., Smita Das, M.D., Ph.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explore unique features of psychedelic-assisted psychotherapy and potential ethical challenges unique to these treatments; 2) Discuss issues of informed consent, patient vulnerability, access and equity, and research equipoise as they relate to psychedelic therapies; 3) Describe the differences in risks between therapeutic use of psychedelics in clinical settings compared to use in non-clinical settings; and 4) Consider future directions for psychedelic-assisted psychotherapy and potential ethical challenges that may emerge in this burgeoning field.

SUMMARY:

In recent years, psychedelic-assisted psychotherapies have re-entered the realm of rigorous scientific inquiry, garnering much attention from both the psychiatric community and the broader public. Headlines in major media platforms frequently tout the psychedelic future of psychiatry, and patients increasingly ask about the prospect of using psychedelics therapeutically. Despite this enthusiasm, however, psychedelics remain in an investigational stage, and more research and regulatory work will be required before psychedelics may one day be ready for general clinical use. In this climate, psychiatrists are themselves increasingly curious about the prospects of psychedelic treatments. In this session, members of the APA's Ethics Committee will be joined by members of the Council on Addictions and American Indian, Alaska Native and Hawaiian Native Caucus to discuss emerging ethical and practical issues in the field of psychedelic-assisted psychotherapy. The panel will discuss ethical challenges surrounding psychedelics in their current investigational stage, as well as issues

for psychiatrists to consider if psychedelics one day become available for broad clinical use. Topics including research equipoise (particularly given the current media and public enthusiasm for psychedelics), informed consent, patient vulnerability, equity and access, and 'psychedelic self-enhancement' are among the issues explored. As psychedelics potentially get closer to obtaining regulatory approval beyond research settings, it is vital that these promising treatments be used ethically. The unique features of psychedelic therapies, including the altered states of consciousness they produce and the vulnerability that such states entail for patients, require careful consideration to minimize potential ethical pitfalls. Guided by the APA Ethics Committee's recently published "Resource Document on Ethical and Practical Implications of Psychedelics in Psychiatry", panelists will engage audience members in a discussion that seeks to illuminate psychedelic treatments and ensure that psychiatrists are equipped to one day use them ethically and effectively.

Ethics and Engagement in Mental Health

Chair: Tony W. Thrasher, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Compare the different ethical principles that are in contrast when examining Civil Commitment statutes.; 2) Examine how differing scopes of practice or perspective can affect how one views the ethics of psychiatric care.; 3) Formulate the conflicts that can arise in the sharing of information, particularly in the age of the Open Note.; and 4) Incorporate the principles of trauma informed care and patient centered processing upon the ethics of involuntary treatment..

SUMMARY:

This general course will examine the fascinating intersection between Ethics and Psychiatric practice. Specifically, it will examine the components of mental health law and pertinent topics that tend to bring about Ethics consultation. This will include, but not be limited to, HIPAA, EMTALA, Duty to Warn/Protect, Payee ship status, Power of Attorney,

and Involuntary Treatment. Specifically speaking to the involuntary treatment topics, we will investigate the idea of civil commitment and its oscillating degrees of impact in past decades. Part and parcel to this will be examining how Autonomy may conflict with Beneficence as a psychiatrist moves through the treatment continuum. We will utilize a combination of didactic material, audience participation, polling methods, and small group case studies to note how these ethical principles can exist in flux. We can reinforce that these principles need a nuanced perspective and do not exist in a dichotomy, like morals. The audience will be actively engaged in case studies that are directly pertinent to the practicing physician as well as consideration of higher level topics that will promote patient wellness regardless of practice locale!

Facing Off, Facing Ourselves: Dealing With Microaggressions in APA Sessions

Chairs: Ravi Chandra, M.D., Flavia Alecia Ruth De Souza, M.D., M.H.S.

Presenters: Fiona D. Fonseca, M.D., M.S., Nicole Woodson-DeFauw, M.D., Regina James, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define and identify microaggressions that may take place in APA sessions; 2) Apply three (3) grounding techniques they can use to manage emotional overwhelm in session; 3) Speak to the moment and help create safety and understanding as you address incidents of concern; and 4) Utilize one advocacy or conversational strategy to respond to microaggressions in session.

SUMMARY:

At the 2022 Annual Meeting of the APA in New Orleans, there were several concerning incidents that negatively targeted minoritized members. This session will revisit such incidents and other encounters that have been brought to the attention of the speakers. Tense, uncomfortable, and offensive events (inadvertent or intentional) are not unusual in a changing culture. North American culture and the APA are still progressing towards full acceptance and affirmation of diverse identities and experiences. For

example, the APA has only recently put a spotlight on themes such as Social Determinants of Mental Health. Women, people of color, and other minoritized members are increasingly stepping forward as leaders and teachers in psychiatry and at the Annual Meeting. With this increase in representation comes an increased risk of exposure to microaggressions and misunderstandings against the backdrop of cultural change and exchange. In the moment, these could be unexpected, upsetting, and overwhelming. While we hope to be welcomed, we might face conscious or unconscious aggressions. These can and often do produce lasting impacts on our sense of safety, belonging, and respect. By preparing ourselves for difficulty, learning techniques to ground ourselves, and brainstorming possible responses, we can move from being recipients of injuries and slights to fully inhabiting our identities as change agents and leaders. We will explore the topic of misunderstandings, microaggressions, and devaluations happening in a meeting context, analyze the cultural conflicts that may give rise to them, and propose means of addressing incidents as they occur, in the hope of creating and affirming a culture of understanding and personal and communal growth. We will move beyond a message that emphasizes resilience to a discussion about ways to create necessary systemic change so that everyone is truly welcomed, included, and celebrated.

Fertility Preservation and Family Planning in Residency and Beyond: What Residents, Faculty and Administrators Should Know

Chair: Stefana Morgan, M.D.

Presenters: Rubi Luna, M.D., Isaac Johnson, M.D., Martha Vargas, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To better understand the concerns and family planning goals of psychiatry residents and trainees; 2) To learn how to assess resident physicians' understanding of family planning and fertility options during residency training; 3) To promote education and awareness of fertility issues and options to preserve fertility among resident physicians; and 4) To foster discussion on topics of

family planning to promote self-reflection and identify potential new areas of curriculum development to help trainees make educated decisions about their own family.

SUMMARY:

Infertility is more prevalent among female physicians than in the general population. Estimates suggest that 1 in 4 female physicians will suffer from infertility - a rate twice that of the general population. Among female physicians, the rate of high-risk pregnancies, and miscarriages have also been associated with higher rates of burnout. Medical training and the culture of medicine are frequently in conflict with family planning and family building. Residents are sent implicit and explicit signals that discourage pregnancy during residency and that pregnancy is an undue burden on peers and the program. Family building, which is defined by some as growing one's family with the addition of children, is rarely discussed during medical training. Many women physicians who face infertility challenges report that, in retrospect, they would have undertaken cryopreservation, tried to build a family earlier, or changed their specialty choice. Furthermore, lack of support for physician parents during training may lead to changes in career trajectory such as transition to part-time work or quitting careers in medicine. These factors may contribute to decision-making process of the nearly 40% of women in medicine who transition to part-time work within their first 6 years in practice. Lack of education on the risks and consequences of infertility can negatively impact the emotional, physical, and financial well-being of physicians throughout training. While most literature on physician fertility and family planning has focused on female physicians, these issues have not been significantly explored for male, single, or LGBTQI-identified physicians. Given the significant burden on physicians, education in fertility preservation and family building options is important to all physicians, not only those hoping to start families. In our academic psychiatry residency program, we conducted a needs assessment and designed a pilot educational workshop to promote fertility education and awareness. The purpose of our curriculum was to provide information to help trainees make educated decisions about their own fertility and

family planning. We also aimed to foster discussions that helped residents benefit from the experience of their peers and faculty in order to protect them from burn-out and isolation. Our final goal was to nurture a supportive family-friendly culture in our residency. During this session we will discuss the creation of this workshop and the results from our needs assessment. We will discuss the literature on fertility preservation and family building and provide a practical introductory lecture on fertility preservation and family planning developed in consultation with a reproductive endocrinologist affiliated with our university. We will then transition to a discussion of the experience of being a parent during residency. The session will end with a LGBTQ-focused section on alternative family building paths.

Flipping the Power Dynamic and Learning From People With Lived Experience: The Peer Advisor Program Model?

Chair: Stephanie Le Melle, M.D., M.S.

Presenters: Maria Mirabela Bodic, M.D., Antonio Munoz-Hilliard, Sacha Agrawal, M.D., M.Sc.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Experience the Peer Advisor as a valued colleague who has unique expertise; 2) Be aware of the power dynamic that can affect engagement and teamwork; and 3) Critically examine the extent to which mental health and substance use disorder treatment services support hope, dignity, empowerment, choice and positive risk-taking.

SUMMARY:

The typical medical model used for training mental health providers focuses on symptoms and illness management. Psychiatric residency training for example rarely includes teaching about the value of working with people with lived experience as team members. For providers to truly understand recovery principles, it is best for them to be taught by people with lived experience. To our knowledge, the first published work on this topic was in 2013, written by Sacha Agrawal MD, who, as a public psychiatry fellow at Yale, worked with Maria Edwards, a Consumer with lived experience, for a year and wrote about his experience (Agrawal et al). Since then, other models

of “co-production” (education by people with lived experience in addition to mental health experts) have shown better outcomes in terms of providers’ understanding and participation in recovery-oriented care. (Larsen et al) In this workshop we will present the Peer Advisor Program used in the Public Psychiatry Fellowship at Columbia University/ New York State Psychiatric Institute. This workshop will give the audience the opportunity to learn about recovery through a role-reversal approach which challenges the traditional doctor-patient power dynamic. Being advised by service-recipients who have worked as peer specialists or in other similar capacities, challenges us to develop a better sense of how recovery principles are enacted and how to incorporate recovery into our own practice. The explicit challenge to the classical power dynamic in these relationships is at the core of the program and defined in its name- intentionally assigning peers as “Advisors” puts them in a position of being the keepers and disseminators of the knowledge acquired through their lived experiences and clearly identifies them as the experts in content and process. The speakers include a Peer Advisor in person and another on a recorded presentation, as well as Dr Agrawal who created the model. We will address the structure, themes, recruitment and funding options for the program, as well as lessons learned, and potential ways other organizations could implement this initiative.

Free Will in Psychiatry: A Clinical Introduction

Chair: James Alexander Scott

Presenters: Lawrence Belcher, M.D., Awais Aftab, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate contemporary perspectives on free will and neuroscience; 2) Recognize varying degrees of free will in psychiatric practice; 3) Understand how the law has considered free will in psycholegal contexts; and 4) Understand how various psychotherapies incorporate ideas of free will.

SUMMARY:

It is commonly accepted in the scientific community that psychological processes are governed by neural activity. Since neural activity is deterministic in nature, subject to laws of physics, some have viewed this as posing a fundamental challenge to the existence of free will. However, philosophers and neuroscientists increasingly accept “compatibilism” as the preferred position, which states that (neural) determinism and free will/moral responsibility can be reconciled. According to compatibilism, free will exists if an action is responsive to the reasons available to the agent at the time of action. In other words, free will depends on an awareness of what we do and why we do it. In this interactive workshop, we wish to provide a brief and accessible overview of free will with respect to clinical and forensic psychiatry. Exercising free will requires agency (ability), choosing (acting on reason), and causing (the unaffected self as the source of an action). Accordingly, one may lack free will if compelled (e.g., unable to repress a tic or move in a catatonic state). One may lack free will if unable to choose (e.g., acting while sleepwalking or in a delirium). Or, one may lack free will if the self is not the source of an action (e.g., responding to a delusion or a hallucination, or to an extreme craving for a substance). Psychiatrists should understand and consider their patient's view of free will; it may be that psychiatric illnesses erode free will as they manifest and worsen. Optimizing free will is a frequent aim of psychiatric treatment. We first review how pharmacologic treatment can promote aspects of free will by reducing the intensity of delusional beliefs, enhancing consciousness, decreasing cravings, and other mechanisms. We then outline how psychoanalysis has called into question the notion that our actions represent singular, rational desires--emphasizing instead a multiply determined and internally conflicted self whose actions may or may not be consciously directed. We discuss how DBT prizes mindfulness practice as the “path to emotional freedom” and asks participants to consider whether a given emotional choice is “likely to increase freedom or decrease it.” Meanwhile, acceptance and commitment therapy steers patients to identify core values and “commit” to making choices that are in line with them. Do these and other “talking cures” have the potential to

impact a person's free will? What does that say about the nature of psychiatric illness and the doctor-patient relationship? Finally, we will examine how free will relates to basic questions of criminal responsibility, reviewing forensic psychiatry concepts such as "irresistible impulse," "awareness of the nature of an action" and "the ability to conform one's conduct to the law." Scholarly responses to these questions will be presented in an approachable manner, and attendees will be encouraged to examine how the issue of free will manifests in their own practice.

Getting to the Core: The NIAAA Healthcare Professional's Core Resource on Alcohol and Other Alcohol Education Resources for Healthcare Providers

Chair: Laura E. Kwako, Ph.D.

Presenter: Katharine Bradley, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe five topics included in The Healthcare Professional's Core Resource on Alcohol (HPCR); 2) Identify which HPCR topics are most relevant for practicing psychiatrists; and 3) Describe how the Alcohol Symptom Checklist may be used to improve care for individuals with AUD.

SUMMARY:

Only 10 percent of individuals with alcohol use disorder (AUD) receive evidence-based treatment, including various behavioral health approaches and FDA-approved medications. Barriers to care exist at multiple levels, including individual, provider, healthcare system, payer, and structural. In 2022, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) published The Healthcare Professional's Core Resource on Alcohol (HPCR) to address gaps in alcohol-related knowledge among healthcare professionals. The HPCR includes topics on foundational knowledge, such as basic information about drink sizes and alcohol consumption, stigma, and the neuroscience of addiction; topics focused on alcohol use disorder, medical complications, and comorbid psychiatric disorders; topics discussing the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model, including a topic on

evidence-based approaches for treating AUD; and, finally, topics on supporting individuals in recovery and strategies that healthcare professionals may use to improve alcohol health services in their own practices. The HPCR offers free CME credits and will be updated periodically as new evidence is identified. One of the specific resources described and included in the HPCR is the Alcohol Symptom Checklist, a clear, user-friendly assessment for symptoms of AUD, which may be completed by the patient or the provider. This session will include information on specific topics included in the HPCR, with discussion of those most relevant for psychiatrists, and a discussion of the Alcohol Symptom Checklist and how it may be integrated into clinical practice. It will consider barriers to and facilitators of improving care for alcohol-related concerns, and practical examples of how the HPCR and Alcohol Symptom Checklist may be used. The presentation will also describe practical approaches shown to be effective for implementing alcohol screening, and Alcohol Symptom Checklists for patients screening positive for high-risk drinking, as part of routine care.

Gun Violence: Prevalence, Prevention, and Policy

Chair: Rahn K. Bailey, M.D.

Presenters: Aradhana Bela Sood, M.D., Michelle Joy, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify barriers to care, including health service delivery issues; 2) Provide culturally competent care for diverse populations; and 3) Apply quality improvement strategies to improve clinical care.

SUMMARY:

According to the Centers for Disease Control, homicides and suicides by gun were at record highs, with deaths increasing by 23% and child fatalities rising 50% between 2019 and 2021. The 647 mass shooting incidents in 2022 represents a 69% increase in incidents compared to 2016. In addition to the global traumatic experience of the COVID-19 pandemic, the social, economic, physical, and emotional fallout resulted in 30% increase in gun violence rates in the

year following the onset of the pandemic in March 2020. The harrowing increase in gun violence and subsequent mental health consequences from interpersonal homicides, suicides, mass shootings, and accidental shootings has necessitated psychiatrists to take an active role in addressing gun violence. This general session will take a joint clinical, public health, and policy perspective in discussing the firearms and mental illness. Bela Sood, MD, a child and adolescent psychiatrist and Professor for Child and Mental Health Policy from the Children's Hospital of Richmond at Virginia Commonwealth University will discuss the gun violence and the juvenile justice system, specifically focusing on racial injustice, trauma, and the developmental progression of violence and criminality. From a public health perspective, Michelle Joy, MD, forensic psychiatrist, Associate Professor, and Director of Behavioral Health Emergency Services at Philadelphia VA Medical Center will discuss information on gun ownership, accidental injury, as well as clinical data on harm reduction strategies. This session will conclude with forensic psychiatrist, professor, and Chair of Psychiatry at Louisiana State University Health Sciences Center-New Orleans, Rahn K. Bailey, MD., highlighting legal and policy implications relevant to psychiatry, specifically state-based initiatives to address gun violence through sentencing and "red flag" laws.

Healthcare Provider Resilience and Well-Being: Understanding the Wounded Healer Through Neuroscientific and Epigenetic Lens

Presenter: Darshan H. Mehta, M.D., M.P.H.

Moderator: Madeleine Anne Becker, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the systemic and individual forces that affect healthcare provider resilience and well-being; 2) Examine the neuroscience and epigenetics that underly our understandings of the; 3) Understand how these forces have been shaped through the COVID-19 pandemic, as well as the recent dialogues around structural racism in healthcare settings; and 4) Provide recommendations for individuals and

institutions on best to address healthcare provider resilience in the context of interprofessional teams.

SUMMARY:

Healthcare provider burnout, a work-related syndrome involving emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment, is prevalent internationally. Rates of burnout symptoms have been associated with adverse effects on patients, the healthcare workforce, costs, and healthcare providers' health. This problem represents a public health crisis that negatively impacts individual healthcare provider burnout, patients, healthcare organizations, and systems. Drivers of this epidemic are primarily rooted within healthcare organizations and systems. They include excessive workloads, inefficient work processes, clerical burdens, work-home conflicts, lack of input or control for physicians concerning issues affecting their work lives, organizational support structures, and leadership culture. In this presentation, we aim to identify the nature of the problem and provide ideas that have been used to mitigate risk and change individual and organizational culture. We will examine epigenetic, neuroscientific, and structural factors that underlie these phenomena and the context in which solutions are proposed. Finally, this session will also explore the individual lived experience of burnout and resilience, including how marginalized physician communities are disproportionately affected.

I Am in My Lane: A Public Health Approach to the Role of Health Care Providers in Firearm Violence

Chair: Aradhana Bela Sood, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of the session 1. The participant will be able to describe the scope of the problem of gun violence in the United States and its epidemiology; 2) 2. The participant will be able to understand historical perspective of polarization about the causality of gun violence; 3) 3. The participant will be able to frame the issue of firearm violence in a public health perspective; and 4) 4. The participant will be able to outline their role as health professionals to advocate for non-partisan,

public health driven strategies to reduce gun violence.

SUMMARY:

Gun violence is a significant public health problem in the US that can become a flashpoint for polarization despite the evidence that gun related mortality be it suicide or homicide and exposure to violence in youth is a serious public health issue and correlated with preventable deaths. Epidemiology of firearm violence and relationship to ethnicity, minority status and suburban vs urban population will be discussed. Effective communication about a commonsense, non- partisan framed in a public health framework will be covered where safety and prevention will be emphasized, and the role of a health care provider reclaimed as a vital element in this discussion. The role of health care providers in becoming effective advocates for safe storage, education of the patients and families about firearm violence and steps they could take in prevention, familiarity with gun laws that apply regionally including ERPO laws will be covered. In addition an exploration of the challenges and barriers to implementation of these laws and areas of gains in these laws reducing morbidity and mortality fro gun violence will be discussed.

I Need a Psychiatrist but Can't Find One: An Introduction to the Integrated Care Elective to Increase Access to Care

Chair: Sasidhar Gunturu, M.D.

Presenters: Souparno Mitra, M.D., Shalini Dutta, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the increasing and unmet mental healthcare needs in Underserved Communities; 2) Gain perspective into the Integrated Care model we implemented; 3) Understand the novel Psychiatry in Primary Care Elective.; and 4) Advocating for Psychiatry as a Core for other Primary Care Specialties.

SUMMARY:

To meet the growing needs of outpatient care in the community in both children and adults, Bronxcare has adopted an Integrated Care Model. In this

model: care is team-based with Primary Care Physicians (PCPs), Behavioral Health Care managers and the psychiatrists working together and has the patient at the center of this team. Psychiatrists work in these clinics as outpatient consultants: providing indirect care via recommendations in team meetings with Behavioral Health care managers (Collaborative Care) and face-to-face evaluation of patients when a higher level of care (co-located care) if indicated. Our interactions with the primary care doctors while implementing this integrated care model led to observation of training gaps, especially in their overall comfort in diagnosing and treatment psychiatric conditions. To identify the root cause of these deficiencies, we conducted focus groups with primary care leadership and conducted a survey for the Primary Care Trainees. As per the survey, many trainees did not feel confident in treating or recognizing mental illness even though a large part of Primary Care Practice includes provision of mental health care. In a bid to target this training gap: we molded a 4-8 week elective in Primary care psychiatry for Internal and Family Medicine residents to learn about the most common Mental Health diagnosis and treatment. Currently, per ACGME, psychiatry is not a core rotation for either Internal Medicine or Family Medicine training but our Primary Care Psychiatry has garnered a lot interest. At this time, over 70 residents have participated in the elective within the last two years and our module only underscores the importance of having a structured rotation block for primary care residents. Our workshop will start with a presentation about the mental healthcare needs of the United States focusing mainly on areas with deficits and the need for unique and novel approaches for provision of care. This will be followed by an introduction of the Psychiatry in Primary Care Elective. We will then open our workshop up for a large group discussion on how primary care specialties are being trained in psychiatry at programs where the attendees work. Following this we will have a presentation of the findings of our pre-rotation and post rotation survey and then discuss recommendations based off our findings. We will then invite our participants to engage in a small group discussion to explore ways to advocate with ACGME and AAMC to incorporate psychiatry as a core rotation for Primary Care Specialties The session will close with a discussion of

the road ahead and how each of us can play a part in increasing the access to care.

I Need a She-Ro: Mentoring Through Narratives, Stories of Women in Leadership for the Advancement of Psychiatry

Chair: Christina T. Khan, M.D., Ph.D.

Presenters: Komal Trivedi, Maryam Zulfiqar, M.D., Silvia Olarte, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the importance of early career mentorship, as it relates to sharing perspectives of leadership within the field of psychiatry; 2) Share questions and data in the context of leadership advancement in women-identifying individuals regarding themes aimed at trainees, ECP, and others; 3) Discuss and answer these questions via stories shared by women in leadership positions across a variety of APA-associated organizations and committees; 4) Facilitate in-person small group discussion in which participants can reflect upon their narratives and engage in meaningful discussion; and 5) Discuss the new culture of exploring narratives across various platforms and highlight resources/opportunities that create spaces for narrative sharing.

SUMMARY:

The COVID-19 realm of medicine has been wrought with tragedies. We are still amid this pandemic. It has dramatically changed how we practice medicine, mentorship, and career advancement. Transitioning into various settings within academic medicine during this time was even more difficult for those without adequate mentorship and institutional support. The lack of in-person connection stunted rich and exceptional resources of mentorship further adding challenges to career development. Mentorship, as it relates to women in medicine, was crucial for the previous tremendous advances that have been made within the field. However, substantial gaps still exist within pay, representation, experiences, positions, and more. Historically, career advancement of women in medicine, especially regarding academics, demonstrated a phenomenon called the “leaky pipeline,” which refers to the small

representation of women in leadership positions despite accounting for fifty of entering matriculants in medical schools (Farkas et al, 2019; Kulkarni et al, 2021). Many creative solutions were identified to combat these concerns, especially during the pandemic, including shifting focus to virtual media and events. Of note, the realm of academics saw many individuals highlighting narratives (Haruta et al, 2021; Creese et al, 2021). Our trainee-led session will introduce participants to the importance of early career mentorship, especially as it relates to sharing perspectives and journeys across various platforms. We will give specific insights at the resident and fellow level via our presenters. We will provide information on and ascertain current questions/challenges women face on multiple levels of training, practice, and academic leadership positions. This information will be gathered via a qualitative process using a questionnaire (with the potential of evolving into an IRB research study). This will serve as an impetus to a deep discussion on common themes and situations about career advancement. We plan to utilize small in-person breakout groups to facilitate members' narratives and provide an opportunity for discussion for individuals with shared experiences and interests. In conclusion, we hope to highlight organizations and individual opportunities for creating spaces for narrative sharing – for instance; we will showcase various mentorship programs, newsletters, and journals that solicit narratives and perspectives.

Identity, Relationship, Cultural Trauma, and Mental Health Journeys: Lived Experience of an Asian American Psychiatrist

Chair: Ravi Chandra, M.D.

Discussant: Raymond Matthew Reyes, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Evaluate and reduce stigma and alienation over mental health issues in Asian Americans and psychiatrists, through empathic engagement with the story of the presenter.; 2) Formulate historical, social and cultural components of being Asian American, including racialized trauma, and how these intersect with journeys of identity, belonging, wellness and meaning.; 3) Better counsel

Asian Americans by understanding the complexity of their identity formation processes, to counteract stereotypes and toxic imprints created by bias.; 4) Evaluate racialized trauma and psychological distress in Asian Americans and other minorities to build empathy, connection and therapeutic allyship.; and 5) Better apply and integrate first principles of therapeutic relatedness and the common factors in therapy, which should be the basis for practitioners of any ethnicity in working with Asian Americans..

SUMMARY:

APA 2022 was the first in-person Annual Meeting of the COVID-19 pandemic. Trainees and ECP's were deeply engaged with the impact of racialized trauma on mental health. Many also voiced concern about stigma they and their colleagues received when experiencing mental health challenges, often worsened during the pandemic. As psychiatrists, we wish to understand and treat suffering. Suffering can deepen wisdom, relatedness, creativity, insight, and compassion, all vital for us as clinicians and human beings. However, all-too-often, our profession has misunderstood how racism and mental health conditions impact journeys of identity, belonging, wellness, and meaning, for practitioners as well as the general public. Within the profession, clinicians experiencing mental health issues have received biased treatment, from having conditions reported as "offenses" by state medical boards to being discriminated against by their institutions, training programs, and colleagues. Stigma around mental health issues has cloaked those who have suffered in silence and avoidance. Relationships to self and other have been distressed and damaged. Mental health challenges are especially misunderstood and silenced within the Asian American communities. Asian Americans are viewed through the distorting lens of the "model minority myth" thus further isolating and marginalizing Asian American practitioners who don't fit the dominant culture's stereotypes while in training and beyond. The sense of being "perpetual foreigners" is deepened as they are shunned and even ostracized. However, it is often said that "you don't become a good psychiatrist without having gone through something." A key insight of relational-cultural theory is that suffering is a crisis in connection, and belonging is the opposite of suffering. Identities and

even affects need belonging and safety, which are key components for the relief of suffering. The cultivation of belonging and safety provides an antidote to disconnections, isolations and even fragmentation experienced during the life journey, both from mental health challenges and from identities marginalized from the dominant culture. Dr. Chandra will present an informative, insightful, entertaining, revealing, and illustrative multimedia narrative on his own journey as an Asian American and psychiatrist, as someone who has suffered and also thrived in the Asian American and medical communities. Dr. Reyes writes: "Physicians often lead double lives; what their patients and colleagues see, and the life they see in the mirror. With courage and support, we can integrate ourselves, journey towards a deeper healing, and be of great value to our patients and communities." The primary intention of this session is to promote deeper belonging and understanding within the communities of the American Psychiatric Association, by staying close to vulnerability with relatedness and compassion.

If You Are a Psychiatrist, You Need to Know How to Prescribe Monoamine Oxidase Inhibitors: Guide for MAOIs So an Effective Treatment Option Is Not Lost

Chair: Stephen Michael Stahl, M.D., Ph.D.

Presenter: Jonathan W. Stewart, M.D.

Moderators: Philip R. Muskin, M.D., M.A., Ron M. Winchel, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To get an update on the modern dietary restrictions for MAOIs; 2) To differentiate true serotonin toxicity from serotonin syndrome side effects; 3) To review prohibited drug interactions with serotonergic agents; 4) To clarify norepinephrine drug interactions and hypertensive effects; and 5) To present actual cases of how MAOIs were used effectively for treatment resistant depression.

SUMMARY:

Monoamine oxidase inhibitors (MAOIs), the first known drugs with antidepressant action, are being progressively relegated to the sideline due in part to concerns about drug interactions and dietary

restrictions, but mostly due to lack of contemporary experience utilizing them and thus not seeing the rather remarkable effects they can produce. There is a current "gold rush" on today with many new agents for the treatment of depression including treatment resistant depression (TRD), dwarfing the exposure of modern psychiatrists to how to prescribe MAOIs and denying psychiatrists and patients alike the positive outcomes that MAOIs can produce, especially when many other agents fail. The purpose of this session is to "resurrect" the MAOIs and insert them into the portfolio of options of modern psychiatrists, many of whom, especially younger clinicians, have never prescribed them. The myths of danger and complexity of management are far in excess of the reality, and this session will expose the participant to the rationale and pharmacologic mechanism of MAOIs. We will cover specifically how and why dietary interactions occur and how to avoid them with a modern MAOI diet, and utilize the current published modern guidelines on tyramine interactions and how to manage diet. We will also cover how to understand the two classes of drug interactions to avoid: those with serotonin reuptake inhibitors and those with noradrenergic agents. Serotonin related drug interactions and adverse effects are possibly the most confusing aspects of the story of MAOIs, and we will compare and contrast serotonin-related side effects and the so-called serotonin syndrome which are both common and poorly defined and not related to the contrasting syndrome known more precisely as "serotonin toxicity" (ST) which is the life threatening type of serotonin interaction to avoid. Thus, this session will cover specifically modernization of the known drug interactions to avoid and will also debunk certain myths that can put off prescribers from using MAOIs, and introduce the participants to the recently published guidelines for utilizing MAOIs. We will also introduce the participants to new resources for potential prescribers for their TRD patients, including new literature as well as the psychotropic.com website where one can not only read everything needed to prescribe MAOIs, but to ask volunteer consultants with extensive experience utilizing MAOIs, specific questions regarding getting started prescribing for a specific case. There are two parts to this session, with Dr. Stahl presenting the rationale pharmacology, myths and debunking of myths and

providing pragmatic tips on how to prescribe MAOIs and how to do so while avoiding the pitfalls of drug interactions in a world where many concomitant drugs are given in TRD. The second part of the session is presented by Dr. Stewart, with real cases from his practice utilizing MAOIs.

Innovate, Collaborate, and Motivate: A Model for Improving Female Retention, Mentorship, and Professional Engagement

Chair: Monica D. Ormeno, D.O.

Presenters: Robyn Treadwell, Savannah Lee Woodward, M.D., Madeline Teisberg, D.O., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Recognize the impact of the leaky pipeline in Navy medicine for female physicians.; 2) 2. Identify the research gaps and possible solutions to address the leaky pipeline.; 3) 3. List programs Navy Psychiatry, Navy Medicine and the military healthcare system currently has to improve recruitment, retention and advancement of female physicians.; and 4) 4. Recognize lessons learned from our current programs to apply them to civilian population..

SUMMARY:

Although improving, women still represent the minority of physicians in the United States and show dramatically lower rates of retention and retire early (Newman et al. 2020). Repeatedly however, trainees stress importance of having individuals in the positions they are striving for as a primary motivator for continuing in medicine. As such, it is imperative that medical schools, residencies, and healthcare systems actively work to commission and retain female physicians. Currently, in the Navy, women represent 31% of active duty physicians. At entry level (LT/O-3), women account for 36% of active duty physicians in the Navy. This percentage decreases by approximately 5% as each rank advances with only 20% of Captains (O-6) being female and no flag officers (Admirals/O-7+) being female. The term "leaky pipeline" has been used to describe the precipitous decline in the numbers of women at each step up the professional ladder. Every sailor (Officer and enlisted) in the US Navy has to complete a

simulation exercise that shows how, as team, sailors can use pipe patching, bulkhead repair and shoring to stop a ship from sinking. During this exercise, sailors have to improvise, adapt and overcome several unexpected situations and learn to work as a team. Needless to say, this exercise is easily translated into medicine as we're always trying to overcome new unplanned challenges. Through the lens of "innovate, collaborate, and motivate" the speakers will illustrate various tactics to improve mentorship and professional engagement of female physicians with the long-term goal of improving gender equity within Navy medicine. We will discuss military-specific programs that have been implements that can be translated to our civilian counterparts.

Innovation, Access to Care, and Promoting Psychiatry and Mental Health in Ghana

Presenter: Vincent I. O. Agyapong, M.D., Ph.D.

Moderator: Lama Bazzi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to:; 2) describe how an innovative annual inter-medical schools public speaking competition has contributed to addressing the psychiatric human resource gap and mental health advocacy in Ghana; 3) describe how the innovative Text4Mood and Text4Hope programs contributed to closing the mental health treatment gap for the general public in Alberta before and during the COVID-19 pandemic.; and 4) describe the innovative Nova Scotia transcultural mental health program which aims to address the psychiatric treatment gaps for African Nova Scotians, Indigenous Nova Scotians and Newcomers..

SUMMARY:

Shortage of mental health human resources are a growing global problem leading to mental health treatment gaps. Treatment gaps for mental disorders impact individuals in both developed and developing countries, although individuals in low- and middle-income countries and marginalized populations in high income countries are particularly impacted. Innovative ways of stimulating interest of medical

students in psychiatry, particularly in Africa where mental health is highly stigmatized is needed. For marginalized populations in high income countries, special programs such as a transcultural mental health program that are co-designed with community partners are needed to address psychiatric treatment gaps. Also, given the dire global shortage of psychologists and mental health therapists, evidence based, cost effective, easily scalable and technology enabled interventions are needed to close the psychological treatment gaps for vulnerable populations in both developed and developing countries. In this presentation I will describe three distinct innovative intervention programs, namely, the Ghana inter-medical schools public speaking competition, the Alberta supportive text messaging program and the Nova Scotia transcultural mental health program which aims to contribute to addressing mental health treatment gaps in Ghana, Alberta and Nova Scotia respectively. Specifically, the presentation will show that the competition in Ghana stimulated interest in psychiatry careers for medical students who were undecided or had previously ruled out psychiatry specialization. The presentation will also show that the majority of respondents to a subscriber survey felt Text4Mood improved their overall mental well-being (83.1 %, n = 598). After six weeks of receiving daily supportive text messages, subscribers of Text4Hope had significantly lower prevalence rates for moderate/high stress (78.8% vs. 88.0%), likely Generalized Anxiety Disorder (31.4% vs. 46.5%), likely Major Depressive Disorder (36.8% vs. 52.1%) and suicidal ideation (16% vs. 26%) compared to a control group respectively. In addition, after 3 months of Text4Hope subscription, subscribers' self-reports revealed significant ($p < 0.001$) mean score reductions compared with baseline on: the Generalized Anxiety Disorder-7 scale score by 22.7%, Patient Health Questionnaire-9 scale score by 10.3%, and Perceived Stress Scale-10 scores by 5.7%. Reductions in inferred prevalence rates for moderate to high symptoms were also observed, with anxiety demonstrating the largest reduction (15.7%). More than 70% of subscribers agreed that Text4Hope helped them cope with stress (1334/1731, 77.1%) and anxiety (1309/1728, 75.8%), feel connected to a support system (1400/1729, 81%), manage COVID-19-related issues (1279/1728, 74%), and improve

mental well-being (1308/1731, 75.6%). Finally, the presentation will describe the new innovative Nova Scotia transcultural mental health program.

International Medical Graduates: Current and Future Regulatory and Legal Issues

Chair: Vishal Madaan, M.D.

Presenters: William W. Pinsky, M.D., Lucy Magardichian, Esq.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appraise the importance and contributions of International Medical Graduates (IMGs) in psychiatry in the United States (US); 2) Understand the unique challenges that lie ahead for IMGs with regards to the changing policies which will affect psychiatry residency and fellowship training; and 3) Review current and upcoming legal issues related to visas, visa-waivers and permanent residency for non-USIMGs.

SUMMARY:

IMGs are a heterogeneous group of physicians who are defined as having received their medical education outside the US. IMGs play a unique and significant role in the delivery of mental health care in the US. IMGs are more likely than their USMG peers to serve patients who are severely ill, publicly insured, socio-economically disadvantaged, rurally located, and ethnic and racial minorities. They are more likely to work in public sector clinical settings and inpatient units. They are also more likely to receive clinical revenue through Medicare and Medicaid. IMGs add to and improve diversity of workforce in mental health. Trends in psychiatric workforce reveal a significant decrease in IMG applications in psychiatry residency. The number of IMG PGY-1s has decreased from more than 30% in 2013 to approximately 16% in 2023, with the numbers of non-USIMGs being around 6.9% only. Not only will these declining numbers impact provision of psychiatric services in public sector and rural domains, but it will also result in a downstream effect in subspecialty recruitment. It is worth noting that IMGs represent 35% of child and adolescent psychiatry fellows, 40% of addiction psychiatry fellows, and 47% of geriatric psychiatry fellows. In

the past few years, there have been many changes to the residency selection process. As of January 2022, the United States Medical Licensing Exam (USMLE) Step 1 has transitioned to a pass/fail format. IMGs traditionally relied on the USMLE scores to distinguish their applications. In the light of this change, the USMLE Step 2 Clinical Knowledge Score and the USMLE Step 3 score might occupy a more central role for IMG applicants. Beginning 2024, only those IMG applicants who have acquired medical education from a school accredited by the World Federation of Medical Education (WFME) will be allowed to apply through the Education Commission of Foreign Medical Graduates (ECFMG). In this context, this session reviews historical details of IMG contributions followed by a discussion of existing and future regulatory and legal issues as they pertain to IMGs in psychiatry. This session is presented by the APA Foundation.

Leveraging Technology to Enhance Mental Health Interventions

Presenters: John Michael Kane, M.D., Skip Rizzo, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) The participant will be able to describe the definition of Virtual Reality (VR) and the different ways that people can engage and interact with VR environments.; 2) The participant will be able to explain explain the theoretical basis and research support for the use of VR for assessment and intervention across a range of clinic; 3) The participant will be able to understand the relevant issues involved in the informed and ethical design, development, implementation, and evaluation of Clinical VR environments.; 4) The participant will be able to understand the relevant factors in medication adherence.; and 5) The participant will be able to describe ingestible event markers and their use in monitoring adherence.

SUMMARY:

Advances in technology have provided new opportunities to enhance mental health care. Two 30-minute presentations will detail examples of technology-based mental health applications across

vastly different clinical domains. In the first presentation, the topic of medication non-adherence will be discussed in the context of its impact as a major cause of relapse/rehospitalization. In this regard, new technologies have enabled the development of ingestible event markers to provide tracking of drug ingestion. This work aims to facilitate patient, clinician and caregiver awareness of medication taking habits. The second talk will focus on the clinical use of Virtual Reality (VR) technologies. Virtual reality has undergone a transition in the past 25 years that has taken it from the realm of expensive toy and into that of functional technology. Revolutionary advances in the underlying VR enabling technologies (i.e., computation speed/power, graphics and image rendering technology, display systems, interface devices, etc.) have provided the hardware platforms needed for the conduct of human clinical treatment and research within more usable, useful, and lower cost VR systems. At the same time, a significant scientific literature has also evolved regarding the outcomes from the use of what we now refer to as *Clinical Virtual Reality (VR)*. This use of VR simulation technology has produced encouraging results when applied to address cognitive, psychological, motor, and functional impairments across a wide range of clinical health conditions. This presentation will provide a brief description of the various forms of VR technology and describe the trajectory of Clinical VR over the last three decades for addressing clinical assessment and treatment of anxiety disorders, PTSD, pain management, autism, and in the assessment/rehabilitation of stroke, brain injury, and other neurologically based conditions. Research leveraging Virtual Human technology will be briefly described in the areas of clinical training, healthcare coaching, and clinical interviewing. [SR1] <hr align="left" class="msocomoff" size="1" width="33%" /> [SR1]2,079 characters with spaces (out of a possible 3000) for the abstract. Can add more if you would like?

LIFTnow: An Innovative CBTi-Based Video Game for the Treatment of Insomnia

Chair: Nina Vasan, M.D., M.B.A.

Presenters: David Dupee, M.D., M.B.A., Christopher Flinton, Varun K. Thvar

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the reason for the prevalence and popularity of video games as a medium for social engagement and enjoyment.; 2) Identify the impact of video games on mental health and their significance as a viable treatment option, and recognize their possible downsides and challenges.; 3) Introduce the concept of specialized video games for specific mental health conditions.; and 4) Demonstrate how the LIFTnow platform, a real-world tool, built on top of Minecraft, aimed at providing a CBTi-based treatment for insomnia, can be implemented and executed in the real world..

SUMMARY:

With almost 97% of children and adolescents in the United States playing video games for nearly an hour a day, the popularity of video games has skyrocketed over the years, allowing players to create profound, meaningful experiences in-game with the potential to enhance their social well-being. Mental health professionals can create effective, scalable, and robust treatments via this modality when considering the possible negative consequences of prolonged video game usage. Furthermore, Zayeni et al. have established that the greater prevalence of “serious” video games developed specifically for mental health and therapeutics are an exciting alternative or supplement to existing treatments, specifically targeting youth depression and anxiety. With new advances in video-game research and technology, video games can be considered a valid and insightful new research and treatment option and are an excellent way to communicate with the new “internet generation.” This session will introduce the participants to various video-game related topics, such as the overall socio-economic impact of video games, political views surrounding the use of video games, and the mental health impact of video games, specifically how we can use them as powerful treatment tools. We will also explore the possible negative consequences of video game use and potential caveats in developing serious video games. Participants will experience a real-world application of video games, specifically watching and playing an example serious game: the LIFTnow platform, a Minecraft server built for the treatment of many lower acuity mental health

problems, including insomnia and other sleep-related problems. We are using Minecraft's embedded game mechanics, such as an automatic sleep cycle and schedule, along with other added features, such as intuitive goals, penalties for not sleeping on time, and a modified questionnaire from the Insomnia Severity Index to track the impact of the game on players. LIFTnow is built on the familiar Minecraft platform with more than 126 million monthly active users and strong user engagement, enabling us to create custom, flushed-out video-game treatments without the need to create video games from scratch. Participants will also be able to examine video game phenomena through interactive breakout rooms discussing real-world applications and the LIFTnow platform. We will go over the creation and development process for a mental-health targeted game, showing a set of steps that both psychiatrists and video game developers can use when designing a video game specifically for mental-health related uses. The speakers in this session include a psychiatrist working at Excel Medicine and members of the Stanford Brainstorm laboratory, including a professor from the Stanford School of Medicine.

Management of Shame and Guilt in Work With Social Determinants of Mental Health

Presenter: Constance E. Dunlap, M.D.

Moderator: Lama Bazzi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify patients' adaptive and maladaptive responses to shame and guilt.; 2) Articulate how clinicians' maladaptive defenses to shame and guilt undermine organized medicine's efforts to center social determinants of mental health; and 3) Apply strategies to incorporate social determinants of mental health in didactics, clinical care, and supervision..

SUMMARY:

Shame and guilt are deeply personal experiences that are influenced by physical appearance (gender, height, weight, skin color, etc), ethnoracial identity, caste systems, and prevailing systems of oppression against those who identify as Other. Over the last

decade, there has been an acceleration in the appreciation of the clinical relevance and importance of addressing social determinants of mental health in clinical care. Although shame and guilt are ubiquitous emotions that occur along a spectrum, they are often misunderstood by both clinician and patient. Shame refers to a spectrum of painful affects - embarrassment, humiliation, and loss of face - that accompany the feeling of being ridiculed, excluded, or rejected. Guilt is the emotion that occurs when one feels they have violated standards of conduct; shame is experienced as a personal sense of "missing the mark" while guilt is usually accompanied with the intrapsychic expectation of punishment. Defensive responses to shame and guilt are undermining our ability to incorporate social determinants of mental health in didactics, clinical care, and supervision. Some argue that the US history of colonization and enslavement and enduring systemic racism have resulted in loss of moral authority by whites. This loss impacts Blacks and whites differently. Whites may experience shame about their implicit biases and their ancestors' overt racism. Blacks Indigenous, and People of Color (BIPOC) may experience shame because of internalized racism and ongoing public reminders that their communities are disproportionately treated as second class citizens. It is not inherent poor self-regard that these communities experience; shame is a response to the public treatment, exclusion, and humiliation that corresponds to their subjugated role in a caste system that inherently values whiteness. Some members of BIPOC communities may even feel ashamed of their racialized identity. Shame and guilt are inextricably linked to our moral character and our relationship with those we confer moral authority. Those with strong intact superegoes are more susceptible to shame and guilt. Low level responses to shame include denial, withdrawal, defiance, arrogance and projection onto others. High level adaptive responses include introspection, empathy, altruism and realistic self-appraisals that can motivate action. It has been argued that moral injury has resulted in Black Rage, a mental construct that reflects a healthy adaptation to the trauma of exclusion and oppression. If psychiatrists are to make progress on centering the role and impact of social determinants of mental health in their work, the first

step will be personal examination of their own defensive responses to shame and guilt in response to awareness of systemic racism and the resultant social determinants of mental health.

Mass Killers and Mass Shooters: Perspectives on Initiatives to Investigate and Reduce Mass Killings in a Systematic Quantitative Manner

Chair: David V. Sheehan, M.D., M.B.A.

Presenters: Ulrik Fredrik Malt, M.D., Ira David Glick, M.D., Steve Eliason, M.B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand the process of implementing a state-wide, a nationwide, and an international program of homicidality and suicidality assessment.; 2) 2. Understand the importance of peer relationships in youth suicide and homicide assessment and prevention.; 3) 3. Understand the value of legislative initiatives in the prevention of suicidality and homicidality.; 4) 4. Understand the need for early treatment of brain illness including neurological illness as well as psychiatric illness.; and 5) 5. Have insight into the complexity of evaluating homicidality.

SUMMARY:

Mass killings have increased in frequency in developed countries. This has attracted considerable media attention and societal concern. Opinions are many, but effective actions that reduce the frequency of such killings are few. There is an abundance of discussion and debate of this topic, but a paucity of good scientific evidence-based data to guide our decisions on how best to proceed. Are patients with psychiatric diagnoses overrepresented among those convicted of serial killings? Where is the data that informs such a belief? What role should psychiatrists play in solving this problem? Should all psychiatric evaluations include evaluations for homicidality? How should psychiatrists go about properly assessing homicidal patients? What mental health evidence do courts expect in such cases? What other disciplines should be included at the table in formulating and testing the efficacy of proposed solutions? How could we evaluate the efficacy of programs and strategies designed to

investigate and solve these problems in both schools and in society at large? This general session brings together several experts who have collected real life evidence that bears on this topic. They have interviewed mass killers, collected data on those at risk for homicidality and suicidality, participated in court hearings on this subject, and put in place legislative actions and programs designed to reduce mass killings. This evidence-based data, these legislative actions, and these programs have already demonstrated useful results. However, there is much to learn, and more scientific evidence and legislative action is needed. Dr. Glick will present data on a recently published retrospective observational study of mass shooters who killed 4 or more people with firearms between 1982 and 2012 or who killed 3 or more people with firearms between 2013 and 2019. He and his Stanford colleagues used court records and a structured diagnostic interview for DSM-5 to identify the presence or absence of a major psychiatric disorder diagnosis and if treated before the shooting. The 7/11 mass killing in Norway was the largest terrorist attack on European soil since World War II. The attack the legal proceedings that followed attracted wide international media publicity. Professor Malt served as an expert witness on the psychiatric evaluation in this Court case. The judge explicitly cited Professor Malt's contribution in the final court ruling on the case and sided with his opinion. State Legislator Steve Eliason will report how Utah has a multi-dimensional, legislative approach to suicide and school killings prevention. He will share the "hope squad" model: a school-based peer to peer suicide prevention program that helped reduce youth death by suicide by 25% in Utah and preempted many school shootings. He will describe initiatives like the SAFE UT of the University of Utah Health, and other initiatives he helped initiate and fund to help reduce school suicides and homicides.

Mechanisms of Comorbidity

Chair: Tristan McClure-Begley, Ph.D.

Presenters: Edward Vernon Nunes, M.D., Diana Martinez, Yann Mineur, Raajaram Gowrishankar

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize features of neuropsychiatric conditions that commonly present together and are challenging to isolate and model in controlled experiments.; 2) Conceptualize how limitations in preclinical research pertaining to the complexity of psychiatric comorbidities and existing model biological systems can be overcome.; and 3) Critically review rationale for therapeutic optimization and the challenges with different treatment models and modalities in the context of managing multiple conditions..

SUMMARY:

The simultaneous presentation of multiple mental conditions is a common clinical observation, and co-occurring disorders can complicate accurate diagnosis and effective therapeutic management. Whether the existence of widespread comorbidity is reflective of shared pathophysiology, compounded risk factors, or overlapping diagnostic criteria is a significant research gap to be addressed. Basic research into how contributing factors influence the likelihood and symptom severity of psychiatric comorbidities is presently challenging; a lack of tractable model systems impedes drawing realistic conclusions of relative risk and causal biological factors, and the scale of experiments required to address the diverse contextual factors introduces additional barriers. This panel will discuss possible contributions of innate factors, such as genetic variants associated with significant risk and supported by causal roles in the physiology and biochemistry of the impacted systems, and the contextual factors, such as increased sensitivity to stressors or perturbations under complex multimodal conditions.

Meeting the Health Needs of LGBTQIA+ and Marginalized Psychiatry Trainees

Chair: Chelsea R. Cosner, M.D.

Presenter: Teddy G. Goetz, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Have a deeper understanding of the physical and mental health needs of LGBTQIA+

and other systematically marginalized and excluded psychiatry trainees; 2) Identify systemic barriers for LGBTQIA+ and other systemically marginalized and excluded psychiatric trainees to adequately receive physical and mental health care; and 3) Advocate for better health care for trainees and build tools to address barriers to care for trainees in their institutions and make connections with other participants.

SUMMARY:

Trainees experience high levels of stress and burnout during medical school and residency. This can exacerbate physical and mental health conditions. Particularly, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and more (LGBTQIA+) people and other systemically marginalized and excluded people experience high levels of chronic illness and mental health concerns. Some transgender, non-binary, and/or gender expansive (TNG) people may undergo additional gender-affirming medical procedures that can be crucial to their physical and mental well being. Psychiatric trainees experience additional challenges in finding mental health care. This highly interactive dialogue and vignette based workshop will explore the challenges of adequately addressing the healthcare needs of minoritized psychiatry trainees in ways where those involved in working with trainees can walk away with better ways to assist trainees and trainees can find ways to navigate these systems.

Mental Health Apps: How to Recommend and Review

Chair: Darlene King, M.D.

Presenters: Steven Richard Chan, M.D., M.B.A., James Shore, M.D., M.P.H., John Luo, M.D., John Torous, M.D., M.B.I.

Moderator: A. Jacques H. Ambrose, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand at least three risks and three benefits of using apps in care with patients.; 2) Guide a patient through informed decision-making by helping them find a smartphone app that is tailored to their unique needs and engagement style.; and 3) Assess current APA

resources and be able to utilize them to support yourself and a patient around the selection an app..

SUMMARY:

As mental health clinicians continue to use synchronous telehealth (video visits), there is growing interest in using asynchronous telehealth (eg apps as well). Yet with 1000s of apps to pick from, clinicians need help in how to review and recommend apps. This session is designed to offer answers with a review of recent evidence, and a tour of APA resources, and hands-on examples in selecting apps.

Mental Health Stigma and Its Implications Among the Ukrainian Immigrant Population

Chair: Aidaspahic S. Mihajlovic, M.D., M.S.

Presenters: Lara Segalite, M.D., Samar Khan, Ria Datta

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize specific ethnic features of Ukrainians that prevent accessible mental health services.; 2) Identify the stigma regarding mental health that Ukrainian immigrants are facing.; 3) Identify how this stigma affects access to care.; 4) Recognize how mental health professionals can work to dismantle this stigma.; and 5) Choose one specific example of a reliable resource that they themselves would recommend to patients and families who are subject to this mental health stigma..

SUMMARY:

In recent years, there has been increasing research regarding mental health stigma in the United States. Although there are currently more than 1.1 million Ukrainians in the United States, with an estimated number of 180,000 more joining the existing Ukrainian diaspora after the country's invasion by Russia in 2022, very few studies have been done on mental health stigma in this subgroup in particular. Historically, Ukraine has had a particularly high prevalence of alcoholism, depression, and suicide, even when compared to other Eastern European countries. Barriers to care may find its origins in insufficient Ukrainian government financing for mental health services, mistrust in healthcare

providers, and a lack of awareness. Studies are now showing that perhaps one of the most significant barriers to care is stigma and shamefulness associated with mental health treatment. An increase in prevalence of common mental disorders like depression, anxiety, PTSD, and alcohol use disorder reflects the current Ukrainian state of affairs and its associated socioeconomic struggle, violence, and uncertainty for the future. More so than before, Ukrainian adults have a growing sympathy towards patients with mental health issues and many believe that increased treatment is indicated. Yet, many Ukrainians do not receive adequate care as they fear scrutiny and exclusion from their communities. During this symposium, we will explore unspoken barriers to mental health treatment that these Ukrainian immigrants face regularly. We seek to uncover family dynamics, socioeconomic backgrounds, and cognitive biases that may influence perceptions of mental health and contribute to mental health stigma. Next, we will turn to see how these factors disincentivize Ukrainian immigrants from accessing mental health services. Lastly, we will discuss possible cognitive therapeutics and motivational strategies that can target this specific patient population.

Mental Health, Tech and Philanthropy

Chair: Richard Fredric Summers, M.D.

Presenters: Thomas R. Insel, M.D., Rawle Andrews, J.D., Esq., Joseph Pyle, M.A., Lyell Sakaue, M.P.P., Caroline Fenkel, L.C.S.W.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe three areas of the mental health system that are potential targets for funding by philanthropic organizations; 2) Become informed advocate for mental health system needs to philanthropic community; and 3) Identify areas within your home institution that would benefit from developing a plan for philanthropic funding.

SUMMARY:

The American health care system has been called an unenviable mix of excess, deprivation, and chaos. As more people come to recognize the failings of the health care system, the momentum for reform

grows. Increased commitment to mental health among the philanthropic community, especially the tech community, widespread awareness of the need for mental health system transformation, and technology innovation, are coming together to catalyze change. This session will address how philanthropy can play a constructive role in the mental healthcare reform, identify potential philanthropy funding targets, and highlight mental health system innovations and philanthropy initiatives that could help transform mental health outcomes for patients and family caregivers across general and multicultural communities. This session is presented by the APA Foundation.

Mentorship: Nuts and Bolts of the Gift of a Dynamic Reciprocal Relationship

Chair: Jacqueline M. Feldman, M.D.

Presenters: Saul Levin, M.D., M.P.A., Chase Watson, M.S., Dwight E. Kemp, M.D., Urooj Yazdani, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Examine characteristics of mentors and mentees that facilitate productive mentoring relationships; 2) Utilize models of mentorship to develop approaches to individual dynamic relationships; and 3) Develop skills sets to maximize long-term satisfaction with mentoring relationships.

SUMMARY:

The construct of mentorship has ancient roots, and the process and nature of mentoring continue to evolve today. The basics of establishing dynamic reciprocal mentoring relationships will be explored. A panel (ranging from the CEO and Medical Director of the APA to psychiatry residents and a medical student) will examine the art and science of mentoring from their perspectives. The audience will be engaged to identify their approaches (and results of) their mentoring relationships.

Mission-Based Media Collaborative Work Concerning “Controversial” Topics in Psychiatry

Chair: Jessica Gold, M.D.

Presenters: Amanda Joy Calhoun, M.D., M.P.H., Jack Turban, M.D., M.H.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess the media landscape to identify strategies for collaborative work with the media as a psychiatrist; 2) Develop actionable steps to begin engaging with the media as a psychiatrist; 3) Employ methods of harnessing the media to engage with the general public about “controversial; and 4) Utilize techniques to address barriers/challenges to mission-based media work as psychiatrists.

SUMMARY:

Background: Online media shapes public discourse and most Americans get their news using digital devices, instead of print [1]. Physicians have been trained to stay away from the media [2] and maintain a blank slate. Yet, it has become increasingly clear that physicians not only should engage with the public, but that this may be a public health responsibility [3]. Mission-based media collaborative work, like mission-based tweeting [4], refers to the strategic use of the media to promote evidence-based discussion to combat stigma and improve health. Mission-based media work can be used by psychiatrists to disseminate ideas and promote change on a large platform. Methods: Each presenter will speak for twenty minutes, explaining why and how they navigate various media platforms with missions in mind: promoting physician mental health, combatting medical racism, and supporting transgender and gender diverse youth. We will focus on “controversial” topics in psychiatry to showcase the nuances of media interaction, address fears of interacting with the media, and highlight specific challenges, including harassment online [5-7]. Dr. Turban will discuss how he uses op-ed writing and social media to disseminate knowledge surrounding gender-affirming care and how to best support transgender and gender diverse youth [8-10]. Dr. Gold will discuss how she uses media as an expert and a writer to normalize mental health needs of psychiatrists and physicians, including her own [11-13]. Dr. Calhoun will discuss how she uses media as an expert and writer to shed light on medical racism [14-16]. Each presenter will have an interactive didactic session, including clips of their media appearances and examples of positive and negative

reactions to their work. Each presenter will also incorporate short audience activities including: 5-minute free-write sessions to stimulate ideas for Twitter threads and op-eds and interactive discussion around responding to negative feedback and trolling. The session will conclude with a question-and-answer session. Participants will also be given a handout which will include session takeaways and a group activity (which will involve participants filling out a chart, as a group, and identifying their a) mission/topic of interest; b) ways they might use media to address that topic; c) what they might pitch; d) fears and questions). **Results:** Psychiatrists can play a key role in public discourse about "controversial" topics in mental health, such as gender-affirming care, physician mental health, and medical racism. This panel of experts will share their experiences successfully collaborating with the media toward this goal, and any challenges along the way, so that participants are able to implement these practical skills. **Conclusions:** The media is a powerful way to promote mission-based work as psychiatrists. Following this session, participants understand how to approach the media to further their mission.

Neurobiology and Treatment of Post-Traumatic Stress Disorder

Chair: Charles Barnet Nemeroff, M.D., Ph.D.

Moderators: Sofia Elisa Matta, M.D., John Luo, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Accurately identifying the evidence based therapies for PTSD; 2) Accurately describe the genetic underpinnings and brain imaging alterations in PTSD; and 3) Understand the multi-disciplinary approach to maximize the likelihood of remission in patients with PTSD.

SUMMARY:

Post-traumatic stress disorder (PTSD) is a disabling serious psychiatric illness which has been increasing in prevalence in recent years. The diagnosis, epidemiology, pathophysiology and treatment of PTSD will be described with an emphasis on evidence based treatments. At the current time the vast majority of patients receive one of the two FDA approved treatments, sertraline or paroxetine with

some percentage of patients treated with either one of the evidence-based psychotherapies (trauma focused Cognitive-behavior therapy or Cognitive Processing Therapy) or a combination of the two. In spite of advances in the field, the majority of patients do not achieve remission, though they do exhibit reductions in symptom severity as measured by the CAPS or PCL-5, the two most common dimensional measures utilized in this population. Risk factors for the development of PTSD will be described including a history of child abuse or neglect, as well as the nature of the index traumatic event and genetic factors. Pathophysiology studies using PTSD as the prototype gene X environment interaction disease will be described with an emphasis on candidate genes that have proven to be predictive of development of PTSD such as FKBP5 and CRHR1. The role of epigenetic mechanisms in the pathogenesis of PTSD will also be described and how this effects expression of critical genes. Brain imaging studies will be described highlighting structural and functional CNS changes in patients with PTSD and how they change with effective treatment. Finally and most importantly, each of the various treatment modalities that have been studied in PTSD will be reviewed in detail including various psychotherapies, pharmacotherapies, and novel treatments (ketamine, MDMA, Stellate ganglion injection). If time permits, management of treatment resistant PTSD will be discussed as well in the context of a case presentation.

New and Improved! The ABPN Continuing Certification Program

Chair: Robert Joseph Boland, M.D.

Presenter: Joan Anzia, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Articulate the rationale behind continuing education.; 2) Describe the ABPN Continuing Certification process, including the pilot process.; and 3) Describe best practices for lifelong learning..

SUMMARY:

Continuing Certification (CC, formerly called Maintenance of Certification, or MOC) is a staple of

all medical specialties. However, it continues to cause controversy and elicit emotions among many psychiatrists. Most professionals agree with the underlying rationale that once we finish our formal training, we should demonstrate that we are continuing to practice life-long learning. However, the devil is in the details – for CC to be useful, the process should be relevant and meaningful to a psychiatrist’s practice. After the successful pilot program testing an alternative approach to the American Board of Psychiatry and Neurology’s (ABPN) Part 3 (10-year exam) portion of CC using a journal article-based assessment option, the ABPN has begun offering this alternative approach to the usual 10-year exam cycle. In this workshop, we will describe the pilot and results, and the resulting alternative pathway for continued certification. As this program is ongoing and is now the default option for all diplomates, we detail the process including deadlines, how to successfully complete and how to instead take the exam if one chooses. We will leave ample time for questions.

Novel Positive Psychiatry Interventions: Helping Patients, Professionals, and Populations

Chair: Erick Messias, M.D.

Presenters: Samantha V. Boardman, M.D., Dilip V. Jeste, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define Positive Psychiatry interventions to assist patients, reduce professional burnout, and improve population health.; 2) Identify the role of psychiatrists in informing individuals and policy makers in enhancing well-being and happiness.; 3) Recognize the need to expand psychiatric practice to encompass wellness, prevention, and happiness.; and 4) Add positive interventions to everyday clinical practice..

SUMMARY:

The growth of positive psychiatry is enhancing its clinical, professional, and population outreach. In clinical practice several new intervention tools have been developed These may be organized into five approaches: adopting a positive orientation; harnessing strengths; mobilizing values; cultivating

social connections; and optimizing healthy habits. At the professional level positive interventions can be applied to address aspects of the burnout epidemic. Surveys have implicated a lack of meaning in work as a major factor increasing burnout risk. By creating meaningful work using four aspects of meaning - belonging, transcendence, purpose, and storytelling – positive approaches can enhance joy at work and decrease burnout. At the public health level, loneliness and social isolation has been identified as a key social determinant of health. By engaging with policy makers to foster social connections, positive psychiatrists can influence well-being at a community level.

Opportunities and Pitfalls in Psychiatric Policy and Treatment: International Perspectives

Chair: Gisele Apter, M.D., Ph.D.

Presenters: Manuel Martin Carrasco, Antonio Geraldo Silva

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To describe the changes in psychopathological manifestations in the last decades; 2) Establish a common pattern on the configuration of personal identity; 3) Make a series of recommendations on therapeutic interventions; 4) To describe the importance of early development in mental health; and 5) To underline the need to address Adverse Child Events as early as possible.

SUMMARY:

It is now well known that the majority of mental health issues emerge during childhood and adolescence. There is ongrowing data on the impact of history of mental health issues especially trauma, prior to parenthood, on the development of the fetus, newborn and infant. Adverse child events, often correlated to substance abuse and mental illness in the home are known to heighten risk of mental illness in offspring. The impact of neglect and abuse are recognized as major risk factors for Disorganized Attachment and/or what is now called Complex PTSD, thus setting the stage for mental health disorders during childhood and adolescence. These now ascertained scientific facts have not led to the implementation of public health policies around

the world. Worse, in our midst, they are often considered “confounding factors” as if they were not part of the mechanisms leading to mental illness and its burden. We will discuss and offer culturally sensitive and globally acceptable directions for future opportunities in prevention, training, therapeutic and research in Psychiatry and Mental Health. Changes in psychopathological manifestations can be explored transepistemically by comparing historical narratives of insanity, or intraepistemically by detecting variations within a given narrative (eg, religious, social, or neurobiological). According to the Cambridge model of symptom formation, mental symptoms (psychopathological manifestations) are events that result from the configurative action taken by patients to make sense of (often) distressing information that invades their consciousness. This information can be biological signals (released by distressed brain networks) or symbols (resulting from social interaction or personal reflection). Configurators (personal, sociocultural, dialogic, etc.) transform this incipient information into efficacious experiences. Due to biological mutation or social change affecting shapers, mental symptoms may change over time. In current times, many of the emerging symptoms can be related to deficits in the configuration of personal identity. Hence the rise, for example, of borderline-type symptoms. These changes should shape our capacities for therapeutic intervention. Stigma is a dynamic collective phenomenon that arises when an individual characteristic is inconsistent with the social stereotype created for a given individual. The negative stereotype that the person with psychiatric illness receives can lead to harmful consequences, such as discrimination, decreased demand for professional help, delayed diagnosis, impaired treatment adherence, decreased self-esteem, increased social isolation, and increased suicide rates. Studies evaluating health professionals' stigma are scarce, mainly because it is assumed that this population already has sufficient knowledge regarding mental health. Thus, this work aims to examine the stigma of a specific population, psychiatrists, concerning different mental disorders.

**Opportunity to Disrupt or Disruptive Opportunity?
What You Need to Know About Startups**

Chair: Jacqueline Posada, M.D.

Presenters: Catherine Crone, M.D., Arun Gopal, M.D., Joseph McCullen Truett, D.O., Ravi Shah, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Provide important background information about the economics of venture capital and private equity backed startups in the mental healthcare space.; 2) Understand what questions to ask a startup when thinking about taking the job when considering employment or collaborating with a healthcare startup.; and 3) Discuss the pros and cons of working in a mental health startup, and how working in this setting can provide early career psychiatrists with unique and important skills.

SUMMARY:

The delivery of high quality mental health care has been notoriously difficult to monetize, and building a good business model to address the staggering human and financial costs has been challenging for health systems. Because of this, mental health has become fertile ground for “disruption” through innovation. Investment has poured in from venture capital and private equity, hoping to cash in on the financial returns of “cracking the code” on either improving mental health treatments or innovations in service delivery. At the same time, if you are considering working with a startup, it can be difficult to find reliable information to help you evaluate these opportunities. This session will provide trainees and early career psychiatrists with information about the finances, management structure, and internal motivations of healthcare start-ups which have become major players and employers in the mental health space. This session will be presented by psychiatrists who are working or have worked in healthcare startups of various stages. Set the stage: Provide background information about the economics of venture capital and private equity backed startups with a focus on mental health startups. This section will discuss how individuals from technology and finance spaces often go about decision making, and help psychiatrists understand the financial incentives of these companies. Is this a “good” start up?: Discuss the continuum of startups and how funding structure informs the risk taking mentality of the institution and what risks (if any) are

posed to a new employee. We will use a case study of a mental health startup to illustrate funding structure, funding rounds, and how the financial and technology sectors have combined forces to “disrupt” industries by bringing significant financial clout and fresh ideas. Should I take the job?: Outline the important questions to ask when considering employment at or working with a healthcare start up, and how to identify the level of risk when choosing a startup as an employer. Topics will include understanding equity and options as compensation, asking about investor goals, and early and late stage start-up dynamics, and the importance of the growth at all costs model which is essential to funding. Trust your gut: Discuss the “intangibles” that should be considered when joining a startup, and why newly minted psychiatrists are hugely valuable in the startup space. The presenters will discuss the highs and lows of working in startups such as the chance to develop early leadership and business skills, startups as an alternative setting to learn public health and the economics of mental health, how startups differ from “traditional” environments like group practices and academic institutions, and how to manage the expectations of individuals across fields including technology and finance.

Pillars of Mental Health: Attachment and Social Connectedness Over the Lifespan

Chair: John H. Halpern, M.D.

Presenters: Eugenio M. Rothe, M.D., Marilyn Benoit

Discussant: Regina James, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the importance of attachment in mental health outcomes.; 2) Appreciate the role of healthy family bonding in preparing individuals for participating in the larger social environment.; 3) Understand that social connectedness throughout all developmental stages is critical to social-emotional well being and good mental health.; 4) Value the importance of peer support as a critical intervention for patients.; and 5) Advocate for the revitalization and inclusion of Community Psychiatry as an important component of the array of mental health services offered and as part of residency training..

SUMMARY:

As a medical student in the early seventies, I did a psychiatry elective called “Community Psychiatry.” An unused school building was used as a place for community psychiatric patients to gather on a daily basis. Treatment was provided by Georgetown University psychiatrists, residents, and other allied mental health professionals. Meals and activities were provided. My most enduring and endearing memory of this experience was the once/weekly dinner event which treatment professionals attended and interacted meaningfully with the patients who had participated in the meal preparation and service. This was towards the end of the heyday of Community Psychiatry. What a loss to society! Now, I’m a psychiatric advisor and patron of the Capitol Clubhouse in Washington, DC. Clubhouses are privately run and heavily dependent on donations, competing with thousands of needy not-for-profits. The Clubhouse provides a safe place for patients with mental illness and addiction to meet with professionals and peers, to socialize and develop skills that allow them to interact pro-socially with everyone in the social environment. Patients participate in all aspects of operations and management to the best of their ability. They develop living skills, job skills and people skills. One cannot address social psychiatry without identifying the most critical building block of social relatedness, i.e. ATTACHMENT! The Practice Parameters of the AACAP states, “Attachment may be defined as the organization of behaviors in the young child that are designed to achieve proximity to a preferred caregiver at times when the child seeks comfort, support, nurturance, or protection. (p.1207 JAACAP 44:11). With failure of attachment healthy social bonding does not take place and is associated with clinical psychopathology. I learned in my training that successful mental health intervention should afford patients “a corrective emotional experience,” one that repairs to some degree the unhealthy outcomes of previous traumata or deficits. Tom Insel, past Director of the NIMH has publicly expressed his disappointment in the paucity of novel psychiatric research re treatment outcomes, and has stated that we have overlooked the importance of the role of peer support in providing mental health stability. This session will address attachment styles, the

various developmental stages over the lifetime, and how social connectedness plays a critical role in each stage. The stage of senescence will especially be highlighted because the aging population is especially at high risk of social isolation and mental health decline. Advocacy to include social psychiatry as part residency training will be encouraged.

Priorities in Mental Health Research

Presenter: Joshua A. Gordon, M.D., Ph.D.

Moderator: A. Jacques H. Ambrose, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify three priority areas for mental health research; 2) Understand the connection between mental health research and improvements in mental health care; and 3) Engage with others in discussions about the role of technology and novel treatments in the future of mental health care.

SUMMARY:

The NIMH is the principle federal agency responsible for conducting and supporting mental health research in the United States, and the largest funder of mental health research in the world. NIMH's mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. NIMH fulfills this mission by supporting and conducting research on mental illnesses and the underlying basic science of the brain and behavior. Priority research areas are described in the NIMH strategic plan, which is a living document published on the NIMH website that is updated frequently and fully revised annually. Cross-cutting themes across multiple priority areas include the need to sustain a diverse research workforce; to support community-driven research goals; to increase the utilization of computational approaches to conducting and evaluating research; to support a mechanistic approach to the understanding of mental illness and the development of novel treatments; and to ensure public health impact on both a national and global scale. Several of these priority areas will be discussed

in greater detail, along with examples of public-health relevant research outcomes.

Psychiatry Training and Parenting: The Dual Learning Curve

Chair: Manal Khan, M.D.

Presenters: Juliet Beni Edgcomb, M.D., Ph.D., Jonathan Pascal Heldt, M.D., Sana Younus

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appraise the variety of challenges faced by parent trainees during psychiatry graduate medical education and the intersection of these challenges with other vulnerabilities; 2) Understand the mechanisms by which creating family-supportive workplaces may strengthen residency and fellowship programs; and 3) Develop innovative and collaborative strategies to build family-supportive work and training environments.

SUMMARY:

Psychiatry trainees who are parents face many challenges, including accessibility and affordability of childcare, access to lactation facilities at work, long and irregular work hours, unpredictable work demands, and guilt over colleagues' increased workloads. Parent trainees who are black, indigenous, people of color, first-generation college graduates, immigrants, women, single parents, and/or LGBTQ+ are more vulnerable to these stressors. In the last year, the American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) have newly supported paid medical, parental, and caregiver leave programs. Although 40% of physicians plan to become parents during graduate medical education, many trainees, particularly those from historically marginalized backgrounds, experience significant barriers to completion of training and full participation in the psychiatry workforce. This workshop will be a highly interactive and inclusive space focused on supporting parents in psychiatry training programs. We will facilitate a collaborative exchange among participants by using personal narratives, small group discussions, and large group reflections. The session will begin with a brief presentation on importance of fostering a

family-supportive work environment and the challenges faced by parent trainees. Next, participants will form small groups and discuss the challenges that parent trainees face at their respective institutes. We will track the conversations by using poster boards. This will be followed by facilitator-led large group reflections. By employing this strategy for cross-exchange we hope to identify those challenges that the participants might have been unaware of. After identifying the challenges, the small groups will be encouraged to apply innovative strategies to promote family-friendly training and work environment within and across institutions. The conversations will be tracked by using poster boards. This will be followed by facilitator-led large group reflection to not only allow for a collaborative learning exchange between participants but to also motivate participants to advocate for a wide range of strategies to be applied in support of families at their home institutions. Finally, we will lead a conversation on special considerations for minoritized trainees and the importance of intersectionality of identities as they relate to parenting and training. Speakers represent a spectrum of professional (current trainees, clinician educators, program directors, mental health research) and lived (parents, immigrants, LGBTQ parent, international medical graduate) expertise. Together, the session is designed to stimulate the creation of innovative strategies for cultivating family-supportive environments within and across psychiatric residency and fellowship training programs especially as we reimagine inclusive pathways to the psychiatric workforce in a post-pandemic world.

Publishing During Training: Maintaining Motivation in Academic Writing

Chair: Danielle W. Lowe, M.D., Ph.D.

Presenters: Joshua Hamilton, M.D., Alexander Levit, M.D., Ph.D., Syeda Razia Haider, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the value of trainee publishing in academic career development; 2) Outline the steps of the publishing process, to include choosing a target journal, manuscript

submission, and the revision process; 3) Identify three common pitfalls encountered by new authors in the review process; and 4) Implement writing strategies and best practices for manuscript preparation.

SUMMARY:

The peer review process can be a daunting process for authors at all stages of their careers and can be particularly challenging to navigate for trainees. Involvement in scholarly activity and publishing is important for academic career progression and helps trainees develop skills under the ACGME core clinical competency of Practice-Based Learning and Improvement (1, 2). However, many psychiatrists complete training with little education or experience with the peer review process. Since its founding in 2006, the *American Journal of Psychiatry Resident's Journal* (AJP-RJ) has both provided trainees with the opportunity to author manuscripts early in their careers, and to serve on the editorial board, which is entirely resident run (3). In this session, members of the AJP-RJ editorial board will share strategies and best practices for academic publishing. This will include an overview of the publishing process as well as discussion of how peer review is conducted by an editorial team and predatory practices to avoid (4). The board will also share recent data from the journal highlighting publishing patterns over the past few years. For example, 41% of manuscripts submitted to the AJP-RJ since 2019 that received an initial decision of major revision never subsequently submitted a revision. This phenomenon is not unique to our journal nor to psychiatry trainees, and highlights a common pitfall in the often discouraging peer review process (4, 5). As part of the AJP-RJ's mission to develop trainee authors, the session will conclude with a discussion on persevering through the publishing process, and participants will emerge confident in their ability to author manuscripts and participate in a supportive peer review process.

Queer in the Cornfields: How Psychiatrists Can Help Rural Youth Navigate the Coming Out Process

Chair: Ronald R. Holt, D.O.

Presenters: Colleen Waickman, M.D., Gabrielle Shapiro, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Compare and contrast the differences in the coming out process for queer students from rural versus urban geographies.; 2) Assess risk factors which are more prevalent among queer students from rural areas.; 3) Develop ways to provide specific support for queer students from rural and urban geographies.; 4) Integrate strategies in college, residency training, and community settings to assist rural and urban queer youth.; and 5) Utilize clinical pearls and resources to support rural, urban, and BIPOC individuals as they navigate the coming out process..

SUMMARY:

Queer people are historically at higher risk for mental health disparities due to many factors. The coming out process can be a positive factor to help mitigate some of these adverse mental health outcomes. The question arises whether queer individuals from rural areas have less access to essential information and support needed to facilitate the healthy integration of their identity. The original research for this session explored constituent aspects of information and support that influenced the coming-out process for rural college and medical students attending school in the central Midwest. An anonymous online survey was administered, with 45 completed surveys collected. Results showed small town participants' outness and coming out experiences were more negatively influenced by a lack of support and negative religious experiences. These adverse events led to greater levels of remaining closeted, delayed self-acknowledgment or acceptance, and internalized homophobia or transphobia. Being from a hometown greater than 50,000 population was protective against some of these negative influences. This session will be an interactive and collaborative learning opportunity for students, trainees, college psychiatrists, and other professionals with an interest in improving the mental health of their sexual minority college population. We will examine how geography can influence the coming out process of rural students, and collaborate to develop innovative ways to provide the unique support needed for queer students from rural geographies. One goal of the session is to then motivate

participants to incorporate this information and support into the college, residency training, and community settings.

Roma: Enhancing Compassion as a Means to Resilient Well-Being Through Transcendental Style in Film and Participant Mindful Viewing

Chair: Francis G. Lu, M.D.

Presenters: Bernardo Ng, M.D., Esperanza Diaz

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how the universal character strengths of compassion and resilience can be vividly depicted in the film "Roma."; 2) Understand how transcendental style in film in "Roma" can evoke these universal character strengths in the film viewers.; and 3) Understand the sociocultural aspects of compassion and resilience from a Hispanic perspective..

SUMMARY:

"Roma," a 2018 film directed by the Mexican director Alfonso Cuarón won an Oscar for Best Foreign-Language Film, Best Director, and Best Cinematography. It shows how compassion fosters resilience in a Mexican family in 1970-1971 Mexico City located in the neighborhood named Roma. Based on the director's memories of his own childhood, the film centers on Cleo, a young indigenous woman from the southern state of Oaxaca who speaks a mixture of Spanish and Mixtec and works as a maid for a middle-class white family that is falling apart. Cuarón uses a method of filmmaking known as transcendental style in film as described by Paul Schrader in his book "Transcendental Style in Film" (1972) about how master directors Yasujiro Ozu, Robert Bresson, and Carl Dreyer evoke the transcendent by means that are "neither ineffable nor magical: every effect has a cause"; in his 2018 revised edition, Schrader extends his analysis to other filmmakers. The audience sees the universal in the particular through showing everyday reality by the director/cinematographer's frequent use of one-camera, one-shot, long panning scenes that facilitates the audience's mindful viewing of the film. The participant's mindful viewing of film—being present to what is seen, heard, and felt

in the body rather than being distracted by mind chatter—engages the participant to engage with the film’s imagery, for example, that widens from a gentle stream of water at the beginning of the film to the deafening roar of the ocean towards the end. The film vividly depicts the compassion that leads to the resilience of Cleo the maid and eventually the family of mother, the four young children and grandmother abandoned by the father who is having an affair. When Cleo announces her illegitimate pregnancy expecting to be fired by the mother, we see her compassion for Cleo’s situation. The climactic scene of the film takes place when Cleo, who cannot swim, wades out further and further into the ocean to rescue two young children caught in the waves. Upon all returning to shore, the mother and all four children embrace Cleo out of compassion, gratitude, and love, while Cleo confesses as an act of self-compassion of not wanting her illegitimate baby who was still born earlier in the film. After the introduction to the film, transcendental style in film and the process of mindful viewing, ten film clips will be shown all together with intermittent narration. Participants will process the film through 1 minute of silence, individual journaling for 3 minutes and dyadic sharing for 4 minutes focused on their experiences of moving moments in the film. Bernardo Ng, MD, will discuss resilience and compassion from a Hispanic perspective, especially of those of indigenous background both in Mexico and the US. Esperanza Diaz, MD, will discuss her personal experiences of growing up in Colombia with experiences that parallel events in the film. General discussion will follow.

Seeking Value: Practical Methods for Getting More and Paying Less

Chair: Deepika Sastry, M.D., M.B.A.

Presenters: Michelle Joy, M.D., Wesley Eugene Sowers, M.D., Sosunmolu Shoyinka, M.D., M.B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define Value in Healthcare and explain the disparity between Quality and Cost in the US Healthcare system; 2) Outline strategies to improve the value of emotional health care services from a systems and practical solutions-oriented

perspective; 3) Identify the social determinants of health and discuss their impact on the overall health and well-being of communities, taking socioeconomic and racial disparities into account; and 4) Develop ways to enhance and diversity the psychiatric workforce, utilize technology, and evolve training curricula to promote a high-value system.

SUMMARY:

The US health care system is the most expensive in the world by a considerable margin, yet health indicators are among the worst in the developed world. This disparity stems from a fragmentation of services and financial arrangements that prioritize commercial interests over public health. *Seeking Value: Balancing Cost and Quality in Psychiatric Care*, a book authored by the Group for the Advancement of Psychiatry's Systems Innovation and Transformation Committee, examines the myriad factors that have contributed to this disparity. It offers a holistic vision for health care reform that focuses on how to improve the health and well-being of the population at a reduced cost, utilizing psychiatric professionals in pivotal roles in that process. Value is the product of Quality/Cost. In healthcare, systems that deliver high quality outcomes at a low cost are considered to have high value. The definitions of value and quality have a great impact on the perceived value of the services provided. Various stakeholders define value and quality quite differently, depending on how they interact with the healthcare system. Overall, however, data indicates that the US healthcare system delivers very low value from a population health perspective. This presentation will examine the roots of conflicts that have shaped our current systems and propose both overall systems changes and practical solutions to improve the value of health care services. These include better methods of financing to reduce administrative waste, incentives for prevention and primary care, integration of services, efficient use of electronic health records, implementation of new technologies, and diversification and enhancement of the workforce. While some of these strategies are specifically targeted to emotional health and psychiatry, many encompass the entirety of health care systems. Each strategy has implications for the overall health and well-being of the community at

large. Specific tactics include expansion of the role of psychiatrists and allied psychiatric care providers, changes in prescribing and diagnostic processes, evolution of training curricula to emphasize recovery-oriented care, health maintenance, leadership and advocacy. We will also consider social determinants of health that have significant impact on the well-being of communities, including mitigation of the effects of climate change, reduction in the rate of incarceration and discriminatory practices that permeate penal systems, harm reduction interventions, healthier workplaces, and more compassionate approaches to end-of-life care. The session will emphasize various approaches to health care reform and a practical vision for implementing strategies outlined above. Participants will be encouraged to share their reactions and offer their own views on the evolution to a high value system that prioritizes the overall health of communities and services we provide for emotional health care.

Supporting ECPs and RFMs in Their Careers and Beyond

Chair: Saul Levin, M.D., M.P.A.

Presenters: Nitin Gogtay, M.D., Regina James, M.D., Vishal Madaan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply quality improvement strategies to improve clinical care; 2) Provide culturally competent care for diverse populations; and 3) Describe the utility of psychotherapeutic and pharmacological treatment options.

SUMMARY:

This session is open to APA members who are residents or early career psychiatrists. In a small group discussion with APA CEO and Medical Director Saul Levin, along with APA's Deputy Medical Directors, attendees will have an opportunity to discuss challenges faced by residents and early career psychiatrists in their clinical setting and to brainstorm ways in which the APA might be able to assist. Topics for discussion include the future of psychiatric care, challenges related to career advancement, workforce development, and

promoting equal representation of minority ECPs and RFMs in leadership roles.

Supporting the Helpers: A Discussion of the Role of Psychiatry and Psychology in Wellbeing Efforts for Healthcare Workers During Covid-19

Chair: Erin K. Engle, Psy.D.

Presenters: Elizabeth Fitelson, M.D., Christina Mangurian, M.D., M.A.S., Jared O'Garro-Moore

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Compare programs developed to support the mental health of HCWs across different healthcare systems during COVID-19; 2) Apply evidence-based principles to peer-support, screening, and linkage models that consider varied institutional needs and capacities.; 3) Identify best practices, information gaps, and areas of need for future wellbeing efforts in supporting the healthcare workforce; 4) Discuss the impact of medical culture, mental health stigma, systemic racism, and limitations on access to clinical care on wellbeing efforts; and 5) Understand the structural and systems issues that increase stress and burnout for healthcare workers.

SUMMARY:

The COVID-19 pandemic has uniquely impacted the physical and emotional health of healthcare workers. In addition to the pre-existing well-documented risks for burnout, healthcare workers across the country faced crushing patient volumes, heightened exposure to a potentially lethal virus, increased workload demands in the face of staffing shortages, and exposure to extreme and prolonged stress with surge activity and variants differentially impacting select parts of the country. In hospital systems and medical centers across the country, psychologists and psychiatrists created new efforts or joined with existing wellbeing programs to address the rapidly evolving needs of their healthcare communities. These efforts ranged from enhanced peer-support to population health based models of education and linkage to treatment, often utilizing evidence-based modalities such as CBT and ACT. In this workshop, faculty from Cope UCSF (University of California, San Francisco), SMART-3RP (Massachusetts General

Hospital), and CopeColumbia (Columbia University Irving Medical Center) will (1) recount the unique impact of COVID-19 on their healthcare systems and the development of innovative programming to support their healthcare populations, (2) compare their programming resources, tools, and experiences delivering services, (3) discuss the application of evidence-based practices in addressing pandemic-related stressors for the healthcare workforce, (4) examine the role of medical center culture and other significant factors that impacted the scope and reach of these programs (i.e., mental health stigma, systemic racism, limitations on access to clinical resources) (5) explore future directions of programming. We will share perspectives about the role of academic psychiatry and psychology in the future of wellbeing efforts in the healthcare system. The discussion will aim to collect and share best practices, identify problem areas for future research and program development, and create cross-institutional collaboration to ensure that future healthcare workforce support efforts integrate evidence-based practices and benefit from the hard-earned experiences of providing mental health and wellbeing support over the last two years.

Systems Neuroscience of Substance Use

Chair: Tristan McClure-Begley, Ph.D.

Presenters: Trey Ideker, Ph.D., Nevan Krogan, Ph.D.

Discussant: Susan Wright, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess performance of computational tools and approaches used in the study of neurobiology in substance use and other complex psychiatric conditions; 2) Critically review systems neuroscience research for how networks are assembled and what features of those networks contribute to understanding the neurobiological mechanisms of psychiatric conditions; and 3) Evaluate research outcomes from systems-based studies of neurobiology for relevance to the etiology and treatment of psychiatric conditions.

SUMMARY:

Substance Use Disorder is a constellation of phenotypic states and underlying physiological

conditions with convergent features, rather than a singular pathology. As such, the tools and models we use to study and derive mechanistic understanding of these states need to effectively capture and account for substantial diversity and complexity while simultaneously enabling controlled experimentation and the derivation of reliable and observable features. Recent advances in the domains of computational biology and molecular profiling technologies have enabled new ways of looking at the effects of multiple perturbations (genetic, environmental, pharmacological) on the functions of integrated systems. Applied to models of psychiatric conditions with multiple interacting contributing factors, such as substance use, these integrated approaches can provide insights for the design of novel diagnostics and interventions. This panel will discuss ways to maximize the information obtained from model systems and clinical samples, and computational approaches for finding causal mechanisms that can be more directly routed to clinical application for diagnosis and therapy.

The Cumulative Effect of Rural Residence, Mental Health Care Disparities and Communities of Color

Chair: R. Lawrence Merkel Jr., M.D.

Presenters: Dia L. Arpon, M.D., Helen Blaisdell-Brennan, Bernardo Ng, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the data that demonstrates existing mental health and healthcare disparities in rural populations in the U.S., particularly in communities of color; 2) Understand the historical contexts of mental health care disparities in rural Black, Indigenous, and Latino communities; 3) Examine the unique challenges to mental health care affecting Black, and Latino individuals living in rural communities in the United States; and 4) Describe strategies to promote culturally responsive, accessible, affordable, and quality mental health care in rural communities of color.

SUMMARY:

Approximately 15% of the U.S. population lives in rural areas. Rural communities are at higher risk for

poor health outcomes due to multiple factors including less access to healthcare, fewer specialists, and higher rates of poverty. While the prevalence of most mental illnesses is similar in rural vs. urban communities, rural communities face additional barriers to accessing mental health services and experience higher rates of suicide. The National Rural Health Association highlights accessibility, availability, affordability, and acceptability as particular challenges to the provision of mental health care in rural areas. When considering rural mental health care disparities, it is important to acknowledge the increasing racial/ethnic diversity in rural parts of the U.S. One in 5 individuals living in rural areas is a person of color or Indigenous. The Black rural population is larger in the South, the Indigenous rural population is more highly concentrated in eastern Oklahoma, the Four Corners area, and Alaska, and the Latino rural population is broadly driving growth in rural diversity. Rural residents of color often face additional barriers to care and experience worse health outcomes than their rural white counterparts. For example, rural counties that have a majority of residents who are Black or Indigenous, have the highest premature death rates. Furthermore, rural residents who are Black, Latino/a, or Indigenous, are on average less likely to have a primary care provider compared to non-Hispanic White rural residents and are more likely to not get healthcare because of financial barriers. This session will bring together a panel of experts to discuss rural mental healthcare disparities, particularly in Black, Indigenous, and Latino rural communities as well as highlight strategies to address mental healthcare inequities in rural communities of color.

The End to Stigma Begins With Us: How Physicians Can Address Stigma in the Medical Profession and Beyond

Chair: Devika Bhushan, M.D.

Presenters: Michael Myers, M.D., Linda Worley, M.D.

Moderator: Dionne Hart, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain what the Lorna Breen Act is; 2) Understand your own state's approaches to

medical licensure, credentialing, and physician mental health; understand best practices and models; and how to advocate for institutional, statewide change; 3) Articulate and be able to engage in specific physician mental health advocacy tools at the institutional level; and 4) Be motivated to optimize own and colleagues' health and well-being.

SUMMARY:

"I felt strong internalized shame around my diagnosis and the mood-stabilization medications I had started taking. That stigma was ever-present around me, too. On other rotations I'd heard colleagues refer with unfounded prejudice to patients with bipolar disorder. 'You can't trust anything she says. She's probably lying — she's bipolar.'" These are words written in an op-ed in the LA Times by one of our panelists, Dr. Devika Bhushan, a physician and public health leader living with bipolar disorder, who has experienced the impacts of stigma at all its levels first-hand. According to the American Psychiatric Association, more than half of people with mental illness don't receive formal help for their disorders. Often, people avoid or delay seeking treatment due to concerns about being treated differently or fears of losing their social status, professional goals and identities, and even their own perceptions of who they are and what they're capable of. Physicians do this, too. This session will focus on tools and strategies for optimizing physician mental health, including reducing public stigma, self-stigma, and institutional stigma, and improving access to early evidence-based treatment. It will include a focus on understanding: a) components of the Lorna Breen Health Care Provider Protection Act; b) state medical boards' approaches to medical licensure and credentialing as they pertain to mental health; c) best practices in recognizing and addressing stigma; and d) how to advocate for institutional and statewide change. In a panel discussion format, speakers will introduce themselves and share their own stories that led them to become effective physician mental health advocates; they will share select multimedia elements. Using storytelling, brief didactics, multimedia, and unfiltered discussions, our panelists will share their lived experiences with mental illness as patients, friends, family members, clinicians, and advocates. Responding to follow-up prompts and questions from the session moderator

and audience, they will then uplift relevant insights from their lived and professional experiences, from instructive examples drawn from a variety of institutions, and from the literature. The session will conclude with not only a call to action to the audience but also tools to begin to engage in thoughtful and sustained advocacy to optimize their own and their colleagues' health and well-being.

The Future of Virtual Care for People With Serious Mental Illness

Chair: Nicole Rachel Kozloff, M.D.

Presenters: Alexia Polillo, Ph.D., Carrie Melissa Cunningham, M.D., Fumi Mitsuishi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe models of telehealth and teletool implementation along the spectrum of mental health care for people with serious mental illness (SMI); 2) Examine a framework for the assessment of organizational, staff, and client readiness for implementation of telehealth and other digital tools; 3) Evaluate the concept of a digital peer navigator for people with SMI; and 4) Apply the.

SUMMARY:

The COVID-19 pandemic compelled mental health programs' transition to delivering services virtually to populations historically absent in telehealth research and clinical care. Using a few key examples—early psychosis intervention and intensive case management, outpatient addictions treatment and mental health and justice programs—we will discuss research and clinical case studies with the goal to guide others in the successful use of virtual care. More traditional models of telehealth (i.e. care provided by phone and videoconference) as well as emerging digital tools (e.g., apps, text messaging) and innovative models (e.g. digital peer navigators) will be reviewed. We will guide the audience through a small-group activity to generate additional examples from their own contexts. Then, we will facilitate a panel discussion of key themes in providing virtual care for people with serious mental illness, including digital health equity considerations (among them, digital literacy, digital belonging, and

access to technology), organizational infrastructure and readiness assessment, crisis management, and training.

The Intersection of Gun Violence, Race, and Mental Health in the US: An Overview of the Problem and Strategies for Harm Reduction for Psychiatrists

Chair: Alisa Gutman, M.D., Ph.D.

Presenters: Dhruv Gupta, M.D., M.S., Michelle Joy, M.D., Sarah Yvonne Vinson, M.D., Oronde McClain

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the risk factors for self-directed, interpersonal, and community violence and how these have escalated over the past decade.; 2) Identify prevalent misconceptions relating to mental illness and gun violence and describe an evidence-based behavioral approach to assess risk of perpetrating violence.; 3) Understand the inequitable impact of of gun violence along lines of race, class, and sex in the United States.; and 4) Identify a public health approach to reducing gun violence with a focus on means reduction..

SUMMARY:

The US has one of the highest rates of deaths from firearms. In 2020 alone, there were almost 45,055 fatalities due to gun violence in the United States. As described by the CDC, a "mass shooting" occurs when three or more shooting victims (not necessarily fatalities), not including the shooter, are involved. These tragedies are marked by a national public response of emotions, debate, and resolutions. Both the media and politicians stigmatize mental illness as a key factor in these tragedies, but the data do not support this claim. Less than 1% of gun-related homicides are perpetrated by an individual with identified mental illness and only approximately 4% of violence in the US is attributable to mental illness. Violence perpetration has been associated with behavioral and sociocultural risk factors including a history of violence, gender expectations for males, perceived injustice, narcissism, isolation, difficulty achieving success, access to firearms and intoxicants, and glamorization of mass killing, among others. Nonetheless, mental illness continues to be used as a

scapegoat for increased gun violence. This obfuscates the problem and distracts policy makers from addressing the etiology of mass shootings. Furthermore, the impact of gun violence is inequitable. Children, adolescents, and adults in impoverished, hypersegregated communities face increased exposure. While commonly used screening tools regarding trauma often focus on interpersonal exposures within family units, the exposure to gun violence at the community level is often inadequately assessed by mental health professionals. In turn, mental health sequelae of gun violence is misattributed and unaddressed. Additionally, African American men, a group often associated with the perpetuation of dangerousness in the national consciousness, make up 6% of the population and constitute 51% of victims of gun violence. Race and socioeconomic factors also shape the experience of gun violence for survivors, notably in the resources available to victims, the accessibility of mental healthcare, and the public response following such events. Prevention of violence is multifactorial and needs to begin in childhood by helping parents, schools, and communities raise emotionally healthy beings. This also includes treating the small fraction of mental health diagnoses that are related to gun violence, such as substance abuse. The role of a clinician in asking about access to firearms for means reduction, counseling, and taking legal action vary on a state-to-state basis, and gun legislation, too, plays an important role in this regard. Prohibition of firearms for high-risk individuals through a legal framework may reduce gun violence. However, interventions through education, community, health systems, and ultimately clinical judgment are still required. Increasing access to data and resources will help find evidence-based solutions to keep our communities safe.

The Promise of Precision Medicine for Treating Alcohol Use Disorder and PTSD

Chair: Charles R. Marmar, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participant will be able to understand the role of precision medicine in

advancing diagnostics, treatment and prevention of alcohol use disorder and PTSD.; 2) Participant will be able to understand computational approaches to identify likely responders in randomized clinical trials based on individual clinical, cognitive; and 3) Participant will be able to understand the roles of demographics, clinical features, neurocognitive functioning, pharmacogenomics and neural circuitry in advancing precision medicine fo.

SUMMARY:

Precision medicine is defined as provision of specific treatments for an individual based on genomic and environmental factors. Diagnostic, therapeutic and prevention strategies are tailored to each patient. Precision medicine has revolutionized oncology, moving from one size fits all chemotherapy, radiation and surgery to individualizing assessment of DNA mutations and expression patterns to target cell division. In psychiatry personalized therapy addresses individual differences in monoamine genes including polymorphisms and associated expression of enzymes, receptors and transporters, epigenetic regulators of gene expression and personalized approaches to pharmacokinetics. This presentation will review advances in precision medicine for alcohol use disorder and PTSD. Evidence will be presented for the role of individual differences in demographics, neurocognitive functioning, genomic and neural circuits for optimizing treatment. Novel computational approaches for or identifying likely responders in clinical trials with heterogeneous outcomes will be presented. In AUD alone genes coding for serotonin transporters, dopamine receptors and alcohol dehydrogenase have been identified as susceptibility loci for addictive behavior. Polymorphisms in the mu opioid receptor OPRM1 and dopamine D4 receptor DRD4 genes influence efficacy of naltrexone in reducing drinking. The presence of the S versus L allele on 5-HTT gene influences responses to ondansetron. Benzodiazepine receptor polymorphisms influence the effectiveness of benzos in early-stage alcohol withdrawal. In a European American subsample of an RCT of topiramate for heavy drinkers, polymorphisms of GRIK1 gene moderated treatment. Utilizing a likely responder analysis we identified pretreatment heavier drinking, greater impulsivity and lower anxiety and depression

as predictors of gabapentin response in AUD. AUD comorbid with PTSD is associated with more severe AUD, poorer treatment response, greater impairment and higher mortality compared to AUD and PTSD alone. Advances in personalized treatment of PTSD alone and in combination with AUD will be presented. For PTSD alone studies will be presented using machine learning to identify molecular and voice markers to advance precision diagnostics. The role of gender in responses to antidepressant drugs, pretreatment blood pressure for predicting response to the alpha 1 adrenergic post receptor antagonist prazosin, and the role of circuit integration in the Ventral Attention Network and working memory in explaining response to prolonged exposure therapy for PTSD will be presented. For childhood abuse related PTSD random forest revealed greater depression, less social support, higher comorbidity and higher severity of childhood sexual abuse predicted worse outcomes for prolonged exposure. Additionally, studies currently in progress to identify pharmacogenomic predictors of topiramate response in AUD with comorbid PTSD will be presented.

The Role of Psychodynamic Psychotherapy in Psychiatric Practice

Chair: Richa Bhatia, M.D.

Presenters: Mali Mann, M.D., Amy Alexander, M.D., Swapnil Mehta, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the clinical relevance of psychodynamic psychotherapy in psychiatric practice; 2) Demonstrate an understanding of available evidence on efficacy of psychodynamic psychotherapy in treating psychiatric conditions; 3) Identify key practice points of psychodynamic psychotherapy; and 4) Describe how psychodynamic psychotherapy principles can be utilized in psychiatric diagnostic formulation.

SUMMARY:

Depressive and anxiety disorders are debilitating, and account for most of global mental health related burden with hundreds of millions of people affected. Despite the emergence of many newer and biological

forms of treatments in the last few decades, treatment outcomes are not necessarily better. Manualized therapies, despite robust evidence for their use, are often not seen in real-world clinical practice to provide full or lasting remission for these conditions, even more so for treatment resistant conditions. Psychodynamic psychotherapy offers an understanding of intrapsychic and interpersonal dynamics which is critical to our understanding of the patient as a unique individual, and of the psychological and social factors contributing to the patient's presentation. However, the use of psychodynamic psychotherapy has been rapidly dwindling in clinical psychiatric practice over the last decade; there has been a decline in training in psychodynamic psychotherapy in many residency programs (1). Shortage of time, resources, complexity, and lack of manualization/standardization in psychodynamic psychotherapy have been cited as some of the reasons for this decline. However, there is some research evidence indicating that psychodynamic psychotherapy might be linked to reduced health care utilization costs (2). A psychodynamic perspective may help not only in providing a holding environment for the patient, but also, to understand the role of unresolved childhood traumatic attachment and trauma in contributing to psychopathology, and to help the patient gain insight for change (3). If psychodynamic skills were lost in future generations of psychiatrists, this may translate into losing some key tools of psychiatric treatment. In this session, we will discuss the evidence of the efficacy of brief psychodynamic psychotherapy and long-term psychodynamic psychotherapy in the treatment of depressive and anxiety disorders. We will describe how psychodynamic psychotherapy offers the integration of meaning with biology. We will demonstrate how without this important perspective, there may be risk of following a reductionistic model of treatment rather than a biopsychosocial approach to understanding the patient's unique clinical situation. We will discuss how psychiatrists can utilize psychodynamic techniques, conceptualization, and formulation even in "medication management" visits. If they are trained in psychodynamic psychotherapy. By the end of this session, participants will become aware of the steps they can take to enhance incorporation of

psychodynamic psychotherapy in psychiatric practice.

The Thought Content Continuum (TCC): Fringe Beliefs, Overvalued Ideas, and Delusions Gone Viral

Chair: Kanishk Solanki

Presenters: Daniel Mundy, Cheryl Paradis

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain belief systems ranging from fringe beliefs to overvalued ideas to outright delusions.; 2) We will discuss how these beliefs are relevant in forensic evaluations.; 3) We will try to focus on 3 groups: Incels, Sovereign Citizens, and Gang-Stalkers.; and 4) We may include additional fringe belief groups in our discussion..

SUMMARY:

Social media allows individuals with such beliefs to become part of online communities (e.g. flat earth, gang stalking, reptilians, chemtrails). These fringe belief groups appear to remain confined to their respective communities; however, recent news has captured incidents of fringe beliefs becoming more intense and even dangerous. Current literature has examined the concept of “overvalued ideas.” Although the concept does not have a precisely agreed upon definition, current research suggests that these are ideas that fall between fringe beliefs and outright delusions. As noted, modern technology in concert with recent newsworthy events (e.g. violence committed by certain groups), calls for a better understanding of these concepts. In particular, a group called “Incels” (involuntary celibate) have become a notable online presence, and have engaged in violence towards women based on their beliefs. Another group often encountered in forensic settings are sovereign citizens. When arrested, these individuals often express unusual beliefs that, on the surface, may appear to be delusional to court personnel and examiners who have limited experience with these individuals. A final group covered in this discussion would be individuals who believe they are being gang-stalked. These individuals may also present in clinical and/or forensic situations and without sufficient

understanding, these individuals may be diagnosed with having psychotic illness.

The UME, GME, CME Continuum in Psychiatry: An IMG Perspective

Chair: Daniel Castellanos, M.D.

Presenters: Joshua D. Tapia, M.D., Roberto Orozco Vega, Erick Acosta Heredia, Justin Singh

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the growing demand for mental health services in psychiatry and outpaced supply of providers.; 2) Identify the different pathways through psychiatry education (AAMC, GME, CME) and beyond.; 3) Identify specific resources that IMG applicants can engage and participate to advance their education from an IMG medical student, resident, and attending perspective.; 4) Investigate the various guidelines available for IMGs including U.S. medical education and training system, languages and communications, cultural factors, and immigration.; and 5) Engage in small group discussions to maximize benefit from session..

SUMMARY:

Historically, the United States (US) physician workforce has included a large proportion of international medical graduates (IMGs)¹. Psychiatry has seen the largest decrease of matching IMG physicians over the last several years. Specifically, there was a 46.3% decrease of IMG physicians from 2014 (30%) to 2020 (16.1%)². The growing demands for mental health services may outpace the supply of individuals entering psychiatric training. In addition, the demand for psychiatric services with attention to racial, gender, ethnicity, and sexual identity may be at risk for underrepresentation. Currently, the projected supply and demand for adult psychiatrists in the US between 2017-2030 falls behind by 12,530 providers as retirements exceed new entrants³. Measures have been investigated to address the gap of IMGs entering the psychiatric field such as focusing on strengths and weaknesses, residency admission requirements, resources available, and collegiate support⁴. In addition, there are various guidelines available for IMGs including U.S. medical

education and training system, languages and communications, cultural factors, and immigration⁵. The purpose of this session is to support and provide resources available for IMG medical students, residents/fellows, and attendings in an interactive setting to achieve their goals in psychiatry.

Thinking About Prescribing: The Psychology of Psychopharmacology With Diverse Youth and Families

Chair: Shashank V. Joshi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the essential features of the Y-model of psychotherapy, and appreciate relational aspects of pharmacotherapy being key to psychiatric practice; 2) List ways in which psychoeducation can be culturally adapted for diverse youth and family populations, and describe why youth & families may be skeptical of pharmacotherapies; 3) Identify techniques they can use, adapted from evidence-based psychotherapies, to enhance medication adherence in youth populations; and 4) Identify strategies to cultivate a pharmacotherapeutic alliance when engaging with patients and families via telehealth.

SUMMARY:

Dr. Joshi will explore the relational aspects of psychopharmacologic work with youths and families. He will review motivational and therapeutic strategies for engaging psychiatrically impaired youth in treatment, with an emphasis on adherence to treatment with psychotropic medication. Current knowledge about adolescent development will be reviewed in support of these strategies, which ultimately help a young person discover their particular answer to the question: "What's in this for me?" Three evidence-based treatment models will be explored for tools to help psychopharmacotherapists engage their patients and their families.

Trauma and Psychosis: Pathways, Therapeutic Plans and Prevention Strategies

Chair: Paul J. Rosenfield, M.D.

Presenters: David Jiang, M.D., Luca Pauselli, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the risk of psychosis related to childhood adversity; 2) Identify proposed pathways for trauma to increase risk of psychosis; 3) Develop awareness of trauma-informed treatment strategies for individuals with psychotic disorders; and 4) Consider strategies to reduce childhood adversity and its sequelae.

SUMMARY:

In the last decade, there has been increasing awareness in psychiatry of the impact of social determinants and adverse childhood experiences on mental health. These areas of study have enhanced our understanding of anxiety, mood, and substance use disorders. However, the relevance of these perspectives to the understanding and treatment of psychosis is an area of new development. In this session, we will engage attendees in a discussion about recent research and theoretical models that link trauma and psychosis. Furthermore, we will discuss the ramifications of these findings on clinical practice and share ideas for addressing trauma in populations with psychosis. Our session will begin with an update on the robust epidemiological and clinical associations that trauma has with psychosis. For example, patients with psychosis tend to have a high incidence of trauma in their histories and are more likely than controls to have experienced various forms of childhood maltreatment. Trauma is also associated with greater psychotic symptom severity, worse intellectual functioning, impaired social cognition, suicidal ideation, and aggressive behavior. We will also review with attendees various theoretical models that have been published in the peer reviewed literature that link trauma and psychosis. These include the traumagenic neurodevelopmental model, psychoanalytic and cognitive models, a stress-diathesis model, a social defeat model, and the gene-environment model. To accompany the neurodevelopmental model, we will share some interesting neurobiological correlates between childhood trauma and psychotic disorders. Furthermore, we will discuss the clinical ramifications of the latest research on trauma and psychosis. This will include a discussion on the need

to expand trauma-informed care to patients with psychosis (given the extremely high prevalence of trauma as well as the high comorbidity of trauma-associated disorders in patients with psychosis). We will discuss good trauma screening practice, an important first step in providing trauma informed care. Additionally, we will discuss the importance of and real clinical impacts of having a robust differential diagnosis in treating patients with psychosis?that there is a risk of perceptual disturbances related to trauma, PTSD, and dissociation of being mis-diagnosed as schizophrenia. Finally, we will discuss the concept of ?phases? in the treatment of trauma?these include (1) alliance building and symptom stabilization, (2) trauma processing, and (3) enhancing living. Beyond treatment, we will discuss a few points on prevention. Beyond the consulting room, the latest research on trauma and psychosis demands progress in the areas of public policy and the addressing of social determinants of health in mitigating psychosis risk at the population level. The session will involve focused didactics, structured discussion with and reflections from attendees, and question-answer periods.

What the Clinician Needs to Know About the Personality Disorders: Aggressive, Avoidant, and Borderline

Chair: James Harry Reich, M.D.

Presenters: Emil Frank Coccaro, M.D., Harold Warren Koenigsberg, M.D.

Discussant: Alan F. Schatzberg, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. To better understand the different sources of development of several personality symptoms: avoidant, borderline and aggressive.; 2) 2. How to use the knowledge of personality development to better develop treatment plans.; and 3) 3. To utilize personality research information to differentiate different common personality disorder traits..

SUMMARY:

Personality disorders may affect as much as 10% of the general population and a much higher per cent

in clinical populations. They are the source of difficulty in life from those suffering from them and may also be a source of difficulty for those in their social network. This session will be designed to look at some specific aspects of personality: avoidant, aggressive and borderline. The presentation will present some of what we know about etiology, endophenotypes and management of symptoms. Avoidant personality is known to be highly genetic by family studies although we do not know the specific genes involved. Multiple studies indicate that there is one dimensional factor characterized by social inhibition, shame and social withdrawal. In spite of there being a single dimension the treatment is most effective when focusing on what aspects of this dimension are most present in an individual patient. These aspects will be broken down into components with treatment suggestions for various components. Borderline personality disorder has significant disability. It is often characterized by affective instability and difficulties with appropriate use of empathy. The etiology of the disorder is not completely understood although an animal model has been created that uses maternal deprivation followed by a later stress. Neurophysiological evidence indicates abnormalities in the relationship of the frontal lobes to the limbic system. The presentation will discuss how these research findings may inform us about the development of symptoms and guide the treatment for these challenging patients. Various data from scientific research studies conducted over the past three decades suggest that central neurotransmitters play a key role in the modulation of aggression in all mammalian species, including humans. Specific neurotransmitter systems involved in mammalian aggression include serotonin, dopamine, norepinephrine, GABA, and neuropeptides such as vasopressin and oxytocin. On a neurophysiological basis aggressive disorders have been found to have dysfunctions in the amygdala. However, influences are not just physiological, there is evidence of significant input by social cognition. The presentation will guide us through this territory to the clinical manifestations of personality aggression and intermittent explosive disorder. Clinical approaches to these aggressive symptoms will then be discussed. As people with personality disorders tend to fall into lower socioeconomic strata

where treatment is less available, equity then becomes an issue.

When a Difference Becomes a Disparity: Addressing Racialized Inequities in Psychiatric Emergency Treatment

Chair: Diana Clarke, Ph.D.

Presenters: Carmen Black, M.D., Rachel Oblath, Ph.D., Alison R. Hwang, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify major race-based differences in psychiatric emergency use of restraints; 2) Understand possible contributing factors to race-based differences in psychiatric emergency care; and 3) Identify proposed solutions to reducing race-based differences in psychiatric emergency care.

SUMMARY:

Multiple recent studies have found higher rates of restraint use in Black patients being treated for psychiatric emergencies compared to White patients. This panel will discuss various approaches to studying race-based differences in psychiatric emergency care, the role of racism in these disparate outcomes, and clinical approaches to improving equitable care at individual, interpersonal, and systemic levels. The panel is comprised of members of the APA Council on Research Health Disparities and Health Services Work Group. The first speaker will present her APA Fellowship project on agitation management in acute psychiatric settings. The second speaker will present a mixed-methods study with community focus groups that seeks to change clinical care practices and develop anti-racist policies and protocols at a large academic medical system. The third speaker will discuss how DSM-5-TR changes that acknowledge how race and discrimination have historically impacted mental health care may affect race-based differences in psychiatric crisis management.

Tuesday, May 23, 2023

#American Idols: The Role of Influencers in Shaping the Public's Understanding and Utilization of Mental Health Care

Chair: Anna Russell, D.O.

Presenters: Keelan O'Connell, Cecily Lehman, Anna Russell, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify how technological advances have positively and negatively influenced communication about mental health.; 2) Describe the impact that influencers have on the public's perceptions of mental health and the utilization of mental health treatments and services.; and 3) Provide an example of a structured social media-focused mental health evaluation that can be incorporated into a patient interview..

SUMMARY:

Incredible technological advancements over the past century have revolutionized the dissemination of news and information and influenced how people connect and communicate. The change from 1940's living room televisions sets to 2020's smart phones with social media mobile applications has enabled streamlined, universal access to news, politics, and even mental health related. Specifically, in regards to mental health, the wealth of data can be challenging to sift through, often resulting in laypersons overly-relying on the information and opinions presented by social media and influencers for guidance. With almost 3 billion people using Facebook, and over 1 billion people subscribed to Instagram, the voices and opinions of celebrities, influencers and professional athletes are arguably further reaching and more influential than in any other time in history. What is the potential impact of a 280-character tweet by a celebrity with depression or addiction on the general public's perceptions of mental health or willingness to seek treatment? Although misinformation is a concern, one recent study identified a positive influence of celebrities in fostering greater acceptance toward people with mental illness and in minimizing the harmful impacts of stigma. Love it or hate it, celebrities and influencers are leading the discourse on mental health through their various social media platforms

and have become the “voice” of mental health. The aim of this workshop is to highlight the impact that social media use and the “following” of celebrities by our patients can have on patient mood, attitudes, understanding of mental health and engagement in care. Participants will have the opportunity to brainstorm questions to ask when taking a social media interview and practice in small groups. Participants will receive a handout outlining important components in taking a thorough social media history and guidance on incorporating these questions into each patient encounter to build patient rapport, better understand a patient’s mental health presentation and to develop a treatment plan.

A Practical Approach to Social Determinants of Mental Health in Children and Youth

Chair: German E. Velez, M.D.

Presenters: Lisa Fortuna, M.D., M.P.H., Tresha Gibbs, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Gain a conceptual understanding of the social determinants of mental health in children & youth; 2) Acquire tools at each level of intervention (upstream, midstream, downstream) to protect and promote the mental health of children & youth; and 3) Practice the use of a theoretical framework and related interventions in different case scenarios.

SUMMARY:

Children and youth must be guaranteed a healthy environment where they can grow, be active participants in their communities, and set and fulfill life goals that meet their uniqueness and dignity. This is no easy task, as basic needs such as safety, education, financial resources, healthy caregivers and optimal life exposures are the base upon which health and resilience can be built. In their book on *The Social Determinants of Mental Health* which provided an extensive and detailed overview of the topic, Compton and Shim closed the final chapter with a “call to action” for behavioral health professions and they highlighted specific action items. The council on children adolescents and their

families responded to that “call to action” with the Resource document titled: “Social Determinants of Mental Health in Children & Youth”. The recommendations in the document also align with the Strengthening Families Protective Factors framework developed by The Center for the Study of Social Policy (CSSP) which identifies key areas for focus in increasing child and family resilience: ensuring concrete supports are available, cultivating caregiver resilience, increasing caregiver knowledge of parenting and child development, strengthening family social connections, and supporting the social and emotional competence of the child so they can form positive relationships and regulate emotions. We identified three domains of social determinants important for the mental health of children and youth: (1) access to basic social needs for the family, (2) caregiver health and parenting behavior, and (3) life experiences in the home and community. This document argues for a structurally competent approach to resilience that does not emphasize individual factors, such as grit and determination, but includes evidence-based interventions that address social determinants. This presentation will highlight important domains of social determinants of mental health in children and youth, provide screening tools or questions, and delineate practical actions at different levels: downstream, midstream, and upstream interventions. At the downstream point of care, a major emphasis in this resource document is on medical record coding for problems, or “conditions,” linked to social determinants of mental health. Specifically, practitioners are strongly encouraged to utilize the DSM-5-TR as a resource for identifying an appropriate ICD-10 Z code for tracking, billing, clinical documentation, and treatment planning purposes. This presentation will also highlight specific groups that are disproportionately impacted by the stated social determinants, usually due to their being members of disenfranchised and/or minoritized communities. Case scenarios will emphasize the clinical relevance and provide examples of downstream, midstream, and upstream interventions.

A Psychodynamic Perspective on Psychiatry

Chairs: Eric M. Plakun, M.D., Dhruv Gupta, M.D., M.S.

Discussant: Samar S. Habl, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe evidence that supports a biopsychosocial over a biomedical model for psychiatry; 2) List psychosocial factors contributing to the phenomenon of treatment resistance; 3) Utilize psychodynamic concepts that can help improve general psychiatric treatment; and 4) Anticipate and respond to transference paradigms with survivors of abuse.

SUMMARY:

Some wonder whether psychoanalysis and a psychodynamic perspective remain relevant in psychiatry. This presentation argues that the answer is a resounding “Yes,” and offers examples of the utility of a biopsychosocial psychodynamic perspective for patient care. The presentation defines psychodynamic psychiatry as the interface between general psychiatry and the “way of looking at things” that comes from psychoanalysis. The presentation reviews current competition between biomedical and biopsychosocial models of psychiatry, suggesting that evidence from neuroscience and genomic research better supports core assumptions of a biopsychosocial rather than a biomedical model. The presentation demonstrates how failure to attend adequately to biopsychosocial issues contributes to the phenomenon of treatment resistance, especially in patients with significant childhood adversity and personality disorders. It then uses jargon-free language to review and illuminate concepts from psychoanalysis that are relevant to biopsychosocial, psychodynamic general psychiatric practice, but especially those patients with treatment resistant disorders. These concepts include a psychodynamic perspective on the therapeutic alliance, the uses and pitfalls of transference and countertransference, and predictable problems arising in work with patients with immature defenses. It explains the concept of enactment in ordinary language, including how to detect, analyze, and make use of enactments in clinical work, and offers a useful psychodynamic perspective on work with survivors of abuse.

A Roundtable Discussion With the Experts on the Future of the DSM Part 1: A Focus on Suicide, Perinatal Mental Disorders, and Gender Dysphoria

Chair: Nitin Gogtay, M.D.

Presenters: Diana Clarke, Ph.D., Maria Antonia Oquendo, M.D., Ph.D., M.A., M.S.W., Nancy Byatt, D.O., M.B.A., M.S., Adrienne Grzenda, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the importance of suicide as a cross-cutting measure across the DSM.; 2) Understand the importance of diagnosing perinatal mental and substance use disorders.; and 3) Understand The diagnosis of Gender Dysphoria and how to differentiate it from gender identity.

SUMMARY:

The field of mental health is continuously evolving. Researchers are testing novel approaches to identify and classify mental disorders and compare them to existing standards. In addition, emphasis on risk and resiliency factors are being investigated more comprehensively, providing additional insights on the disorders and their relevance within the DSM. Studying and evaluating these changes are important for DSM to be responsive to the advancements in the field and to continue to be the resource for defining and classifying mental disorders. In this session, we ask the field to be part of the solution in addressing these issues, and the experts to highlight these aspects by summarizing the key factors of suicide assessment, scope of perinatal disorders and gender dysphoria. Breakout groups will then take a deep dive into each topic to identify education, training, and clinical implications and potential strategies that could be leveraged to improve future DSM. The first topic to be discussed is the assessment of suicide risk is another aspect that the roundtable will discuss. Suicide affects patients across the spectrum of mental and/or substance use disorders over the course of their illness. Implementing a cross-cutting measure to assess suicide risk is vital for future DSM, such a measure will help continuously monitor and manage patients to provide the best possible care for them.1-3 Additionally, studies have shown that there is an increased risk for a variety of mental disorders in the peripartum period. Identifying, and

highlighting these disorders would be essential to provide a high-quality care for this population.⁴⁻⁶ The final topic will shed light on gender dysphoria and the importance of the diagnosis in providing the necessary care for this marginalized population.^{7,8}

A Roundtable Discussion With the Experts on the Future of the DSM Part 2: Revisiting Dimensionality

Chairs: Diana Clarke, Ph.D., Nitin Gogtay, M.D.

Presenters: Bruce Cuthbert, Ph.D., Jonathan E. Alpert, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the importance of harmonizing DSM and Research Domain Criteria (RDoc).; 2) Understand the categorical and dimensional approaches to personality disorders.; and 3) Understand the importance of highlighting functioning in future DSM.

SUMMARY:

Science is continuously advancing with more research conducted in the field of mental health. Information is becoming more readily available about biological, social, behavioral, and environmental risk factors of mental disorders. As such, the value of precision medicine is becoming more prominent through its effect on treatment efficacy, medication selection and response, and patient outcomes. In addition, a dimensional approach and organizational structure in the DSM has long been proposed, it is expected that it can facilitate research across current diagnostic categories and provide a continuous framework to reflect evidence that mental health symptoms are extreme and distressing variations in natural reactions and processes.^{1,2} This future of the DSM roundtable discussion will focus on the potential to harmonize DSM with the Research Domain Criteria (RDoC), a framework that provides an organizational structure for research in the context of major domains of neurobehavioral risk factors and functioning. ^{3,4} This discussion will be followed by an overview of the dimensional approach to personality disorders as compared to the categorical approaches. DSM-5 includes an alternative dimensional model for personality disorders in the

section of conditions for further study, in addition to the categorical model from DSM-IV in the main section. An evaluation of the research since the release of DSM-5 in 2013 gives valuable insights on how both models compare.^{5,6} Another important area to emphasize in future DSM would be to understand the measurement of functioning in those with mental and substance use disorders can serve as a valuable insight into ability to carry out activities in their daily lives as well as a good measure for progress of care as it corresponds with the disease progression over time, how the patients are coping, and their re-integration in life.^{7,8} In this session, we ask the field to be part of the solution in addressing these issues, and the experts to highlight these aspects by summarizing the key factors of objective measures of psychopathology, the dimensional approach to personality disorders, and measurement of functioning. Breakout groups will then take a deep dive into each topic to identify education, training, and clinical implications and potential strategies that could be leveraged to improve future DSM.

A Subacute Inpatient Unit for People Experiencing Homelessness and Serious Mental Illness in NYC

Chair: Carine Nzodom, M.D.

Presenters: Carine Nzodom, M.D., Charles Barron, Ann Sullivan

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assessing the need of the Extended Care Unit in the NYC's Safety Net Hospital; 2) Differentiate between an acute care psychiatric unit and an extended Care Unit; 3) Incorporate and utilize community resources in an inpatient setting for better continuity of care; and 4) Recognize the complexity and challenges of this unit in a public hospital in a pandemic.

SUMMARY:

In recent years, homelessness in New York City has reached the highest levels since the Great Depression of the 1930s. In March 2022, there were 48,524 homeless people, including 15,087 homeless children, sleeping each night in New York City's main municipal shelter system. A near-record 18,855 single adults slept in shelters each night in March

2022. (Coalition for the homeless) Compared to homeless families, homeless single adults have higher rates of serious mental illness, addiction disorders, and other severe health problems. Two thirds of homeless New Yorkers have some measure of “mental health needs” and about 17% have a “severe mental illness.” However, over the last ten years, the availability of inpatient psychiatric care in New York State has diminished significantly. Between October 2014 and December 2018 alone, local hospitals in New York State closed 597 out of 8,528 beds, or more than 7% of the total capacity in the state. These closures have been driven primarily by changes in Medicaid reimbursement methodologies that disincentive hospitals to offer inpatient psychiatric care, as well as recent conversions of psychiatric beds into emergency ICU beds for COVID-19 patients. In New York City, lack of access to inpatient care, limited care coordination with community providers during a psychiatric admission leads to increased homelessness, incarceration, and more frequent hospital visits (along with the higher costs associated with these interventions). In 2020, The New York Office of Mental Health partnered with Managed Care Organizations and New York City Health and Hospitals which is the largest public health care system in the United States and the safety net hospital in New York to create an innovative subacute psychiatric Long-Term Care Unit (Extended Care Unit) was then created in Manhattan. The aims of the unit are to provide comprehensive, recovery-oriented care in an acute setting while putting an emphasis on social determinants of mental health. We will discuss the collaboration between the uniquely designed unit and community providers including street outreach and shelter providers to create comprehensive plans that span acute care to shelter to street settings. We will discuss the determinants of health impacting the people being served including how systemic barriers impact housing, health, and access to resources. We will discuss providing culturally competent care in a major urban traditional hospital setting. We will also discuss the challenges of opening and running such unit in the midst of a pandemic. We will demonstrate the ways in which the unit has been successful and recommend ways in which we can improve.

Abortion Is Just the Beginning

Chair: Carol C. Nadelson, M.D.

Presenters: Nada L. Stotland, M.D., M.P.H., Gail Robinson, M.D., Gisele Apter, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) identify resources for women patients facing abortion restrictions;; 2) help patients make decisions about troubling pregnancies;; 3) deal with patients’ feelings about past and proposed abortions; and 4) prepare patients for the possibility of problematic pregnancy..

SUMMARY:

The Dobbs decision, by which the United States Supreme Court eliminated the constitutional right to abortion, has powerful implications for psychiatric practice—and not only for women. The most obvious is loss of control over their reproductive lives for the millions of women in states where it has or will soon become completely or nearly illegal. All live in fear of intolerable pregnancy resulting in the loss of educational opportunities, income, social supports, and resources to care for existing children and other responsibilities---and exposure to carrying fetuses resulting from rape or incest, domestic violence and the risks to health and survival of pregnancy and childbirth. Some of our patients, in acute stages of depression, mania, anxiety disorders, and psychosis, are aware that they are not able to become adequate parents until they recover; some will have to face choices about essential psychotropic medication. But many of the laws prohibiting abortion confer all the rights of existing human beings on embryos and fetuses beginning with the fertilized egg. This decision gives governments the right to monitor, intervene, and invade the bodies of women, and to punish them and their doctors for alleged violations. This is not only a women’s issue; it has profound effects on families and on society as a whole. Three senior psychiatric experts in reproductive health, bringing perspectives from the United States—and Canada and France—where these restrictions do not exist--, will discuss the mental health importance of abortion access and provide clinical examples and lessons for psychiatric practice under the new laws. Attendees will have

ample opportunity to pose questions and concerns arising from their own clinical experiences for discussion. Over one-fourth of women in the United States have had abortions during their lifetimes; we must all be ready to face a drastically altered reality.

**Acculturation as a Component of Immigration:
Challenges of the Psychiatric Work Force**

Chair: Sanya A. Virani, M.D., M.P.H.

Presenters: Isheeta Zalpuri, M.B.B.S., Mohammed Molla, M.D., M.B.B.S., Vishal Madaan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) To develop an understanding that the process of acculturation is necessary and must be navigated in an adaptive way; 2) 2) To learn about successfully integrating into the host culture while keeping one's own sense of cultural identity; and 3) 3) To obtain guidance on how residency/fellowship training can be leveraged to improve and assimilate as a physician and become of more benefit to oneself, one's family and one's community.

SUMMARY:

Acculturation is a dynamic process that affects both the physical and mental health of people at individual and group levels. It has been described as the psychological and behavioral changes that an individual may experience because of sustained contact with members of other cultural groups. Although initially described as a unidimensional construct, acculturation is probably more accurately depicted as a multidimensional process in which an individual maintains aspects or traditions of their culture of origin while simultaneously adopting elements of the new cultural group (Schwartz et al. 2010). In this multidimensional, ecological framework, individual experiences, interpersonal relationships, community, and societal factors all exert significant and observable influence on international medical graduates (IMGs) as they settle within the culture of the residency and the larger community where they now live, play, work, and raise their families (Chen et al. 2011). Difficulties with acculturation and poor social support are predictors of mental health difficulties for IMGs

during the process of adaptation into residency programs (Kirmayer et al. 2018). This session will address the various acculturation challenges that IMGs experience at different stages in their careers.

Adaptation of Cognitive Behavior Therapy Across Cultures

Chair: Farooq Naeem, M.B.B.S.

Presenters: Meshal Khaled Alaqeel, M.D., Ahmad N. Alhadi, M.D., Tariq Allauddin Munshi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) identify necessary steps to culturally adapt CBT; 2) recognize and understand themes related to CBT and the need to culturally adapt CBT especially in ethnic minority communities; and 3) discuss knowledge about Muslims beliefs and practices that are relevant to the treatment and might enhance the CBT intervention.

SUMMARY:

Cognitive Behaviour Therapy (CBT) has a strong evidence base and is recommended by many treatment guidelines for a variety of psychological problems. However, it has been suggested that CBT is underpinned by specific cultural values and it needs cultural adaptation. Cultures differ in core values, for example; Individualism-Collectivism, Cognitivism-Emotionalism, Free will-Determinism, and Materialism-Spiritualism. Few CBT adaptation guidelines were developed by therapists working with ethnic minority clients in the US. These guidelines mostly were not the direct outcome of research to address cultural issues, rather they were based on theoretical grounds or personal experiences (Naeem et al, 2019). The literature describing guidance for CBT cultural adaptation is limited. Recently an international group have used various methods to adapt CBT for clients from various backgrounds including African, Carribeans, Chinese, Bangladeshi, Middle Eastern and Pakistanis (Algahtani et al, 2109, Naeem et al, 2021). In this symposium we will describe adaptation of CBT to various cultures.

Adding a New Diagnosis to the DSM: How Prolonged Grief Disorder Became an Official Diagnosis

Chair: Paul Appelbaum, M.D.

Presenters: M. Katherine Shear, M.D., Roberto Lewis-Fernández, M.D., Holly G. Prigerson, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) - Review the criteria and procedures for adding new diagnoses to the DSM; 2) - Track the inclusion of a new diagnosis, Prolonged Grief Disorder, from proposal to acceptance; 3) - Examine the steps taken to ensure validity, clinical utility, and a positive benefit/risk balance; and 4) - Consider the impact of a new diagnostic category on patients, psychiatrists, and the public.

SUMMARY:

Following the publication of DSM-5 in 2013, the American Psychiatric Association established a process for iterative revision of the DSM, driven by advances in psychiatric knowledge. Possible changes that can be accomplished through this process include the addition of new diagnostic categories, along with the modification of existing criteria sets, changes to the text, and deletion of existing categories, among others. In the approximately five years since the revision process has been in place, however, only one new diagnostic category has made its way entirely through the process to acceptance as an official diagnosis: Prolonged Grief Disorder (PGD). This session will provide an opportunity to review the process by which new diagnostic entities can be recognized and for key participants in the case of PGD to reflect on the process, its challenges, its outcome, and the aftermath. After an introduction that reviews the criteria and procedures for adding new diagnoses to the DSM, along with the path that was followed by PGD, several of the key participants will consider the process from their perspectives. The head of the DSM Review Committee that was charged with considering the proposal will talk about the group's deliberations. The psychiatrist who originally proposed inclusion of PGD as a new diagnostic category will describe her view of the process from the perspective of a clinical researcher. And another

expert on PGD who was asked to join the process will offer her perspective, including reflections on the professional and public responses to the new diagnosis. After their brief individual reflections, the presenters will join a roundtable discussion with each other and with the audience about the new diagnostic category, the steps taken to ensure its validity and appropriate application, the responses it has evoked, and the implications of what they learned during the review process for the adoption of new DSM diagnoses in general.

Addressing Structural Racism and Resilience in Undergraduate Medical Education and Psychiatry Training Programs

Chair: Frank Clark, M.D.

Presenters: Nhi-Ha T. Trinh, M.D., M.P.H., Sarah Arshad, M.D., Rachel Talley, M.D.

Moderator: Dionne Hart, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the end of this session, participants will be able to: Describe three examples of how structural racism manifests itself in medical school, psychiatry residency and fellowship programs.; 2) Through personal narratives of experiencing racism in undergraduate and graduate medical education discuss how racism impacts the overall health of trainees; and 3) Identify strategies locally and nationally for participants to advocate for changes in medical education, psychiatry residency, and fellowship programs.

SUMMARY:

Minority physicians comprise 9% of US physicians in the workforce, a statistic that has been static for decades. Medical schools and residency training programs are actively recruited; however, Black medical students and residents, who are underrepresented in medicine, have reported higher rates of attrition than their white counterparts. Multiple sources have described the experiences of these trainees as traumatic and the aftermath difficult to overcome. This session will examine the data related to structural racism within psychiatry programs and describe efforts to advocate for

change in medical education and support minority psychiatry residents and fellows

Advances in Affect-Focused Psychotherapies for Posttraumatic Stress Disorder

Chair: John C. Markowitz, M.D.

Presenters: Barbara Milrod, M.D., Marcelo Mello, M.D., Ph.D., M. Tracie Shea, Ph.D., John Keefe

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To expand awareness of differential therapeutics in PTSD; 2) To help the attendee better distinguish between the principles and potential mechanisms of exposure-based and affect-focused psychotherapies for PTSD; and 3) To inform and allow attendees to analyze results of cutting edge affect-based research on PTSD in varied settings.

SUMMARY:

Posttraumatic stress disorder (PTSD), an increasingly prevalent and debilitating syndrome, is challenging to treat. Effective options include serotonin reuptake inhibitor pharmacotherapy and psychotherapies. For decades the dominant PTSD treatment approach has been exposure-based therapy, which is effective but grueling for both patient and therapist. Exposure therapies like Prolonged Exposure, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing (EMDR) have high refusal and dropout rates. This limited tolerance is unsurprising inasmuch as exposure requires patients to relive and to face frightening reminders of the past traumas they most fear. In recent years, we have studied time-limited alternatives to exposure-based approaches. These affect-focused treatments presumably work by helping numbed, emotionally detached patients to tolerate and understand their emotions, by improving reflective functioning and emotional dysregulation, and possibly by repairing dysregulated attachment. Less structured than exposure treatments, they assign no homework and enhance patient autonomy. This symposium presents cutting edge advances validating the use of affect-focused psychotherapies in varied treatment population. The symposium begins with a brief overview of affect-focused interpersonal

psychotherapy (IPT) and Trauma-Focused Psychodynamic Psychotherapy (TFPP), followed by cutting edge research supporting their efficacy. Dr. Markowitz will present the overview. Dr. Feijo de Mello will present findings from a randomized controlled trial comparing IPT to sertraline as treatment for Brazilian women with PTSD associated with recent sexual assault. This is the first comparison of IPT with pharmacotherapy for PTSD. Dr. Shea will then present the first randomized trial comparing IPT to Prolonged Exposure for military veterans with PTSD. Drs. Keefe and Milrod will present unprecedented findings from an open TFPP trial for LGBTQ+ patients with PTSD. LGBTQ+ individuals have high risk of trauma and PTSD yet have been understudied. A panel discussion interspersed with questions from attendee participants will follow.

Advancing Racial Equity in Early Intervention Services (EIS) for Psychosis Through Partnership With Diverse Stakeholders

Chair: Sapana Patel, Ph.D.

Presenters: Elaina Montague, Ph.D., Ana Stefancic, Ph.D., Iruma Bello, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Describe ways to involve diverse racially minoritized stakeholders in quality improvement (QI) projects focused on advancing racial equity in early intervention services (EIS) for psychosis.; 2) 2. Identify opportunities and strategies to better serve racially minoritized participants and families who experience racism by applying findings from QI projects to routine care.; and 3) 3. Demonstrate how to integrate principles of co-creation and user-centered design to elevate the voices and perspectives of diverse stakeholders participating in QI projects..

SUMMARY:

Advancing racial equity in early intervention services (EIS) for psychosis is imperative because racism and racial inequities persist and drive disparities in mental health outcomes for young people receiving care. OnTrackNY is a nationally recognized EIS serving racially and ethnically diverse young adults

experiencing non-affective psychosis in New York state (Humensky et al., 2020). Using two OnTrackNY quality improvement (QI) projects, we illustrate how programs can identify stakeholder-driven strategies to advance racial equity within EIS and share ways in which these can be incorporated into service delivery. In the first project, we interviewed OnTrackNY participants, family members, and providers (n=36) to understand their experiences of racism and to solicit recommendations for how teams can better support participants and families. Overarching themes included experiencing racism and discrimination in many forms (e.g., bullying, microaggressions, police violence, structural inequities) across a range of settings (e.g., school, work, mental health treatment, the legal system) and wanting more support. Presenters will share stakeholder-identified recommendations to enhance practice by increasing OnTrackNY staff diversity, offering education/resources, expanding conversations on racism, and raising community awareness of EIS. The second project focused on co-creating two e-learning courses for OnTrackNY program participants and providers to enhance culturally responsive Shared Decision Making (SDM) practices to advance equity for racially minoritized OnTrackNY stakeholders. To inform e-course development, we applied a user-centered design framework (Lyon et al., 2019) and convened a diverse 10-member expert stakeholder committee (ESC) comprised of OnTrackNY program participants, family members, and providers. The ESC co-developed all aspects of the project including writing qualitative interview guides and extracting key themes for e-course content. Presenters will discuss the implementation of co-creation principles by showcasing multimedia tools (e.g., Digital whiteboards, Jamboards) used to facilitate robust engagement and participatory processes. Key themes from qualitative interviews with participants, family members, and providers (n=36) highlighted challenges to SDM participation related to power imbalances between participants and providers, cultural and family decision making dynamics, and recommendations to foster trust between providers and participants. We will share strategies for being more culturally responsive when engaging in SDM with mental health service recipients. To further help attendees apply key recommendations from both

projects to everyday practice, presenters will facilitate breakout groups and audience discussion using vignettes.

Alcohol Use Disorder

Chairs: George F. Koob, Ph.D., Frances Rudnick Levin, M.D.

Moderators: Philip R. Muskin, M.D., M.A., Sofia Elisa Matta, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Comprehend the neurobiology of Alcohol Use Disorder; 2) Be aware of the advantages and disadvantages of FDA approved pharmacologic interventions for Alcohol Use Disorder; 3) Assess for psychiatric comorbidities in the context of ongoing alcohol use disorder and implement therapeutic interventions for comorbid psychiatric and substance use disorders among those; and 4) Understand the role of pain and emotional pain in AUD.

SUMMARY:

Alcohol misuse and alcohol use disorder (AUD) cause an enormous amount of human suffering, loss of productivity and cost to our medical care system and the nation's economy all of which have been exacerbated by the COVID-19 pandemic. Recent developments include a 26% increase in alcohol-related deaths, 34% increase in the prevalence of hospital visits for alcohol withdrawal, and a 51% increase in hospitalizations for alcohol-associated hepatitis during the COVID-19 pandemic in the United States. In addition, there continues to be a significant treatment gap where less than 10% of individuals in need of treatment receive treatment for AUD and less than 2% receive one of the 3 FDA approved medications for treatment of AUD. Ongoing challenges include the increased drinking to cope with stress exacerbated by the COVID-19 pandemic, interaction of alcohol with mental health, the role of alcohol in women's health, alcohol and health in older adults, and research on recovery from AUD. Current priorities and challenges for closing the treatment gap include promoting medications development, expanding NIAAA resources for the public, development of a heuristic definition of

recovery, expanding the uptake of screening, brief intervention and referral to treatment (SBIRT), exploring and expanding a role for telehealth in treatment, addressing stigma, addressing diversity, equity and health disparities in the alcohol field, and supporting the next generation of alcohol researchers. Addressing such challenges will facilitate the implementation of evidence-based treatment for AUD in primary care, mental health, and other health care settings. Alcohol use disorder (AUD) is a chronically relapsing disorder that is characterized by a compulsion to seek and take alcohol, loss of control in limiting intake, and emergence of a negative emotional state (e.g., hypohedonia, dysphoria, anxiety, hyperalgesia, irritability, and sleep disturbances, defined as “hyperkatifeia”) when access to the drug is prevented. AUD can be framed as a three-stage cycle—binge/intoxication, withdrawal/ negative affect, and preoccupation/anticipation that has heuristic value for translating the brain changes associated with AUD to the clinical domain. Breaking this cycle is possible through the use of evidence-based psychotherapies and FDA-approved medications as well as other promising therapeutic agents. These interventions may have distinct advantages for certain components of the cycle and specific patient groups. Moreover, treatment of comorbid psychiatric disorders, often pre-existing or worsened by this addiction cycle, may be amenable to targeted pharmacologic strategies. A case presentation will elucidate potential treatment strategies for individuals with AUD and co-occurring psychiatric disorders.

Alternatives to Facts: Mental Health Impact of Social Media, Phone Applications, and Technology

Chair: Pratik P. Bahekar, M.B.B.S.

Presenter: Amir K. Ahuja, M.D.

Discussant: Petros Levounis, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the workings of social media platforms, dating apps, and parental control applications.; 2) Discuss the impact of technology on mental health.; 3) Explore the effects of cyberbullying and cyberstalking on mental health.;

4) Review the impacts of disinformation on LGBTQ+ mental health.; and 5) Discuss the positive aspects of technological advances..

SUMMARY:

Technology advances have positively and negatively impacted mental health. Social media has disrupted the social fabric. A psychological model called the motivation, attention, and design (MAD) model hypothesizes that individuals have identity-based *motivations* as a group to share moral–emotional content that's more likely to capture the group's values. Social media platforms are designed to amplify our natural motivational and cognitive tendencies to spread such content.^{1, 2} This workshop will educate attendees about the workings of social media platforms and various disruptive technology such as phone applications that provide parents access to their children's phones and dating apps used by youth and adults. Cyberbullying increases the odds of poor mental health, substance abuse, and suicidal ideation.³ Parental control apps allow parents to monitor cyberbullying, suicidal ideation, and substance use. However, these apps risk harm to children by potentially exposing information about their sexual orientation and gender identity. Objective science can no longer solely focus on providing evidence. There is a need to be proactive to ensure unsubstantiated messages do not compete with the facts.⁴ Panelists will discuss how moral outrage and disinformation disproportionately impact mental health access of the LGBTQ+ community and the role of psychiatrists in this regard. These diverse technologies also have the potential to address uneven access to clinicians and care delays, as well as provide objective variables for symptoms and mitigate negative attitudes toward psychiatry.⁵ Machine-learning social media algorithms can also be used to analyze patterns of suicidal ideation and self-harm, which may help to prevent suicide.⁶ The panelists will discuss technological advances' positive and negative mental health impacts. We will encourage the audience to share their experiences and discuss various ways to address these challenges in clinical settings to provide high-quality care. The speakers in this session will include the president-elect of the APA, the president and the vice president of the Association of LGBTQ+ Psychiatry, and a resident.

Animals on Campus: Ethical, Legal, and Logistical Considerations (a HEMHA Guide)

Chair: Leigh White, M.D.

Presenters: Meera Menon, M.D., Leigh White, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Evaluate the role and purpose of the Higher Education Mental Health Alliance and identify how its free resources can be helpful in clinical practice;; 2) Examine logistical and ethical dilemmas related to animals on campus, considering the interests of various campus stakeholders;; 3) Differentiate service animals, therapy animals, and emotional support animals and the current regulations related to each;; and 4) Formulate strategies for creating institution-wide policies on assistance animals..

SUMMARY:

This presentation is the designated work-product of the Higher Education Mental Health Alliance (HEMHA). HEMHA is a partnership of nine organizations who prioritize the prevention and treatment of mental health concerns among college and university students. The Animals on Campus HEMHA Guide, published October 2022, was endorsed by the APA and AACAP. HEMHA is pleased to launch our newest guide – Animals on Campus. Within institutions of higher education, clinicians and stakeholders are at a crossroads when it comes to assistance animals. Many students with disabilities have required the use of Service Animals for decades. The use of Therapy Animals in clinical or outreach settings has positively impacted the wellness of members of the student body. In increasing numbers, students are requesting letters of support to allow for use of Emotional Support Animals (ESAs) in their residence hall or off campus housing. However, how do we respond when that assistance animal is disruptive? What do we do when a student is unable to care for the animal? What is our approach to the student who is allergic to or fearful of their roommate's assistance animal? We are all weighing the legal and ethical ramifications of animals on campus. In this session, we will discuss the purpose, scope, and limitations of the HEMHA

Animals on Campus guide. We will review the differences between service, therapy, and emotional support animals, including the legal rights of access for each one. Using the case vignettes, we will review risks, benefits, and legal and ethical issues associated with animals on campus, including accommodating and approving requests for Emotional Support Animals (ESAs). Lastly, we will discuss strategies for creating campus-wide policies on assistance animals. While our focus is on supporting college and university students, this presentation will be useful for any clinician hoping to gain knowledge of assistance animals and learn strategies for creating assistance animal-related policies.

APAF SAMHSA Minority Fellowship Program

SUMMARY:

This session will highlight mental health equity projects designed and implemented by psychiatry fellows who are part of the APA/APAF SAMHSA Minority Fellowship Program (MFP). One component of the fellowship training program involves developing a unique and innovative project aimed at addressing inequities in mental health and substance use disorders with a focus on medically underserved and marginalized communities. In keeping with the theme of "Innovate, Collaborate, Motivate: Charting the future of mental health," these talks will address a variety of relevant topics including increasing mental health literacy within Black Christian communities to increase access to mental health services and reduce mental health disparities, defining subtypes of agitation by severity, and understanding how subtypes might relate to each other, in order to develop a more just and equitable protocol of agitation management that matches symptom severity, addressing equitable access to medications for opioid use disorder such as buprenorphine is a pressing issue in treating opioid use disorders, and other mental health services among historically underrepresented groups. Panel participants will have the opportunity to discuss findings from their projects during this interactive session. This session will consist of three presentations: 1. A Closer Look at Racial/Ethnic Disparities in Opioid Use Disorder Treatment Access Among Individuals Experiencing Homelessness 2.

Christian Mental Health Initiative: Mental Health First Aid Pilot with Black Churches in Philadelphia 3. Patters and Predictors of the Use of Chemical Sedation and Physical Restraints in Agitation Management

Applying Quality Improvement Methods to Implement Principles of Collaborative Care

Chair: Amy M. Bauer, M.D.

Presenters: Jennifer M. Erickson, D.O., Denise Chang

Discussant: Anna Ratzliff, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify 3 key elements of the Model for Improvement; 2) Recognize how to apply the Model for Improvement to implement principles of Collaborative Care; 3) Write a SMART Aim statement; 4) Understand the importance of a clear operational definition for a measure; and 5) Establish a plan for practice improvement using PDSA cycles to test small, rapid changes in the participant's own practice setting.

SUMMARY:

Recent years have seen an increasing emphasis on systems-based factors as important to overall healthcare quality and equity. Relative to general medicine, Psychiatry has been slower to adopt quality improvement (QI) methods. Nevertheless, there is increasing awareness of the potential for data-driven practice improvement to benefit mental health outcomes. Although QI is now an ACGME requirement for psychiatrists during residency training, practicing psychiatrists have few opportunities to develop skills in QI. These skills are particularly important as psychiatrists transition to practice and need to implement their own continuous quality improvement of their practice. QI is a central element in the success of the Collaborative Care model, which has been shown in over 90 randomized trials to double the effectiveness of care for common mental health conditions, including depression and anxiety, as well as more complex conditions including bipolar disorder and posttraumatic stress disorder. Moreover, QI methods can be utilized successfully to implement principles of Collaborative Care across psychiatric practice

settings regardless of whether or not the Collaborative Care model has been implemented. This workshop will introduce QI for psychiatrists across the spectrum of career development. Through the University of Washington Integrated Care Training Program, the panelists have considerable experience training psychiatric providers in the use of QI to implement principles of Collaborative Care. Participants will learn the essentials of the Model for Improvement. Dr. Bauer will introduce the session and provide an overview of QI. Dr. Erickson and Dr. Chang will lead interactive activities designed to aid participants in developing skills in writing SMART Aim statements and in operationalizing measures with precision. The activities will emphasize applying these methods to implement a principle of Collaborative Care, such as measurement-based treatment-to-target. Participants will be provided with examples of successful QI projects from community-based psychiatrists to begin to craft a plan for practice improvement in their own clinical setting using PDSA cycles to test small changes iteratively. Dr. Ratzliff will lead a discussion of how these new skills can support the implementation of new evidence-based approaches into current practice.

Assessing Psychic Pain and Proximal States of Mind Associated With Suicidal Thinking and Behavior

Chair: Jane G. Tillman, Ph.D.

Presenter: Katie C. Lewis, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the role of psychic pain in suicidal thinking and behavior; 2) Describe how to use the Psychic Pain Scale in patient assessment; 3) Identify research based states of mind proximal to a near lethal suicide attempt; and 4) Assess multiple factors contributing to persistent suicidal thinking and behavior.

SUMMARY:

Suicidal thinking and behavior often involve a complex interaction between affective states, cognitive processes, impulse dysregulation, and other biopsychosocial vulnerabilities. In this session we present the results of several of our recent

research studies of psychiatric patients who have survived a near lethal suicide attempt. We will review a new theoretically derived and empirically validated measure of psychic pain as a marker for elevated suicide risk. We will discuss the use of the Psychic Pain Scale (PPS) in clinical and research populations. The Psychic Pain Scale is a brief 12-item scale that yields a total score, but also offers an avenue for talking with patients about their experiences of psychological pain that may be driving suicidal thinking and behavior. We then present the findings of a study of near lethal suicide attempt survivors and the proximal states of mind associated with the near lethal attempt. The findings of our clinical research studies contribute to understanding the persistence of suicidal thinking and behavior in a specific subset of complex psychiatric patients and may help clinicians be more aware of the *ideation-to-action* process in work with patients who may be on a trajectory toward suicide behavior. This knowledge base supports the development of skills in dynamic interviewing to assess and treat the suicidal patient, and/or the patient who has survived a near lethal suicide attempt and remains at elevated risk for subsequent attempts. Following this session attendees will be able to identify the role of psychic pain and both short and long-term vulnerabilities to suicidal thinking and behavior. Attendees will also be able to use the completed psychic pain scale to initiate a discussion with patients about their experience of psychological pain and the link to suicidal thinking and behavior.

At-Home Sublingual Ketamine for Depression: Large Scale Outcomes and Safety

Chair: Thomas D. Hull, Ph.D.

Presenters: Matteo Malgaroli, Leonardo Vando Sarkis, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the potential side effects of off-label ketamine treatment for depression; 2) Understand mitigation strategies to ensure safety for at-home ketamine treatment; 3) Review the importance of tracking outcome with machine learning to understand clinical course; and

4) Explain methods for establishing durability and maintenance of improvement.

SUMMARY:

Ketamine-assisted therapy (KAT) is a rapidly growing form of treatment for depression. However, several voices in the field have urged caution regarding the mismatch between the growing prevalence of this form of treatment and the lack of available data on the large scale dissemination of KAT outside of laboratory studies. In this panel we present real world evidence (RWE) from the largest study to date on any form of ketamine treatment for depression and discuss the discovered indications of safety and effectiveness. We will first discuss the model investigated, which used a sublingual route of administration for at-home care to address structural barriers to receiving any form of treatment-- including those resulting from the COVID-19 pandemic. Barriers included lack of access to competent psychiatric prescribers, cost of in-clinic intravenous medication, and fear of exposure to the COVID-19 pathogen. Important safeguards of this model will also be discussed through a clinical lens, and included easily accessible psychosocial and prescriber support throughout the treatment course, and remote monitoring through telehealth platforms to ensure safety and appropriate use of the medication. We will then present the data from a large, prospective outpatient sample ($n = 1,247$) who received four KAT medication treatments over four weeks. Patients were diverse from urban and rural settings in 15 of the United States. Symptoms were assessed at baseline and after every two medication sessions using the Patient Health Questionnaire (PHQ-9) for depression, and the Generalized Anxiety Disorder 7 scale (GAD-7) for anxiety. Demographics, adverse events, and patient-reported dissociation will also be discussed with implications for clinical practice. We will also present easy to understand findings from machine learning of this large dataset that informs how to predict a good response to KAT and how to handle side effects and adverse events, whether to continue treatment or terminate care to explore alternatives. Results showed that 62.8% of patients reported a 50% or greater improvement on the PHQ-9, $d = 1.61$, and 62.9% on the GAD-7, $d = 1.56$. Remission rates were 32.6% for PHQ-9 and 31.3% for GAD-7, with 0.9% deteriorating on the

PHQ-9, and 0.6% on the GAD-7. Four patients left treatment early due to side effects, or clinician disqualification, and two more due to adverse events. Three patient sub-types were identified with machine learning and were characterized by Improvement (79.3%), Chronic treatment resistance (11.4%), and Delayed Improvement (9.3%) across all symptoms. Endorsing side effects at Session 2 was associated with delayed symptom improvement, and Chronic patients were more likely than the other two groups to report dissociation at Session 4. We will conclude by discussing the effect of these findings for KAT and for psychiatric prescribing in general, as well as how to address questions of durability and interaction with other forms of care.

Autism Spectrum Disorder: Practical Management and Cutting-Edge Treatments

Chair: Eric Hollander, M.D.

Presenters: Casara J. Ferretti, M.S., Randi Hagerman

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss how to accurately diagnosis children, adolescents and adults with ASD; 2) Review how to assess core and associated symptoms and comorbid conditions in ASD; 3) Discuss how to identify and select optimal psychosocial treatments for ASD; 4) Review how to utilize current novel and experimental pharmacological treatments for core and associated symptoms and comorbid conditions; and 5) Teach how to provide a comprehensive medical assessment with appropriate lab testing for ASD.

SUMMARY:

Autism Spectrum Disorders (ASD) are common and multifaceted neurodevelopmental disorders which may present at different stages of the lifespan with different target symptoms (Hollander E, Hagerman RJ, Ferretti CJ, 2022). This symposium will help educate the psychiatrist in the optimal assessment and treatment of ASD. It will raise awareness and expertise in both the practical management of ASD and new cutting-edge treatments. A review of evidence-based treatments for various target symptoms of ASD will be presented, and the role of comorbidity in treatment selection will be

highlighted. Understanding the implications of comprehensive cognitive assessment in children and adults with ASD on educational, behavioral, and speech and language treatments will also be discussed, in addition to long-term follow up studies that describe patients who have optimal outcomes of ASD. The repetitive behavior domain in ASD, OCPD and OCD related disorders will be evaluated and implications for common underlying mechanisms discussed, and new targeted treatments for fragile-X syndrome, Prader Willi Syndrome and other genetically homogenous syndromal forms of ASD based on molecular mechanisms will be highlighted. Families often utilize complementary and integrative treatments for ASD and the evidence for such use, and risks and benefits of these treatments will be reviewed (Hollander E, Hagerman RJ, Ferretti CJ, 2022). Non-invasive brain stimulation techniques such as transcranial magnetic stimulation (TMS) have been studied for the treatment of core and associated symptom domains, and the promise and pitfalls of such treatment discussed. Neurodiversity and a review of the ASD advantage and how to use a strengths-based approach to treatment will also be discussed. The importance of involving family and caregivers in intervention planning, including using family therapy when possible, will also be reviewed.

Being Intentional: A Journey Toward Inclusion

Presenter: Joan Reede, M.D., M.P.H., M.S.

Moderator: Rebecca Brendel, M.D., J.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain the historical context of race, diversity and inclusion in academic medicine; 2) Discuss benefits of diversity in academic medicine, including a description of the changing demographic landscape for workforce diversity; 3) Explore the challenges experienced by diverse students, trainees and faculty; and 4) Describe individual and organizational responses to advancing anti-racism, diversity and inclusion in academic medicine.

SUMMARY:

This session explores the benefits of organizations advancing diversity, equity, inclusion and belonging through the lens of inclusive excellence. It examines

common values held across multiple health professions, challenges to recruitment, retention and advancement and obstacles to achieving diversity within health systems. The session considers historical context, as well as perspectives on existing and emerging issues as a basis for understanding persistent barriers to advancing equity and social justice in current and future academic medical and health care settings. It will include individual and organizational examples of actions that can be undertaken to address these challenges.

Breaking the Glass Closet: Challenges and Opportunities for LGBTQ+ Individuals in a Minority Culture of Psychiatry and Leadership

Chair: Pratik P. Bahekar, M.B.B.S.

Presenter: Kenneth Bryan Ashley, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Integrate LGBTQ+ community perspectives in developing equitable mental health policies, programs & leadership opportunities.; 2) Evaluate the impact of minority tax and minority discourse.; 3) Formulate strategies for LGBTQ+ leaders to balance their personal and professional lives, navigate discrimination and create more inclusive workplaces.; and 4) Analyse the importance of building support networks, and advocate for policies and practices promoting diversity and inclusion..

SUMMARY:

Society has made strides in recent years in recognizing and accepting LGBTQ+ individuals. However, the minority culture in psychiatry and leadership remains a challenge for the LGBTQ+ community. When pursuing leadership roles, LGBTQ+ individuals experience barriers to career advancement and limited access to networking opportunities. Discriminatory language, behavior, and policies hinder these individuals from gaining the same level of respect and recognition as their non-LGBTQ+ counterparts. For instance, they are subjected to increased scrutiny and personal risks, impacting their lives and safety. This worsens internalized stigmas and social isolation. LGBTQ+ leaders are called upon to represent and advocate in

organizations and society in general. They can facilitate the creation of an equitable environment. An LGBTQ+ leader can have an affirming effect by serving as a role model for LGBTQ+ people. Importantly, visibility helps to reduce stigmas and discrimination. LGBTQ+ individuals also face challenges due to the minority culture in the field of psychiatry. As a result, many LGBTQ+ individuals feel reluctant to seek healthcare. The historical pathologization of LGBTQ+ identity and healthcare professionals' lack of understanding of unique mental health challenges have created a barrier to healthcare access. The APA and other professional medical organizations have taken steps such as educating healthcare professionals, providing resources, and advocating for improving the quality of and access to care. By providing culturally competent care, increasing the representation and leadership of LGBTQ+ individuals in the field, and incorporating the experiences and perspectives of the community into mental health policies and programs, we can create a more inclusive and equitable healthcare system for all. By understanding and addressing the unique challenges that LGBTQ+ leaders face, we can create more inclusive and equitable workplaces that benefit everyone and empower LGBTQ+ leaders to achieve their full potential. Supportive workplaces and communities and individual resilience and determination can help mitigate some negative impacts of being openly LGBTQ+ in a leadership position.

Breaking the Silence: Innovative Community-Based Approaches to Addressing the Mental Health Crisis in AAPI Populations

Chair: Justin A. Chen, M.D., M.P.H.

Presenters: Xiaoping Shao, Cixin Wang

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Name at least two unique challenges affecting Asian American youth mental health; 2) Identify at least one culture-specific risk and protective factor for Asian American youth and families.; 3) List specific resources (books, videos) to recommend for Asian American families; and 4) Describe at least one example of a novel culturally adapted intervention for Asian American parents.

SUMMARY:

Suicide is the leading cause of death among Asian American adolescents ages 15-19, and the suicide death rate among Asian American adolescents is 9.3 per 100,000 population, higher than Black (6.1), and Hispanic (6.8) youth. The COVID-19 pandemic has also seen a surge in anti-Asian racist rhetoric and violence that have been linked to increased mental health difficulties among AAPI parents and adolescents. Despite high rates of mental health challenges, Asian American youth and parents are less likely to seek out and receive mental health services than their non-Asian peers, possibly due to barriers in knowledge, attitudes (e.g., stigma), structural/practical barriers (lack of culturally and linguistically sensitive services), and cultural barriers. Novel culturally tailored interventions are needed to engage this vulnerable population in mental health services. This session will describe two such approaches utilized by the Chinese Culture and Community Service Center in Maryland: a culturally responsive parent training program called Parent-Child Connect for Asian American parents, and a culturally adapted Youth Mental Health First Aid (YMHFA) training program for Asian Americans. Design and implementation of these programs will be discussed, and analyses of effectiveness presented. The presenters will describe the feasibility and importance of culturally adapting parent training and mental health literacy interventions to promote positive parenting practice, parent-child communication, and mental health literacy, and to engage Asian Americans in mental health services. The speakers possess significant clinical and research experience with AAPI populations through their leadership in several community-based organizations, including the Montgomery County Chinese Culture and Community Service Center and the Massachusetts General Hospital Center for Cross-Cultural Student Emotional Wellness. They have all been involved in design and implementation of novel programs to address the challenges of treatment engagement in vulnerable AAPI populations. Audience polling will be utilized to increase interaction and engagement of participants.

Bridging Military and Civilian Psychiatry: Differences in the Diagnosis and Treatment of Adjustment Disorders

Chair: David Asher Nissan, M.D.

Presenters: Eric G. Meyer, M.D., Allison Margaret Brown Webb, M.D., Daniel Knoepfelmacher, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify differences in diagnostic and treatment approaches for Adjustment Disorder in civilian vs military settings.; 2) Describe impact of insurance reimbursement on the diagnosis of adjustment disorder in US civilian inpatient, outpatient, and consultation-liaison settings.; 3) Compare policies related to medical and administrative separation from service as a result of the diagnosis of adjustment disorder for each branch of service.; 4) Differentiate military implications of a diagnosis of acute adjustment disorder; and 5) Describe the importance of collateral and comparative response as key components in diagnosing adjustment disorder in the military..

SUMMARY:

Clinicians and researchers have long recognized the need to characterize transient psychiatric distress that may be temporarily impairing, similar in presentation to psychiatric conditions, but likely to dissipate with the removal of specific stressors. Establishing clear lines of demarcation between normal and abnormal psychological responses is challenging, and the need to characterize disorders that lie somewhere in between normal and pathologic has been recognized in ever diagnostic system in our field. The DSM-1 described transient situational personality disorders, which were reframed as acute situational disorders, and finally as adjustment disorders in the DSM-III. Since their description, concerns the diagnosis being poorly validated and difficult to differentiate between a reaction to normal, adaptive stress have led to significant variability in the use of these diagnoses. All psychiatric conditions are influenced by cultural, social, economic and demographic contexts, perhaps none more than adjustment disorders. From their inception, the utilization of this family of diagnoses has varied quite widely in clinical settings. Rarely

used at all in civilian inpatient psychiatric units, frequently considered in consultation-liaison settings, and to the most commonly used diagnosis in military mental health settings. From 2016-2020, 30.8% of all behavioral health diagnoses in the military were adjustment disorders. This widening difference in the usage of these diagnoses in these two systems is worth more attention in the literature than it has garnered. In this workshop, we will briefly discuss the history of this diagnosis, from its inception to its current place in the DSM 5-TR. We will present data on its utilization throughout the military, and the structural/administrative factors that overtly and covertly incentivize clinicians to make the diagnosis. We will explore the use of adjustment disorders in the civilian world, characterizing the differences on inpatient services and consultation liaison services, calling into question the policies that prevent hospital systems from billing for treatment related to the diagnosis of adjustment disorder. Finally we will describe the current literature regarding evidence-based treatment for adjustment disorder, highlighting the need for policy changes in the military and private insurance, and proposals to further our knowledge of what treatments might be effective for these conditions.

Challenges and Opportunities in Implementing 988: A Tale of 3 Cities

Chair: Ashley M. Overley, M.D.

*Presenters: Robert Gadomski, D.O., James Richter,
Sosunmolu Shoyinka, M.D., M.B.A.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) Compare and contrast mental health crisis response models in three large metropolitan cities; 2) 2) Identify opportunities for enhancing mental health crisis response at local, state, and national levels; and 3) 3) Recommend action for legislative advocacy to support adequate funding of 988 infrastructure.

SUMMARY:

The implementation of 988 in July 2022 is an important milestone in mental health crisis response in the United States. The federal National Suicide

Hotline Designation Act created the 988 number to increase the accessibility of the National Suicide Prevention Lifeline. Importantly, the success of this initiative requires action from state legislators to develop funding sources to support three key components of an adequate mental health crisis response system: 1) someone to answer the call (24/7 call centers adequately staffed with individuals trained in mental health crisis response) 2) someone to come help (mobile crisis teams to be dispatched when necessary) and 3) someplace to go for care (a location to receive crisis stabilization services and connection to follow up care). Additionally, crisis services are provided by Certified Community Behavioral Health Clinics (CCBHC), which are required to provide 24 hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization. Coupled with the expansion of the certified behavioral health clinic (CCBHC) model through the recent passage of the Bipartisan Safer Communities Act in addition to momentum that has been growing since the start of the CCBHC demonstration in 2017, these two initiatives together represent an important opportunity for the enhancement of mental health crisis response infrastructure. While these are important national advancements, implementation of these programs vary significantly between different states and municipalities. Many cities across the country have been innovating a variety of mental health crisis response programs and partnerships for many years, and are now faced with both the challenge and opportunity of integrating local, state, and national initiatives. Session participants will hear how CCBHC and 988 implementation have influenced state and local mental health crisis response infrastructure in three major US cities with a goal of highlighting both successes and gaps or opportunities for additional development. These overviews will include information on specific services offered, funding sources, oversight agencies, and criminal justice collaboration directly from leaders responsible for managing both state and local crisis response efforts. Additionally, participants will be asked to share knowledge about the successes and gaps of mental health crisis response in their own localities in discussion with a goal of generating shared learning to positively influence our ability to advocate at state and local levels for the resources necessary to help

develop robust mental health crisis response infrastructure at every level.

Crazy in Love: The Portrayal of Sexual Orientation and Mental Health in Popular Feature Films

Chair: Howard Rubin

Presenters: Efe Sari, Nevin Durdu

Discussant: Christopher A. McIntosh, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify a psychiatric profile of queer protagonists portrayed in popular feature films.; 2) Have insight into the representation of queer mental health in visual media and discuss the effects these depictions might have on the viewer.; 3) Identify whether or not feature films provide a realistic representation of LGBTQ+ individuals' mental health.; and 4) Recognize patterns of stigmatization of queer individuals regarding mental health in feature films..

SUMMARY:

BACKGROUND: Numerous studies show how a phenomenon is portrayed in movies directly impacts the attitudes and behaviors of audiences. For instance, negative media portrayal of mental illness can lead to negative attitudes toward people with mental illness, and prevalent tobacco smoking in films accounts for up to 44% of the attributable risk of youth smoking. To our knowledge, there is no study on the mental health portrayal of protagonists in queer movies. Queer youth often learn essential information about sexual orientation from films, and that representation can influence queer identity development. **METHODS:** From the Internet Movie Database (IMDB) list, lesbian, bisexual, gay and transgender protagonist movies with more than 25,000 user votes were selected for quantitative and qualitative examination of queer characters' mental health. Though films with primary transgender protagonists did not meet this user vote threshold, we conducted an analysis of trans characters in selected films as well. **RESULTS:** During the session, the socio-demographic characteristics of queer characters will be presented, and the presenters and audience will examine them together from the perspective of mental health and stigmatization. For

instance, the prevalence of drug, alcohol, or tobacco addiction was 25.3%, trauma/PTSD symptoms were 26.7%, depressive symptoms were 49.3%, anxiety symptoms were 28%, and the sleep disorders were 20%. However, only 5 (6.7%) characters sought out mental health services. While a history of childhood abuse was observed in 24 characters (32%), 35 (46.7%) of the characters were subjected to hate crimes, and 8 (10.7%) were murdered. The frequency of suicide attempts was 12%. **DISCUSSION:** During the session, the presenters will first probe the audience's assumptions about the prevalence of a particular behavior or trait in the films (e.g., suicide attempt, substance abuse) using an interactive learning tool, in order to contrast them later with the study's results. Short, relevant scenes from the movies included in our research will be played to help illustrate the results and provoke discussion. The presenters will discuss these scenes critically and underline the possible impact of problematic portrayals of mental illness in the queer community, as well as the notable omissions of Black queer people and certain age groups. Finally, the presenters will discuss how we can call for the production of more queer-positive movies and poll the audience's opinions, using an interactive tool.

CURED: The Past, Present, and Future of LGBTQ Rights and the APA

Chair: Amir K. Ahuja, M.D.

Presenters: Patrick Sammon, Bennett Singer, Petros Levounis, M.D., M.A., Fiona D. Fonseca, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) By the end of this presentation, the audience will be able to identify key dates and figures in the history of sexual orientation in the DSM.; 2) By the end of this presentation, the audience will be able to explain the significance of depathologizing homosexuality in terms of furthering LGBTQ rights.; 3) By the end of this presentation, the audience will be able to identify 3 ways in which the APA depathologizing homosexuality led to greater acceptance and greater legal rights for LGBTQ people.; 4) By the end of this presentation, the audience will be able to identify key figures and dates in the history of gender identity and the DSM.;

and 5) By the end of this presentation, the audience will be able to explain ways in which the APA can contribute to LGBTQ rights in the future..

SUMMARY:

The history of LGBTQ identities and Psychiatry is a complicated one. From the time of Freud, there has been a tension in Psychiatry over how "normal" we should consider any deviations in sexual orientation and gender identity. Some of this controversy persists even today. This has taken the form of cultural disagreements and legal battles in areas such as marriage equality and sports participation. This symposium and media presentation will discuss this history. This panel is centered on the documentary CURED, which details the journey to remove homosexuality from the DSM. The movie describes that journey from its origins in the 1970s until today. CURED will be shown in an abbreviated form, and then the panel will discuss the history. First, the filmmakers Patrick Sammon and Bennett Singer will discuss making the documentary and interviewing the family and friends of John Fryer, the "Doctor Anonymous" who first came before the APA to famously say, "I am a Psychiatrist, and I am a homosexual." Then, Dr Saul Levin will add to this history and discuss his history-making appointment as the first LGBTQ-identified APA CEO. Next, Petros Levounis will discuss his experience as the LGBTQ-identified incoming APA President. He will provide a personal perspective on the past and present APA as it relates to LGBTQ issues. Then, Amir Ahuja will discuss ways in which the APA can use its influence and voice to further the rights of all marginalized groups. He will use the issue of LGBTQ rights as an example. Finally, Fiona Fonseca will share their unique perspective being a non-binary Psychiatrist. They will detail the future directions the APA and the DSM can take, which will focus on depathologizing variations in gender identity. This will all be done as a moderated group discussion, after which there will be time for audience questions. This session is presented by the APA Foundation.

Dr. Max Fink Centennial Symposium

Chair: Andrew Francis, M.D., Ph.D.

Presenters: William Vaughn McCall, M.D., Charles H. Kellner, M.D., Gregory Fricchione, Georgios Petrides

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify three research fields importantly influenced by Dr. Fink; 2) Identify two research reports from Dr. Fink that had major impact on treatments for severe psychiatric illness; and 3) Name the journal founded by Dr. Fink that became the standard publication for research on ECT.

SUMMARY:

January 2023 marks the centennial birthday for Max Fink MD, an internationally-known major figure in modern psychiatry. This presentation will highlight his productive academic career, emphasizing his diverse influences in psychiatry. Dr. Fink, a 1945 graduate of NYU medical, school trained in neurology, psychiatry, and psychoanalysis. He began research in the 1950's and continues writing and contributing as of this submission. He is best-known currently for fostering research and practice in ECT and catatonia, but these are only two of many topics he investigated and advocated. He founded the Journal of ECT and was editor for 10 years. He tirelessly advocated empirical approaches to recognition and treatment for severe psychiatric disorders. As such, he is a major contributor to American and world psychiatry. In this session, medical historian Dr. Shorter who co-authored psychiatric history and disease-topic monographs with Dr. Fink, will outline Dr. Fink's overall career trajectory, highlighting research areas and selected classic publications with impact on psychiatry at large. These diverse areas include clinical psychopharmacology, pharmaco-EEG, and ECT (both research and advocacy). He will also describe Dr. Fink's role in fostering several collaborators who went on to productive careers in academic psychiatry. Drs. Kellner and McCall were successors of Dr. Fink as editors-in-chief of the Journal of ECT and will be co-presenters at this session. They will describe Dr. Fink's determination and persistence in organizing and initiating an international editorial board of scholars in ECT, and also the challenges of starting a journal of ECT during the early 1980's at a time when ECT generally was in disfavor. They will describe his ongoing role as reviewer and advisor for the journal. Dr. Petrides completed an ECT fellowship

with Dr. Fink in the 1990's and has himself become a major academic contributor in ECT, including leading large-scale funded clinical trials. He will summarize the particular contributions and impact of Dr. Fink on ECT broadly over the past 60+ years, including advocacy and scholarship. Dr. Francis worked with Dr. Fink in the 1990's and began his studies of catatonia in collaboration with Drs. Fink and Petrides. Both were co-authors on the 1996 papers that introduced the rating method now known as the Bush-Francis Catatonia Rating Scale, described the "lorazepam challenge test" widely-used for diagnostic confirmation, and included the first quantitative measures of treatment. He will highlight Dr. Fink's long-term role in advocating clinical recognition and treatment of catatonia, including his influence on generations of catatonia scholars. We will include a brief video interview with Dr. Fink. Members of the audience with individual experiences of Dr. Fink's contributions will be encouraged to complement these presentations

Eat to Treat: Improving Mental Health of a Nation Through Nutritional Innovations

Chair: Bhagwan A. Bahroo, M.D.

Presenters: Kristin Walhberg-Painter, D.O., Jessica Nelson, M.D., Taylor Tucker, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand weight stigma and its effect on mental health; 2) Demonstrate principles of food addiction and how they relate to weight discrimination; 3) Examine the impact of intermittent fasting, the ketogenic diet, and other fad diets on mental health.; 4) Motivate mental health providers to collaborate with nutrition experts for holistic care.; and 5) Review the current data regarding nutritional supplementation in the treatment and prevention of cognitive decline as well as in the treatment of traumatic brain injury.

SUMMARY:

This presentation follows the prior year's talk, the goal is to continue to emphasize the not-well-recognized role of food in Mental Health. The presenters will speak of the impact of Trendy Fad Diets, the bi-directional negative aspects of Body

Shaming and Eating Disorders, and the effects of sustenance on the aging process, and on those who suffer traumatic brain injuries. The manner we view and interact with people with larger bodies can be as damaging to their health as the negative health effects of obesity alone. Studies show that depressed mood in obese individuals relates more to the stigma surrounding their weight than to the health consequences of their weight. Weight stigma is associated with higher levels of perceived burden, but lower overall mental health, health engagement and physical activity levels. These lead to further potentiation of the negative health consequences of obesity, with patients not engaging in healthful activities due to stigma. One more complicating factor is the conceptualization of food addiction having the potential to further stigmatize people in larger bodies. The search for the perfect diet, which can lead to weight loss, optimal energy, and well-being, is one of the most profitable ventures in the trillion-dollar wellness industry. Every year there is a new trend in the world of nutritional advice, with celebrities, self-help gurus, and medical professionals endorsing their ultimate nutritional regimens. Intermittent fasting and the ketogenic diet are two such diets that have gained popularity in recent years, and research is examining the effects of these and other diets on mental health. Fasting is known to alleviate anxiety, stress, and depressive symptoms in individuals without history of psychiatric disorders, while studies have shown that the culture of fad dieting has links to eating disorders. We will examine the evidence behind these trendy diets as it relates to mental health. As the number of people living into advanced age continues to climb, so does the prevalence of dementia. The brain is an organ particularly susceptible to the effects of aging, given the vast metabolic processes it undertakes daily. Emerging data suggests healthy lifestyles reduce the risk or delay onset of cognitive decline. Recent studies look at specific dietary interventions including ketogenic diets as well as supplementation with Omega-3's in the treatment of cognitive decline. Mild repetitive Traumatic Brain Injury (TBI) is known to contribute to the development of neurodegenerative diseases. Thus, interventions to optimize brain healing following mild TBI are of particular interest to prevent cognitive decline. Investigation of supplementation with certain

vitamins, minerals, creatine, and omega-3 fatty acids continues to be of significant interest. We will use this evidence to provide nutrition and dietary recommendations to prevent cognitive decline and assist with healing of an injured brain.

Effective Psychotherapeutic Interventions and Task-Shifting Delivery Methods for Youth With Posttraumatic Stress Disorder (PTSD)

Presenter: Soraya Seedat, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Distinguish the evidence for trauma-focused and non-trauma focused interventions for youth PTSD.; 2) Evaluate the evidence for predictors and moderators of treatment outcomes.; and 3) Compare treatment delivery methods and the use of task-shifting and task-sharing methods to deliver evidence-based psychotherapies..

SUMMARY:

This presentation will review randomised controlled trial evidence for trauma-focused and non-trauma-focused psychotherapeutic interventions for PTSD and complex PTSD in youth, predictors and moderators of treatment outcomes, and effective and cost-effective methods of intervention delivery. Task-shifting psychotherapeutic strategies for the management of common mental disorders have been widely evaluated in low- and middle- income countries, however there are very few studies on task-shifted psychotherapies for youth with PTSD. Prolonged exposure (PE) therapy and trauma-focused cognitive behaviour therapy (TF-CBT) for PTSD, and an adapted version of the Transdiagnostic Sleep and Circadian Intervention (Trans-C-Youth) for sleep disturbances and PTSD, have been effectively task-shifted and proven effective and safe for reducing PTSD symptoms in youth. Data from three trials will be presented, including some data on longer-term PTSD and other psychopathological outcomes.

Emerging Potential Biomarkers to Inform Bipolar Clinical Practice

Chair: Balwinder Singh, M.D., M.S.

Presenters: Michael Jay Gitlin, M.D., Susan McElroy, M.D., Mark Frye, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Better understand the evidence base of lithium, mood-stabilizing anticonvulsants, and antidepressants in bipolar disorder; 2) Through presentation and audience Q&A, review clinical pearls and potential biomarkers for lithium, and antidepressants in bipolar disorder; and 3) Discuss the latest omics data of lithium, and antidepressants, in bipolar disorder.

SUMMARY:

Comprehensive clinical evaluation and synthesis of the evidence base remain the foundation for optimal treatment outcomes for patients with bipolar disorder. Genomic and other biomarkers of drug response are of increasing clinical interest and have the potential to individualize treatment recommendations with greater precision for bipolar patients, based on their biology. This session will focus on FDA-approved treatments well established in the bipolar pharmacopeia including lithium, mood-stabilizing anticonvulsants--divalproex sodium and lamotrigine—and non-FDA—approved treatments, namely unimodal antidepressants. Each drug/class will be reviewed for its FDA indication(s), evidence base synthesis in bipolar disorder, clinical pearls, and early biomarkers that warrant further investigation. Clinical pearls will be reviewed by Dr. Michael Gitlin (lithium), Dr. Balwinder Singh (lamotrigine), Dr. Susan McElroy (divalproex sodium), and Dr. Mark Frye (antidepressants).

Ethics Dilemmas in Psychiatric Practice

Chair: Charles Dike, M.D.

Discussants: Daniel Anzia, M.D., Philip Candilis, M.D., Catherine May, Christopher R. Thomas, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the role and function of the APA Ethics Committee; 2) Understand the ethical implications raised by the dilemmas presented by audience members; and 3) Explore a

number of ethical topics of importance to practicing psychiatrists.

SUMMARY:

This workshop will be entirely devoted to the APA Ethics Committee members taking questions from the audience on ethics dilemmas they have encountered, participated in, or read about. Audience interaction will be encouraged, and ensuing discussions will be mutually driven by audience members and Ethics Committee members. All questions related to ethics in psychiatric practice will be welcomed. Possible topics might include boundary issues, conflicts of interest, confidentiality, child and adolescent problems, dual agency conflicts, acceptance of gifts, emergency situations, trainee issues, impaired colleagues, and forensic matters. Questions may not relate to any pending or potential ethics complaints

Existentialism and Climate Change: The Next Frontier in Mental Health

Chair: Andre R. Marseille, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Provide an overview of Existentialism and its relevance to Climate Change and Mental Health; 2) Provide data on the current state of climate change; 3) Define the relationship between climate change and mental health; 4) How climate change will disproportionately impact minority populations; and 5) Implications for mental health counseling.

SUMMARY:

The mental health consequences of events linked to a changing global climate are myriad and can be devastating. According to FEMA, many communities worldwide are already experiencing the devastating effects of climate change in events like intensified wildfires, droughts and extreme heat, flooding, and coastal erosion, among other natural disasters. It goes without saying that the earth is going through a seismic change that threatens the very existence of humankind. As an Existentialist, I perceive the current climate crisis as a fundamentally existential issue and makes all of us grapple with the

fundamental questions of death, life and quality of life. The impact of climate change is often devastating on many levels. People who are victims of a climate disaster often must deal with the most immediate effects on mental health in the form of the trauma and shock due to personal injuries, loss of a loved one, damage to or loss of personal property or even the loss of livelihood. Further, the terror, anger, shock and other intense negative emotions that can dominate people's initial response to a climate disaster may eventually subside, but to only be replaced by some form of traumatic stress disorder. The trauma and losses from a disaster, such as losing a home or job and being disconnected from neighborhood and community, can contribute to depression and anxiety. This presentation is designed to discuss climate change as a fundamentally existential issue and to explore the mental health impact it will have on the world and particularly vulnerable populations. How do therapists help clients that are victims of natural disasters brought on by climate change when they have lost everything including their homes, means to earn a living and possibly loved ones? How can therapists help clients find hope, resilience and strength when they are faced with the loss of a loved one, their employment, their community, and perhaps most significant, their sense of identity? What should the mental field be doing now to advocate for preventive measures to mitigate the overwhelming impacts of climate change? These are the questions that will focus the discussion of this presentation and help explain the relationship between existentialism, climate change and what mental health needs to look like as a result.

Expanding the Impact of Collaborative Care

Chair: Anna Ratzliff, M.D., Ph.D.

Presenters: Amy M. Bauer, M.D., Barry David Sarvet, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Name the five core principles of evidence-based Collaborative Care; 2) List two adaptations of Collaborative Care needed to support pediatric populations; and 3) Describe the CoCM evidence base for complex psychiatric disorders..

SUMMARY:

As the rate of mental health and substance use disorders increase more and more individuals are seeking care from their primary care physician. Primary care physicians often feel overwhelmed and unprepared to care for these patients and often cannot refer to psychiatrist for specialty care. Collaborative care (CoCM) is an evidence-based, integrated model for treatment of common mental health conditions in primary care medical settings. Efficacy of CoCM has been demonstrated by more than 80 RCTs for anxiety and depression in adult populations and is an evidence-based intervention for treating depression for racial/ethnic minority patients in primary care. There is now growing evidence to expand CoCM to serve additional populations. The symposium will introduce the core principles and evidence base for Collaborative care. Three presentations will provide examples of expanding the reach of CoCM to pediatric populations, to address complex disorder and scaling to address underserved populations.

Exposing Thomas Eakins: Polymorphous Perversity in the Life and Art of a 19th Century Painter

Chair: John Bostwick, M.D., M.F.A.

Discussant: Kathryn Zerbe

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Weigh the possibilities and limitations for using biographical data to decipher a painting's meaning; 2) 2. Consider how to balance the mores of the artist's time with contemporary norms in understanding a painting's impact, then and now; 3) 3. Explore the tension between; 4) 4. consider how an artist's psychology and social context manifest in their body of work; and 5) 5. Ask whether an artist's repeated violations of social norms devalue the art they have produced.

SUMMARY:

From the distance of more than a century, Thomas Eakins (1844-1916) is celebrated as an unflinching realist in an era when realism had grown increasingly out of fashion. Notable for their anatomical fidelity and psychological acuity, few of his paintings sold

during his lifetime. Commissioned works were repeatedly refused because would-be buyers felt they were too real, too revealing of uncomfortable verities their subjects preferred to keep hidden beneath a veneer of propriety. Eakins refused to compromise: the truth might be ugly, but it was still the truth. Or was it? It is impossible to know what he was thinking as he violated one social norm after another in Victorian-Era Philadelphia. No written record -- if he ever recorded what he was up to -- survives. But the paintings do, as do certain biographical facts that suggest mental illness and unnamed but voracious sexual desires -- deviant at least by the standards of his age -- figured prominently in his life and art. Born into a Quaker family, Eakins grew up in comfort with a writing-master father who had invested wisely in real estate. Benjamin sent his only son to medical school, but agreed to his becoming an artist when he showed more interest in portraying anatomy in paint than in caring for the people whose anatomy it was. Benjamin perpetually subsidized Thomas' career. He was never able to support himself with his art. Eakins' family was loaded with mental illness. His mother suffered from bipolar disorder severe enough that she was institutionalized. He himself had repeated depressive episodes, traveling to the Dakotas for rest and recuperation on a cattle ranch during one of them. He likely perpetrated incest upon a niece who later shot herself during a psychotic decompensation. Melancholy was his constant companion. And there was the sex, or something that looked like it could be. He lost teaching jobs on three separate occasions for whipping the loincloths off male models in coed classes. A series of younger men were his constant companions, some appearing nude in his paintings. He lived his final years in a ménage that included his wife, a female friend, and a young man. He was an intimate of Walt Whitman whose portrait he made. Polymorphous perversity is defined as the gaining of sexual gratification outside societal norms. Through dozens of Eakins' paintings and a smattering of biographical facts, this workshop will explore what can and cannot be concluded about his suggestive oeuvre. Eakins' body of work can be appreciated as art for art's sake, but this presentation will invite participants to consider how much richer the art is if we speculate about what made the artist tick: how

his personal psychology rubbed against his social context.

Facing Campus Sexual Assault and Relationship Violence With Courage

Chair: Helen W. Wilson, Ph.D.

Discussant: Christina T. Khan, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Develop treatment plans that support the needs of students impacted by sexual and relationship violence.; 2) Incorporate systems level intervention into care for students impacted by sexual and relationship violence.; 3) Integrate knowledge of power-related context into care for graduate student survivors of sexual and relationship violence.; 4) Adapt interventions to affirm the intersectional experiences of queer students impacted by sexual and relationship violence.; and 5) Incorporate cultural wealth into support for student survivors of color..

SUMMARY:

This panel presentation will share current wisdom related to clinical intervention to address campus sexual and relationship violence. We will provide an overview of campus sexual and relationship violence, the mental health effects of these forms of trauma, and guidelines for intervention. Separate panelists will discuss unique needs and considerations for populations that require nuanced, power-conscious approaches to care: (1) graduate students; (2) queer identified students; and (3) students of color. Each presenter will integrate empirical evidence with practical knowledge, framed within developmental and ecological systems perspectives emphasizing the role of social context and campus culture. Presentations will discuss diversity, inclusiveness, and integration of social justice into psychiatric intervention. Fictional case examples will be provided to illustrate the concepts presented.

Fighting for Our Future: The Effects of Anti-Asian Racism and the Covid-19 Pandemic on Asian College Students and Asian Medical Trainees

Chair: Amy Alexander, M.D.

Presenters: Huiqiong Deng, M.D., Ph.D., Rishab Gupta, M.D., Donna Tran, M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the increased need for mental health treatment on college campuses, and how the COVID-19 pandemic has impacted and accelerated this need; 2) Learn about the demographic changes that contribute to campus diversity, and how the effects of world events and the current political climate affect Asian students; 3) Understand recent studies conducted by our group examining the impact of the COVID-19 pandemic on Asian students; 4) Develop critical strategies to become allies and advocates supporting Asian students through the landscape of the pandemic and anti-Asian racism; and 5) Increase their knowledge base about the cultural determinants of mental health and demonstrate competency in working with Asian young adults.

SUMMARY:

The impact of the COVID-19 pandemic on the rise of anti-Asian racism and hate crimes has been unprecedented. 11,000 incidents of anti-Asian violence and harassment were reported from March 2020 to December 2021 alone. According to the National Anti-Asian American Racism Survey, 6 out of 10 persons reported experiencing active discrimination, while rates of depression and stress jumped by 155 percent and 94 percent, respectively. Since 2020, Asian students have encountered increased race-based aggression and harassment due to the origin of the coronavirus and COVID-19 pandemic. We will discuss the effects of harmful language and scapegoating of the Asian community and how this has perpetuated violence against this group. In light of frequent reports of violence and anti-Asian racist attacks, including on healthcare workers during the COVID-19 pandemic, we felt an urgent need to survey Asian medical trainees (medical students, residents, fellows) to gain insights into their experiences of racism, discrimination, and xenophobia during the COVID-19 pandemic and contrast with those occurring prior to the pandemic. We noted the settings in which this occurred; the impact on psychological health, physical health,

concern about the future, and concern about family and friends being victims of racism. We also queried whether the participants sought mental health care due to racism, whether they felt an impact of their negative experiences on their medical training, and how they perceived their respective institution's response to the racism. We leveraged the power of social media to reach out to potential participants across the US and will discuss our findings. During the COVID-19 pandemic, younger adults and underrepresented racial/ethnic groups have reported disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation. Asian college students have not only had to deal with these stressors but also cope with racial discrimination and attacks. We will discuss another project that investigates the mental health issues and racial discrimination experienced by Asian college students during COVID-19 pandemic. We will compare experiences of racism, stress, anxiety, and depression, prior to and after the COVID-19 pandemic started, and the settings in which they occur. We will also discuss the prevalence and different forms of racism experienced by students, ranging from microaggressions to more overt forms of discrimination including harassment and violence. Academic and training institutions must address current exacerbated mental health problems experienced by Asian students and protect this marginalized community. Acknowledging racism as a public health crisis and learning strategies to increase visibility and support for Asian students can be implemented through advocacy, education, and outreach and may beneficially be applicable to other underrepresented students as well.

Food Addiction: A New Substance Use Disorder?

Chair: Ashley N. Gearhardt, Ph.D.

Presenters: George F. Koob, Ph.D., Gene-Jack Wang, M.D.

Discussant: Nora D. Volkow, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify addictive eating in patients using empirically supported assessment tools; 2) Incorporate the role of reward dysfunction and hyperkatifeia into conceptualizations of

excessive overeating; 3) Evaluate the scientific basis for the inclusion of food addiction as new diagnostic category; 4) Formulate individualized treatment plans for excessive overeating that target addictive mechanisms.; and 5) Consider the role of addictive foods as a contributor to health disparities.

SUMMARY:

The food environment has changed drastically in the last 50 years with a marked increase in palatable foods that contain unnaturally high levels of refined carbohydrates and added fats (e.g., ice cream, cookies, chips). This shift has been accompanied by stark increases in loss-of-control eating, obesity, and diet-related disease. There are marked health disparities in these conditions with under-resourced individuals and communities of color bearing more of the burden. Despite public interest in healthy eating, we have failed to develop long-term solutions to successfully reduce excessive food intake at a population level. Scientific evidence has been building that the highly reinforcing nature of some types of food can trigger neural and behavioral changes implicated in addiction. Approximately 14% of adults and 12% of children exhibit clinically significant levels of "food addiction" based on the DSM 5 criteria for substance use disorders. "Food addiction" is associated with poorer quality of life, worse treatment prognosis, and greater psychopathology. However, "food addiction" is not currently included as a recognized or provisional diagnostic category in the DSM 5. In our session, we will consider from a biopsychosocial perspective evidence for the validity of "food addiction." We will review the evidence that excessive food intake is capable of causing neural reward dysfunction (Dr. Gene-Jack Wang a Senior Clinician and Lab Director from NIAAA). Next, we will consider evidence that excessive palatable food intake can lead to hyperkatifeia through negative reinforcement mechanisms (Dr. George F. Koob the Director of NIAAA). Finally, we will discuss the assessment and clinical relevance of "food addiction" in humans, including the development of personalized treatment approaches and the role of addiction pharmacology. We will also consider the contribution of potentially addictive foods to health disparities (Dr. Ashley N. Gearhardt an Associate Professor of Psychology from the University of Michigan and

author of the Yale Food Addiction Scale). We will integrate straw polling into our session to assess audience opinions on the validity of the "food addiction" construct and include an interactive panel discussion on the state of the "food addiction" science. We will finish our panel with a Q&A session with the audience.

From the Battlefield to Home Base: Traumatic Brain Injury Advances in Active-Duty Military to Veteran Healthcare

Chair: Sofia Elisa Matta, M.D.

Presenters: Christina La Croix, D.O., Kaloyan Tanev, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Learn about military combat Traumatic Brain Injury (TBI) and recognize post-concussive sequelae in both active duty and Veteran populations.; 2) Recognize overlapping constellations of symptoms including depression, anxiety, insomnia, posttraumatic stress disorder (PTSD), and chronic pain.; 3) Recognize lessons learned from current models of rehabilitation among neurology, psychiatry, and physiatry to comprehensively address the needs of military service members and Veterans with TBI.; 4) Learn about the long-term impact of military TBI, advances in military and Veteran TBI research including MRI techniques, VR-based interventions, posttraumatic headaches, and co-morbid PTSD; and 5) Understand the clinical and research gaps, priorities, challenges, and opportunities..

SUMMARY:

Since the year 2000, over 458,000 service members have sustained what is now considered the signature wound of the current conflicts, with the majority of those sustaining traumatic brain injury (TBI) that is considered mild (mTBI). While most military members have full recovery, a non-trivial minority of military members report continued psychiatric and neurological complaints. The persistence of post-concussive symptoms greater than 90 days in those with a history of TBI are non-specific and may include headaches, nausea, dizziness and vertigo, fatigue, irritability, and concentration problems.

These sequelae may or may not be directly attributable to the concussive event or may be associated with co-occurring (or pre-existing) conditions such as PTSD, depression, anxiety, insomnia, pain, or alcohol and substance use disorders. Combat-related TBI may be more frequently associated with PTSD and more prominent symptoms even in the face of less severe head injury compared with civilian TBI. Following the opening of the National Intrepid Center of Excellence (NICoE) in Bethesda in 2010, Intrepid Spirit Centers have opened across the United States to serve as satellites to extend care to service members with TBI. Using an interdisciplinary model of care, these centers allow concurrent care from disciplines including Primary Care, Neurology, Psychiatry, Psychology, Physical Therapy, Vestibular Training, Cognitive Rehabilitation, Speech and Language Therapy, and others. The majority of those engaging in this treatment report a significant response. NICoE supports research on TBI evaluation and treatment, as well as long-term outcome studies of military members with TBI. The Home Base Program, a national nonprofit based in Massachusetts, is dedicated to healing the invisible wounds of war in Veterans, Service Members, and their Families. Since its inception in 2009, the program has delivered direct clinical care, wellness, and education at no cost to more than 25,000 Veterans and their Family Members. The program has created comprehensive evaluation and treatment care models for PTSD, TBI, and their co-morbidities that are delivered by a multidisciplinary team comprising psychiatry, psychology, physiatry, social work, speech language therapy, physical therapy, and nutritionists. The Home Base Program is advancing the field by discovering novel treatments for PTSD and TBI, improving the effectiveness of current treatments, and assessing factors influencing treatment access and outcome. This panel will look at lessons learned from Operation Enduring Freedom/Operation Iraqi Freedom combat military service members and Veterans. It will focus on aspects of TBI relevant to the practicing psychiatrist, viz., mechanisms of injury, diagnostic approach, co-morbidities, and evidence-based treatments. We will provide an overview of current areas of TBI research including biomarkers, neuroimaging, and the correlation between TBI and dementia.

Harmful Alcohol Use in Women: New Horizons in Assessment and Treatment

Chair: Deidra Roach, M.D.

Presenters: Kathleen Brady, M.D., Ph.D., Ismene Petrakis, M.D., Grace Chang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe at least one evidence-based approach to screening for and treating harmful substance in women in primary care settings.; 2) Describe one or more promising strategies for treating substance use in pregnant people.; and 3) Articulate the rationale for targeting stress pathophysiology as an effective treatment strategy for women who use alcohol and other substances at harmful levels..

SUMMARY:

The historic gender gap in drinking and drinking-related problems is rapidly narrowing. New data gathered during the pandemic suggest that, while drinking has increased among both men and women, drinking rates have increased more among women than men. Among those with alcohol and other substance use disorders, women are less likely to obtain treatment, more likely to present with comorbid conditions, and remain in treatment for shorter durations than men. Stigma poses a daunting barrier to treatment access, particularly among pregnant people who use substances, with important implications for birth outcomes in this group. In this session, Dr. Kathleen Brady will discuss current research on the recognition and treatment of harmful alcohol use among women, including women in primary care settings. Dr. Grace Chang will provide an overview of current research on maternal alcohol use, emphasizing promising approaches to treatment. Finally, Dr. Ismene Petrakis will provide an overview of current research on promising pharmacologic interventions for women with alcohol use disorder, including evidence that supports targeting stress pathophysiology as an effective pharmacologic treatment strategy. This session will also encourage consideration of the role of integrative mental health and addiction services in

optimizing treatment for women with/at risk for alcohol and other substance use disorders.

Head First: How Psychiatrists Are Moving Medicine

Chair: Patrice Harris, M.D., M.A.

Presenters: Frank Clark, M.D., Altha J. Stewart, M.D., Dionne Hart, M.D.

Moderator: Dionne Hart, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how organized medicine impacts careers; 2) Become acquainted with the opportunities to become actively involved and engaged at different stages in their career; 3) Understand the benefits of being involved in organized medicine as it relates to mentorship and/or sponsorship; and 4) Learn how medical leadership translates into improved patient safety and health outcomes for patients living with mental health disorders.

SUMMARY:

The American Psychiatric Association (APA) is the nation's oldest medical organization. The APA's mission is to promote universal and equitable access to the highest quality care for all people affected by mental disorders, including substance use disorders; promote psychiatric education and research; advance and represent the profession of psychiatry; and serve the professional needs of its membership. Likewise, the American Medical Association (AMA) is the largest and the only national association that convenes 190 plus state and specialty medical societies and other critical stakeholders. The APA and AMA both aim to train the leaders of tomorrow in the science of medicine and the betterment of public health. This session will highlight the valuable role of each member as a convenor for advocacy efforts, networking, and professional growth for all members beginning with its resident-fellow members and a valuable resource for improving patient outcomes. Presenters: Dr. Patrice Harris (Chair), Past President of the American Medical Association (AMA) Dr. Frank Clark, Past Chair of the AMA's Minority Affairs Section Dr. Altha Stewart, Past President of the American Psychiatric Association Dr. Dionne Hart

(Moderator), Inaugural Chair of the AMA's Minority Affairs Section

Hiding in Plain Sight: Youth Mental Illness: Lessons in Centering Youth and Lived Experience From a Ken Burns Documentary

Chair: Sarah Yvonne Vinson, M.D.

Presenters: Kevin Earley, David Blistein

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss barriers adultism places on meaningful consideration of youth perspectives.; 2) Identify benefits of centering the voice of youth and in those with lived experience in medical and psychiatric training and continuing education.; 3) Demonstrate the use of film in shaping the broader societal narrative regarding youth mental health.; and 4) Explore potential supportive roles of mental health professionals in collaboration with filmmakers..

SUMMARY:

The issues surrounding youth mental illness are extraordinarily complex. The risk factors are daunting, the economics bewildering, and the politics contentious. Despite growing calls for, and some progress toward, patient-centered care, far too often the training and treatment processes prioritize professional "expertise" and diagnostic algorithms. The patient voice is dampened – and often even more so when it is youthful one. The Ken Burns Documentary Hiding in Plain Sight: Youth Mental Illness demonstrates the value in centering the youth voice and the power of narrative in fostering greater empathy and understanding. It can serve as a valuable teaching tool in medical education, psychiatric training, and mental health professional education as well. The two-part, four-hour film follows the journeys of more than 20 young Americans from all over the country and all walks of life, who have struggled with thoughts and feelings that have troubled—and, at times—overwhelmed them. They share what they have learned about themselves, their families, and the world in which they live. Through first-person accounts, the film presents an unflinching look at both the seemingly insurmountable obstacles faced by those who live

with mental disorders and the hope that many have found after that storm. The release of this film provides opportunity for reflecting on the power of story telling, a re-imagining of expertise, and exploring the potential benefits of mental health professionals' collaboration with media. This session includes diverse perspectives of people involved with the documentary – a youth participant, a documentary writer, and a psychiatrist participant. After the viewing of a 30-minute trailer the panelists will share their reflections on the process, message and potential educational uses of this groundbreaking documentary as well as lead a discussion with the audience.

Identifying and Addressing Persistent Inequities in Quality and Outcomes of Health Care for People With Disabilities

Presenter: Tara Lagu, M.D., M.P.H.

Moderator: Hector Colon-Rivera, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Describe disparities in access to health care for people with disabilities in the United States.; 2) 2. Describe what is known about physician attitudes relating to care for people with disabilities, including the role of bias and systematic constraints to providing care.; 3) 3. Identify gaps in medical education that contribute to ableist perspectives in health care.; and 4) 4. Determine strategies to increase accessibility of health care for people with disabilities..

SUMMARY:

In this talk, Dr. Tara Lagu will discuss what is known about disparities in health and health care for people with disabilities in the United States. She will highlight her research on physician attitudes relating to care for people with disabilities, including findings from focus groups, where physicians described barriers in primary and specialty health care and resultant discriminatory practices. She will also share results from a nationwide survey of physicians, which revealed widespread ableism and gaps in knowledge to support safe and appropriate care for people with disabilities, as well as findings from recent focus groups with medical students and

faculty leaders from across the country, who are engaged in advancing disability-related medical education. The discussion will end with a summary of best-practice recommendations to advance health care equity through accommodations in clinical care.

Identifying and Addressing Treatment and Training Gaps in Perinatal Mental Health

Chair: Diana Clarke, Ph.D.

Presenters: Nina Kraguljac, D.O., Tinh Luong, M.D., Ph.D., Rubiahna Vaughn, M.D., M.P.H., Jonathan Alpert

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the epidemiology and etiology of perinatal mental illness as well as barriers to care.; 2) Describe assessment and treatment issues in pregnant and postpartum persons across select mental and substance use disorders; 3) Describe assessment and treatment issues across select special populations of pregnant and postpartum persons; 4) Describe training gaps across physician and nonphysician behavioral healthcare specialties and associations with attitude and comfort with treating perinatal mental and substance use disorders.; and 5) Understand the training recommendations for assessment and treatment of perinatal mental and substance use disorders.

SUMMARY:

Untreated perinatal mental illnesses (i.e., mental and substance use disorders) are associated with high-risk pregnancy and a range of deleterious outcomes for the pregnant person and their fetus or infant, including spontaneous abortions, fetal distress, preterm birth, and negative neurodevelopmental trajectory.¹⁻³ Yet, pregnant persons are often considered “therapeutic orphans” due to low rates of psychiatric treatment and a lack of research on best practices for their mental health care.^{2,4} Also, physician and nonphysician behavioral healthcare (PANPBH) practitioners (e.g., psychiatrists, psychologists) often receive little or no specialized training on the treatment of perinatal mental illnesses⁵ For example, only 59% of US psychiatry residency programs require training in reproductive

psychiatry and only 36% of residency training directors believe residents need to be competent in this area.⁵ These findings and anecdotal reports of pregnant and postpartum persons being dropped by or not able to access behavioral health practitioners underscore the need to understand factors that impede patient access as well as barriers to training in reproductive psychiatry across disciplines. The Mental Health Needs Assessment in the Management of Perinatal Psychiatric Disorders project brings together a diverse panel of PANPBH practitioners and researchers in perinatal mental health to help address these issues. A combination of focus groups and surveys of pregnant persons and PANPBH trainees, training directors, and providers was used to 1) understand the experience and unmet needs of pregnant persons with psychiatric illness seeking mental health care during pregnancy and postpartum; 2) examine PANPBH practitioners’ experiences with, attitudes toward, and level of comfort providing perinatal mental health care; 3) identify barriers PANPBH practitioners experience in treating pregnant persons with psychiatric illnesses; 4) identify gaps in their training on perinatal mental health; and 5) inform the development of a perinatal psychiatric care toolkit geared towards PANPBH practitioners. The symposium will highlight the main findings related to barriers to care, assessment and treatment issues for select mental and substance use disorders and special populations, training gaps across behavioral health disciplines, and recommendations for improvements in training and care. There will be five 10-15-minute presentations followed by a 15-minute question-and-answer session.

Implementing Effective Communication Skills Training for Psychiatrists in a Virtual World: A Primer and Methodology

Chair: Lauren Marie Pengrin, D.O.

Presenters: John Echevarria, Abidemi Onabadejo, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify key areas of communication skills that are essential for all physicians, especially psychiatrists.; 2) Understand

the importance of formal didactics in communication skills for physicians and how this can impact patient care.; 3) Utilize information presented in our new curriculum module to complement your existing educational models for physicians of all levels in your institution.; and 4) Examine the specific importance of effective communication skills in telemedicine utilization..

SUMMARY:

Effective communication is an indispensable tool for any physician to master, especially for a psychiatrist. Several studies have shown the importance of effective physician communication on patient outcomes and patients' experience of their care. In the age of telemedicine, effective communication skills are even more important in maintaining our relationships with patients who are seen primarily virtually. This also factors into the other numerous forms of virtual communication that physicians are tasked with at this time. Several unique communication challenges arise in a virtual format, including during video and phone encounters. Unfortunately, many physicians do not have the opportunity to receive formal didactics during their training on areas of communication that they will need to employ on a daily basis. We aimed to address this need in our residency program by designing and implementing a 4-lecture seminar on some of the key areas of effective communication. The 4 lectures are each designed to be given in 60-minute sessions as a complement to other core didactic material. This course could also be utilized as a grand rounds style presentation for a multidisciplinary health care group. Each lecture module contains the didactic information on that topic, a teaching guide for that lecture including questions and guided role-playing activities, and the list of additional resources for further independent study. Residents in our program now receive specific teaching in areas of active listening, managing barriers to effective communication, breaking bad news, and giving and receiving meaningful feedback through use of this new curriculum. By using these new teaching modules for our PGY1 residents, we are able to lay the foundation for many other nuanced communication techniques to come as they progress in training. In this poster presentation, we will address several areas of communication that are

vital for psychiatrists of all levels of practice. We will describe their importance to physician competence and to patient care and satisfaction, and discuss the specific role they play in emerging field of telemedicine management of patients. Finally, we will share methods from our curriculum model for attendees to utilize at their home institutions for educating physicians and physicians in training in effective communication skills.

Innovation for Future Generations: Child and Adolescent Mental Health Integration in Primary Care Settings

Chair: Catherine Hormats, M.A.

Presenters: Domonique Hensler, M.H.A., Nicole Carr-Lee, Psy.D., Anne Bird, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the population health approach to pediatric primary care mental health integration at Rady Children's and identify the advantages of an integrated care model with embedded psychiatry services; 2) Discuss the adaptations of using a consulting model for psychiatry services within an integrated care system and the resulting increase in child and adolescent psychiatry care capacity; 3) Explain the approach to utilizing measurement-based care to achieve improved mental health outcomes; and 4) Describe the utility of collecting program data to support ongoing quality improvement and its implications for value-based care.

SUMMARY:

According to the Milbank Memorial Fund, not a single state in the United States has an adequate supply of child psychiatrists, and 43 states are considered to have a severe shortage. (Milbank, 2017) Mental health integration programs have grown significantly within the adult healthcare setting in the past two decades and are an evidence-based approach for integrating physical and mental health services within a primary care medical home (PCMH), thereby more efficiently leveraging psychiatry resources. Rady Children's Hospital – San Diego and its primary care provider network partners have implemented an innovative whole child

approach to primary care mental health integration that provides early identification, proactive intervention, and illness prevention that has aided in reducing depression among a subpopulation of pediatric patients. A key success factor in the model is the role of the psychiatry consultant. The psychiatry consultant trains and supports pediatric Primary Care Providers (PCPs) on mental health management to achieve efficiencies and application of scant pediatric psychiatry resources that increases access to mental health care. Leveraging a population health approach, our program focuses on same day access, a collaborative team-based medical home, and implementing goals-focused treatment through a short-term model that is more effective and responsive than care as usual and focuses on measurement-based care and workforce development. In this presentation, the speakers will discuss integrated care, and a newly implemented pediatric integrated care model with embedded psychiatric services. The details of this hub and spoke model will be outlined and the speakers will describe the advantages of embedding psychiatry services, and a multidisciplinary approach within this type of model. A psychiatrist on the panel of speakers will further describe ways to adapt a psychiatry consulting model to best fit within integrated care. Such adaptations include easy access to curbside verbal consultations and short-term patient-facing consultations for episode stability and medication optimization. The panel of speakers, which includes program directors and those with additional leadership roles, will share their perspectives about the utility of measurement-based care and collecting program data, where doing so supports ongoing program quality. Measurement-based care within this pediatric integrated care model includes the utilization of the Patient Health Questionnaire, 9 item (PHQ-9), the Generalized Anxiety Disorder, 7 item (GAD-7), the Clinical Global Impression (CGI), and the Pediatric Symptom Checklist, 17 item (PSC-17). Preliminary results show this health model has also achieved a significant reduction in depression among patients with moderate to severe depression while simultaneously maintaining high patient and primary care provider satisfaction. A discussion about advocacy for value-based care will also be emphasized.

Innovative Perspectives From Indigenous Visionaries in Psychiatry Supporting Community Resilience in Addressing Sdomh Grounded in Culture

Chair: Mary Hasbah Roessel, M.D.

Presenters: Roger Dale Walker, M.D., Mary Hasbah Roessel, M.D., Linda B. Nahulu, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will gain historical knowledge of how European and US encroachment into North America affected Indigenous populations; 2) Participants will use this knowledge to spell out the nature and impact of chronic behavioral health illnesses on Indigenous communities and individuals; 3) Participants will gain knowledge on implementing the Social Determinants of Health Model; and 4) Participants will be able to Adjust Clinical Care informed by Culture and History.

SUMMARY:

The health status for American Indian, Alaska Native and Native Hawaiians (AI/AN/NH) is well documented to be far below that of the general population of the United States. The morbidity and mortality for chronic health illnesses in this special population is higher than that of the general population. In the United States currently AI/AN/NH experience serious psychological distress 2.5 times more than the general population. Understanding the history of how these problems began and evolved over the last 500 years can help guide treatment and prevention intervention approaches. Behavioral health problems such as depression, anxiety, addictions, suicide, family disruption and historical trauma are all seen as serious, chronic health concerns when examined across tribes, Alaska Natives and Native Hawaiians. All these problems are deepened in the context of the current pandemic. A history of cultural erasure and fractured traditional family systems through forced removal from traditional homelands and being relocated to reservations or cities have contributed significantly to the historical trauma experience of most American Indian, Alaska Native and Native Hawaiians. The removal of AI/AN/NH children to attend boarding schools is another example of the

family disruption which contributed to loss of language, culture and spiritual practices, and historical trauma. Emotional distress is not expressed in similar ways as the general population in AI/AN/NH so showing cultural humility can reduce barriers in accessing mental health care. Indigenous peoples are more likely to seek out help from non-western medicine models which are centered in a holistic approach. Psychiatric practices that create an inviting and culturally relevant program inclusive of healing practices from the local community will enhance access to care in the communities served. However, the ability to provide access to adequate, culturally sensitive, evidence-based care in this era of health reform and economic crisis is especially challenging. A source of strength for Indigenous peoples in North America is being grounded in spiritual and cultural practices as well as being connected to nature, community, family and sacred homelands. A cultural identity that centers on one's Indigenous traditions is protective and a source of resilience. The use of Social Determinants of Health and Mental Health will be discussed as an ideal model to improve health outcome and improve AI/AN/NH morbidity and mortality. This session is presented by the APA Foundation.

International Medical Graduates in American Psychiatry: Past, Present, and Future

Chair: Dilip V. Jeste, M.D.

Presenters: Daniel Castellanos, M.D., Jair Soares, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the assets, challenges, and opportunities for International Medical Graduates (IMGs) in psychiatry in the US.; 2) Learn the impact of the cultural diversity brought about by IMGs on psychiatric healthcare, education, research, administration, leadership, and advocacy.; and 3) Develop methods to help the IMGs realize their full potential to contribute to culturally responsive mental health care, training, and advocacy..

SUMMARY:

International medical graduates (IMGs) are physicians who have completed their undergraduate medical education in schools outside the US. IMGs who are US citizens or permanent residents are called USIMGs. Today there are 7,000 IMGs, with about 59% being male. As a group, they represent 29% of active psychiatrists in the US, compared to 23% in all other medical specialties. Several factors, including immigration policies, continued expansion of US medical schools, and the number of available residency positions, have impacted the flow of IMGs to the US as well as their professional roles. IMGs form a heterogeneous group with varied cultural backgrounds. The cultural capital the IMGs bring with them can act as a support as well as a challenge. Most of the IMGs have migrated from low- and middle-income countries to high-income countries. The IMGs are a critical component of the US healthcare system. Due to visa restrictions and sometimes, discrimination, a number of IMGs end up serving the most socioeconomically disadvantaged, immigrant and minority populations in geographical locations that are not popular among physicians. An analysis of US physicians' work patterns found that IMGs worked disproportionately more hours in direct patient care and spent fewer hours in ancillary functions like administration, research, and teaching. Yet, when given the appropriate opportunities, the IMGs made significant contributions in those areas too. The IMGs are a select group of highly motivated learners who have overcome systemic barriers. A Canadian qualitative study found that foreign-trained IMGs pass through three phases of adjustment: loss of professional identity, status, and professional devaluation; confusion in understanding their expected roles and responsibilities; and adaptation. The four speakers in the proposed session, all IMGs, will present their personal and professional perspectives, and make recommendations to future IMGs and to the APA for helping the IMGs realize their full potential to contribute to culturally responsive mental healthcare, education, research, administration, leadership, and advocacy. Specific training programs for IMGs and US-trained medical graduates in psychiatry are needed to understand the challenges and opportunities in their careers as they work with one another. Individual training and group courses should be offered to new IMG

physicians to help them learn about their adopted country's healthcare system, cultural values and differences, and linguistic subtleties and nuances in communication. Dr. Jeste's presentation will focus on research careers, Dr. Jayaram's on leadership and advocacy, Dr. Soares' on administration, and Dr. Castellanos' on IMG Workforce development. Each presentation will be about 15 minutes long, and will be followed by 3-4 minutes of Q&A. At the end of the last presentation, there will be at least 15 minutes for general discussion with comments from the audience.

Is This Bud for You? The Science of Medical Cannabis and Cannabidiol (CBD)

Chair: David Alan Gorelick, M.D., Ph.D.

Presenters: Kevin Patrick Hill, M.D., M.H.S., Smita Das, M.D., Ph.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the differences between federal law and the various state laws governing medical cannabis, and the legal status of hemp; 2) Be familiar with the clinical indications for medical cannabis and the levels of scientific evidence supporting them; 3) Recognize the different clinical effects associated with various cannabis routes of administration and THC and cannabidiol (CBD) concentrations; 4) Identify potential patients for whom medical cannabis might be indicated or contraindicated; and 5) Be familiar with potential public health consequences of medical cannabis use.

SUMMARY:

Use of cannabis for medicinal purposes has a centuries-long history in the US and globally, but has been illegal in the US at the federal level since 1937. Cannabis and all cannabinoids are classified in Schedule I of the Controlled Substances Act (CSA), meaning that they are considered to have a "high potential for abuse," "no currently accepted medical use in treatment," and "a lack of accepted safety for use" (21 U.S. Code § 812). Since 2018, hemp and its products (including cannabidiol [CBD]) were removed from the CSA. In contrast, state-level interest in medical cannabis has been growing over the past 2.5 decades. As of August 2022, 37 states,

the District of Columbia, Puerto Rico, US Virgin Islands, and Guam have made medical cannabis legal under state law, although not all programs are operational. Another 10 states allow use of cannabidiol (or "low-THC" cannabis) to treat seizures. However, most US physicians, including psychiatrists, receive little or no training about medical cannabis. They have inadequate knowledge and expertise to respond appropriately to patients who are interested in medical cannabis, to recommend it to patients who might benefit, or to discourage its use by patients for whom it would not be therapeutic. Our session will fill this knowledge gap through interactive presentations by 3 nationally known experts. Presentations will serve as a focus for discussion among presenters and attendees, culminating in discussion of presented case vignettes and general discussion. Our session will describe the difference between "prescribing" a medication under federal law vs. "recommending" or "authorizing" medical cannabis under state law, the major psychiatric and medical conditions for which medical cannabis can be recommended (most commonly pain, cancer, multiple sclerosis or muscle spasm, seizures, nausea and vomiting, HIV/AIDS, glaucoma, post-traumatic stress disorder, agitation associated with Alzheimer's disease), the current scientific evidence supporting those indications, major side-effects associated with medical cannabis (e.g., dizziness, dry mouth, fatigue, drowsiness, euphoria, disorientation, confusion, loss of balance, motor incoordination, hallucinations), and potential public health consequences (e.g., increased motor vehicle accidents, diversion and increased misuse of cannabis, decreased use of opiate analgesics). Our session will also review how the use, benefits, and harms of medical cannabis vary across racial, ethnic, and socioeconomic populations groups, the practical clinical pharmacology of medical cannabis, including the advantages and disadvantages of various routes of administration (smoked, inhalation of vapor, oral), cannabis strains with varying concentrations of THC, CBD, THC:CBD ratios, dosages, and drug-drug interactions. Attendees will apply this information to discussion of several case vignettes of patients interested in taking medical cannabis.

Learning Healthcare Systems and Real World Research

Chair: Philip Wang, M.D.

Presenters: Rachel Wood, Matthew W. Ruble, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) What is a Learning Healthcare System? (LHS); 2) What is the function of an LHS?; 3) What is the evidence supporting transition to an LHS?; 4) How do we employ a LHS in Behavioral Health?; and 5) What are some outcomes for a LHS in Behavioral Health?.

SUMMARY:

Learning Health Systems" (LHSs) are a critical way to transform routine practice in real-world settings, into urgently necessary clinical innovations. The Institute of Medicine (IOM) proposed LHSs in 2006 to solve the multitude of problems facing the U.S., including barriers to access, poor quality, inequity, outcomes and value from healthcare.¹ The core components of an LHS, there are : 1) consistent measurement of validated patient-reported outcomes (PROs) in routine practice; 2) integration of PROs, electronic health records (EHR), claims, and other novel sources of data, into a machine-learnable digital knowledge base; 3) application of clinical informatics and artificial intelligence to develop, test, and adapt innovations; and 4) an organizational leadership, culture and support for continuous discovery and learning through real-world care.² To date, LHS's have largely been created outside of behavioral health settings^{3,4,5} with very few exceptions.⁶ Few behavioral health systems routinely and systematically measure the broad range of validated patient-reported outcomes (PROs) needed to develop a LHS. When measurement of PROs has occurred, there have been significant limits of the tools employed, either because they focus on only a single diagnosis (i.e., use of the PHQ-9 to measure depression), or due to survey fatigue, in which repeated administration of traditional instruments leads patients to disregard questions. Additional barriers to implementation of PRO measurement in behavioral health settings include the lack of familiarity and potential resistance among mental health clinicians to using longitudinal assessments

for measurement-based care (i.e., to diagnosis, as well as select, monitor, and adjust treatments). Discovery Behavioral Health hopes to collaborate with an academic partner to "establish a Learning Health Community to establish a fully-integrated Learning Healthcare System.". To do so, we have collected PROs on a wide range of mental health and substance use disorders (MH/SUDs) assessments to develop novel screening, wellness and prevention programs, as well as data-driven triage and measurement-based ambulatory and residential treatment center models. We are also hoping to collaborate on the implementation science needed for adoption of these models into real-world practice. We hope to demonstrate all of this with a healthcare provider and academic partner.

LGBT Primary Care and Gender Affirming Care for Children and Adolescents

Chair: Walter E. Wilson, M.D., M.H.A.

Presenter: Shamiaka Virella Dixon, M.D.

Discussant: Regina James, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review primary care for LGBTQ+ Youth; 2) Discuss a medical model of multidisciplinary care for gender-diverse youth; 3) Review current gender affirming treatment options; and 4) Discuss the impact of stigma, discrimination & healthcare inequities.

SUMMARY:

LGBT and gender diverse youth in the United States face numerous known health disparities. They also face discrimination, harassment and lack access to quality healthcare. One contributing factor to these health disparities may be the community's tenuous relationship to healthcare institutions. One third of transgender people reported a negative health care experience related to their gender identity in the past year; 24% said they had to educate their provider to receive appropriate care; and 23% said they had delayed or avoided care because of a fear of mistreatment by their provider, with rates substantially higher for transgender people of color. Though increasing attention is being given to LGBT healthcare, educational efforts are limited, and

healthcare access is being repealed through legislative interventions. This is of particular concern because gender diverse youth have unique healthcare needs such as specialized psychotherapy, gender affirming medications, surgical procedures, and different preventative care requirements than cisgender people. The goal of this talk is to increase the participant's knowledge and awareness of culturally competent care for gender diverse children, adolescents, and young adults. Provide better understanding for diverse gender identities, processes of gender affirmation, specific medical and mental health needs, and best practices in competent gender-affirming care.

**Medical Comorbidities of AUD and OUD Patients:
What You Need to Know**

Presenters: Nancy Diazgranados, M.D., Edward Vernon Nunes, M.D.

Moderators: Joseph McCullen Truett, D.O., Shuchi Khosla, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Briefly discuss the role of chronic inflammation SUD; 2) Discuss the most common comorbidities of AUD and their evaluation and management; and 3) Discuss the most common comorbidities of OUD and their evaluation and management.

SUMMARY:

We will briefly discuss the neurobiology of AUD/OUD and how they are truly multiorgan diseases that require a team approach in their evaluation and management. A detail discussion on OUD and AUD common comorbidities, how to start their initial assessment and management, and how to collaborate with consultants to offer an integrated treatment.

Megalomania in the American Psyche: Dangerous Influence in Conscious and Unconscious Life

Chair: Ravi Chandra, M.D.

Presenters: Steven Hassan, Ph.D., Nancy Hollander

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand and name psychological sequelae of white settler colonialism and power in America; 2) Understand how the dominant culture's priorities create conditions for abusive social power and megalomania; 3) Understand the influence continuum and the BITE model for authoritarian control and how it plays out intrapsychically, interpersonally and in groups, including cults, businesses, and political parties; 4) Evaluate the range of influences that affect patients as well as the therapeutic relationship; and 5) Demonstrate insight and skill in helping patients cultivate empathy and compassion for self and other, particularly the aspects of intrapsychic life subordinated by power demands.

SUMMARY:

The colonization of the American continent as well as the American revolution and the founding of the United States of America were acts of conscious willpower that had great impact on Indigenous nations and Indigenous peoples, but also on Africans, Latinx, Asians, and women. White settler colonialists and the founding fathers, while hailing freedom from monarchy, enshrined military power and the accumulation of wealth as the guarantors of safety and advance, and gave pre-eminence to their own faction of white men. This has caused global repercussions as well as conflict in the American psyche. American history can certainly be seen as a confrontation between violent physical, interpersonal and psychic forces against the lives, identity and well-being of marginalized peoples. The battle between brutal power and conscience is an intrapsychic and intersubjective problem for white people and all peoples living in the United States to this day. While this battle has largely been unconscious for many in the dominant culture since the victories of the Civil Rights era, it has been painfully obvious for subordinated people and groups who have struggled for awareness, recognition, and a true victory in transformation of American society to genuine equity and human dignity for all. Power is defined in sociology as the capacity to influence others. Megalomania is defined as the drive to dominate and exploit others through the use of power. Megalomaniac forces have always

been at work in the American and human psyche. They operate in every sphere of American life, most dangerously perhaps in politics, business and law, but also in social media and popular culture. In all of these, some crave consequential power and advantage without consequence or conscience. Compassion and common humanity are subordinated and relegated to outsiders and the unconscious when aggression, force, domination, violence, and the extreme valuation of wealth take conscious, visible control. Since psychiatric care depends on compassion and shared humanity, our capacity to care for our patients is increasingly at risk when megalomania and autocracy take center stage and crowd out the needs for nurture, well-being and wholeness. We are at a dangerous inflection point in American and global affairs, and it is incumbent on clinicians to become informed.

Psychoanalyst/Latin American historian Nancy Caro Hollander will speak on decolonizing psychotherapy in the context of America's historical global power motives. Steven Hassan, expert on cults, will speak on the BITE model of authoritarian control, the influence continuum, and destructive influence and propaganda. Ravi Chandra will speak on historical impacts of power on Asian American psychology as well as megalomania in business, various pathways to power, and the centrality of empathy and compassion in intra- and interpersonal life. The session will elucidate implications for both clinical work and society.

Mental Health 360: A Comprehensive Approach to Address Mental Health Disparity Facing Asian American Community

Chair: Xiaoping Shao

Presenters: Huixing Lu, Yao-Yao Zhu

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Integrate mental health service and social service in primary care setting to address stigma and to improve access; 2) Utilize multidisciplinary health care team to address patient's overall bio-psycho-social needs; and 3) Evaluate health outcomes and monitors improvement in health management.

SUMMARY:

Researches show that Asian Americans are typically has less perceived need for mental health services, and hence lower utilization of mental health utilization than white population. Barriers to access to mental health service might be due to lack of resources (i.e., insurance, providers with cultural background) and prevalence stigma towards mental illness. In this session, we discuss results on literature reviews on mental health service utilization among Asian American population. We will introduce a comprehensive service model with integration of mental health, rehabilitation and social care into a community primary care setting. We will present 3 cases for discussion on integrated care: one example of multidisciplinary efforts to support a suicidal older adult, integrated care (primary care, mental health and rehabilitation services) to address chronic pain and one example of integrated primary care, mental health treatment when addressing social determinant of health. Toward the end of this session, we will discuss the key elements on this integrated care model for possible duplication in other community settings.

Mental Health Care Works: A National Campaign to Change the Narrative on Mental Wellness

Chairs: Petros Levounis, M.D., M.A., Michele Reid, M.D.

Presenters: Saul Levin, M.D., M.P.A., Kevin Earley, Fiona D. Fonseca, M.D., M.S., Rawle Andrews, J.D., Esq., Vedrana Hodzic

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the short term, midterm, and long term goals of the First Step mental health campaign; 2) Understand the audience for the First Step campaign; 3) Understand the call-to-action for the First Step campaign: Mental health and physical health should be treated the same. If you are struggling, talk to a doctor.; and 4) Share a link to the First Step campaign commercial and access a website with additional information.

SUMMARY:

There is no health without mental health. The way patients and family caregivers approach their mental

health campaign should mirror their physical healthcare: from conversation to prevention to treatment. The APA and APA Foundation are committed to being the voice that says: "You can take care of your mental health, seeking help is a sign of strength, and treatment works." This session will feature clinicians and persons with lived experience who are helping us launch this nationwide, multi-year, multi-media campaign to raise awareness, influence behaviors, and change attitudes. Among other things, this expert panel will discuss and debate best practices or promising practices to raise awareness about common mental health concerns, encourage struggling individuals and family caregivers to speak with healthcare providers about these conditions, and ultimately normalize the public's attitude towards mental health and well-being. This session is presented by the APA Foundation.

Motivate Psychopharmacology Teaching by Innovative and Collaborative Transfer of Knowledge From Bench to Bedside

Chair: Mujeeb Uddin Shad, M.D., M.S.

Presenters: Obiora Edward Onwuameze, M.D., Ph.D., Vimal M. Aga, M.D.

Discussant: Jair Soares, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Learn historical, medicolegal, and ethical aspects of innovative and collaborative learning in psychopharmacology.; 2) Differentiate between evidence-based and innovative psychopharmacology in the management of treatment-refractory psychiatric patients.; 3) Learn hypothesis-driven neurobiological justification for innovative use of psychotropic medications; 4) Understand the clinical application of evidence-based and mechanism-based psychopharmacology primarily exemplified by published cases in adult, geriatric, and addiction psychiatry.; and 5) Involve in an interactive case-based discussion and respond to the relevant questions using electronic media..

SUMMARY:

Although rarely appreciated, innovative psychopharmacology has been the essence of

historical developments in psychopharmacology. The serendipitous discovery of conventional antipsychotic medications and tricyclic antidepressants in the mid-50s was the force behind the later development of more effective and tolerable treatments. Though not at the forefront of clinical psychiatry, innovative psychopharmacology is more frequently employed in daily practice than reported, which is partly due to the medicolegal and ethical implications of using non-approved treatments. However, most of the potential risks can be mitigated if the innovative treatment is documented as scientifically sound and hypothesis-driven, along with informed consent explaining the innovative treatment's risks, benefits, and alternatives. This process is no different from the documentation required for patients' eligibility to receive risky but effective treatments, such as clozapine or intranasal esketamine, to manage treatment-refractory symptoms. However, it might be challenging to formulate a hypothesis in extreme cases of treatment resistance. In such cases, innovative psychopharmacology may still be justified based on clinical reasoning, provided that ethical safeguards are in place. The ethical concerns can also be addressed by not imposing novel treatment ideas on our patients without explicitly discussing the rationale behind the move, which is no different from psychoeducation for non-innovative treatments. Since clinical innovations have improved patient outcomes and are at the center of significant advances in psychopharmacology, innovative treatment strategies are justifiable and should be ethically required. Unfortunately, due to their unique patient-specific nature, innovative psychopharmacological strategies do not lend themselves easily to clinical trials. The National Institute of Mental Health does not fund efficacy trials in psychopharmacology, which leaves the industry to develop novel treatments primarily in short-term efficacy trials by including close to an ideal patient population to seek drug approval. Although these preclinical trials often lack long-term data, clinicians are usually required to manage psychiatric patients on a long-term basis with agents that are not FDA-approved for maintenance therapy, which is no different from innovative psychopharmacology. We believe that innovative psychopharmacology should be taught and

promoted within ethical and medicolegal guidelines. This session will benefit clinicians of all stripes but primarily targets psychiatry residents to generate early interest and motivation in learning advanced psychopharmacology. Presenters will examine innovative but hypothesis-driven and/or ethically conducted psychopharmacological interventions in treatment-refractory patients, using evidence-based (when available) and published case reports/series (1-6) from our group in adult, geriatric, and addiction practices.

Multidisciplinary Partnering in an Effort to Address Mental Health and Substance Use Concerns in Central Appalachia

Chair: R. Lawrence Merkel Jr., M.D.

Presenters: Sy Ateaz Saeed, M.D., M.S., Nicky Fadley, Alexandria Widener

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Design various multidisciplinary strategies for addressing mental health and substance abuse in resource poor areas.; 2) Incorporate different philosophies and strategies of care from different disciplinary perspectives.; and 3) Utilize multidisciplinary collaborations to address individual needs of those dealing with mental health and substance use concerns..

SUMMARY:

Central Appalachia has witnessed a steady rise in Disorders of Despair since the early 1990s, a consequence of the Opioid Crisis, resulting in high levels of mortality and morbidity, far exceeding those of the rest of the US. It is also a very resource poor area with very low rates of available primary care providers and minimal mental health and substance use resources. This tragic crisis is further enhanced by high rates of criminal activity and imprisonment, hepatitis, HIV/AIDS, increased need for foster care, and environmental degradation. This crisis rests upon generations of economic and environmental exploitation, poverty, lack of educational resources, and cultural stereotyping and discrimination. In response to the extreme needs in this region several universities and local institutions have joined together to address the needs. In 2017 the APA

Division of Diversity and Health Equity began sponsoring efforts to build a network of mental health providers and other concerned partners. We will present examples of several university and local partnerships as examples of effective multidisciplinary collaborations addressing mental health and substance use needs in Central Appalachia. These include the use of telepsychiatry to provide psychiatric consultations in rural hospital emergency rooms, in primary care practices, and collaborations with peer based recovery programs. In addition through the presentation of a lived experience, we will demonstrate the importance of multidisciplinary interventions to treat mental health and substance use disorders. Through this presentation we hope to advertise our united efforts to build a network of providers and concerned community members to address the serious shortage in mental health and substance use care in Central Appalachia. Dr. Merkel will give a historical, sociological, and epidemiological summary of the various determinants of the mental health and substance use disorder crisis in Central Appalachia, setting the stage for the presentation of specific efforts to address the needs of this region. Dr. Saeed will then describe the development and functioning of a state-wide effort in North Carolina to provide psychiatric services to local rural general hospital emergency departments. He will describe the barriers and the benefits of collaborative care in this setting. Nicky Fadley of Strength in Peers, a peer based recovery program, will then present the development and functioning of a multidisciplinary effort to provide recovery treatment to a rural population with comorbid substance use and mental health difficulties, with the collaboration of university based psychiatrists and other help providers . Alexandria Widener a counseling psychologist with lived experience will describe her substance use and recovery process to illustrate the various barriers and challenges faced by individuals, arguing for the critical need of multidisciplinary interventions.

No Laughing Matter: Fandom, Fanaticism, and the Joker

Chair: Vasilis K. Pozios, M.D.

Presenters: Amber Benjamin, Praveen R. Kambam, M.D., Philip Saragoza, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify at least three steps on the Pathway to Targeted Violence.; 2) Define at least three warning behaviors that may signify escalation to violence. .; 3) Describe the core beliefs of Involuntary Celibate ("Incel") ideology.; and 4) Explain the cyclical relationship between assessment and intervention in threat assessment and management..

SUMMARY:

This international case study in threat assessment and management will chronicle the descent of a disturbed fan of "Joker" (Batman's arch-nemesis from comic books, film, and television) into pathological fixation followed by grievance, harassment, threats, and problematic approaches. Following a review of the evidence for and controversy surrounding fictional media's influence on violent behavior, the panel will discuss numerous vulnerability and risk factors in the subject of concern from the instant case. While demonstrating the subject's escalation on the pathway to violence, the concept or warning behaviors in threat assessment will be emphasized. The case will highlight opportunities for multidisciplinary intervention to prevent targeted violence, best understood through the lens of threat assessment. A brief historical overview of the collaboration between Hollywood studios and forensic psychiatrists will also be presented.

No Wrong Doors: Strategies for Advancing Access to Behavioral Health Services and Supports

Chair: Miriam E. Delphin-Rittmon, Ph.D.

Presenters: Anita Everett, M.D., Karran Phillips, M.D., M.Sc.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe two recent policy changes that will positively impact access to treatment for individuals with substance use disorder; 2) Describe the three components of the nation's crisis care and suicide prevention system; and 3) Describe two strategies to address the

behavioral health workforce and overall mental health of individuals living around the country.

On the Front Lines: A Resident/Fellow Perspective on Workplace Violence in Psychiatry

Chair: Amanda Wallace, M.D.

Presenters: Jeffrey Anderson, M.D., Jack Wilkinson, M.D., Nana Asabere

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the factors that place mental health workers, including psychiatrists, at increased risk for workplace violence; 2) Apply theory about workplace violence to real-world clinical scenarios encountered by psychiatry residents and fellows; 3) Recognize the challenges that workplace violence poses to the wellbeing of psychiatrists, including residents and fellows; and 4) Consider strategies to respond to workplace violence when encountered in clinical work.

SUMMARY:

Workplace violence (WPV) in healthcare settings is a significant and increasing concern. Federal government data suggests that more than 10 percent of reported WPV occurs in the medical setting, and there is likely significant underreporting. WPV encompasses a range of aggressive acts, including verbal threats, physical intimidation, sexual harassment, physical assault, and persecution via official complaint protocols. Patient contact time is correlated to risk of being a victim of violence, with nurses, psychiatric aides, and techs being most at risk. Physicians are also frequent targets of WPV, with psychiatrists being most at risk, along with emergency medicine physicians. Patients are the most common perpetrators of aggression, and one study found that more than 95 percent of psychiatrists reported that their patients had been aggressive toward them. Compared to nurses, psychiatrists are significantly more likely to report aggression from patients' relatives. The etiology of WPV is complex and contributing factors include workplace conditions (including crowded wards, staffing conditions), patient and clinician characteristics, and institutional/organizational responses to WPV. Trainee physicians may be at

increased risk of WPV for several reasons including increased patient contact time and relative inexperience. Even so, most psychiatrists report inadequate training on violence prevention and lack of follow-up support when violence does occur. Our session aims to recognize the unique risks faced by trainee psychiatrists as frontline mental health clinicians and provide a framework for trainees and others to discuss experiences of WPV. We will start by introducing session participants to the basics of WPV in healthcare. We will define and discuss Type II and Type III WPV as the most common in healthcare settings. We will review risk factors for WPV across the spectrum, starting with individual patient and clinician factors before moving to contributions from the workplace setting and institutional culture. Finally, we will discuss strategies to prevent WPV and to respond to it after it occurs. After this introduction, the presenters, all psychiatry residents with perspectives from different programs, will share three example scenarios of WPV as experienced by trainees. Participants will be asked to divide into small groups and answer discussion questions. Presenters and the faculty chair will facilitate discussion before asking each group to report back to the larger workshop. Each scenario will focus on a specific theme. These include: the challenges of developing a real-world definition of WPV, individual clinician factors that may increase risk of WPV, and deciding how to respond to incidents of WPV perpetrated by the mentally ill. Participants will also be able to anticipate how they could respond to these scenarios if encountered in their own clinical practice.

Precision Psychiatry: Using Neuroscience Insights to Inform Personally Tailored, Measurement-Based Care

Presenter: Leanne Williams, Ph.D.

Moderator: Vikas Gupta, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the principles of precision psychiatry; 2) Describe at least one brain circuit implicated in depression; and 3) List one example of a circuit measure that predicts treatment outcomes.

SUMMARY:

We are witnessing the emergence of precision medicine for psychiatry. This presentation discusses precision psychiatry as an integrative approach, one that pulls together the scientific foundation of the discipline and recent neuroscientific, technological, and computational advances and directs them at closing the gap between discovery and clinical translation. Federal initiatives have been launched to make progress in precision mental health, including the 2023 White House Report on Mental Health Research priorities, and the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 passed by Congress, and which instructs the Veterans Administration to implement the Precision Medicine for Veterans Initiative to identify and validate brain and mental health biomarkers. One approach to closing the translational gap focuses on promising research showing that neuroimaging may be useful for identifying specific brain circuits informative of response to different antidepressant strategies, spanning conventional antidepressants, neuromodulation, and emerging novel treatments. This approach conceptualizes mental illnesses as disorders of brain circuit function. Treatment strategies could target an individual's circuit signature (or biotype) in a more granular fashion and allow for higher adaptability to symptom heterogeneity. This presentation will outline steps that have been made toward developing and testing a reproducible neuroimaging system that can be applied to individual patients. Results from randomized controlled trials using neuroimaging to understand which patients respond to different types of intervention and why will be presented. The clinical significance of these results will be illustrated through a series of case studies.

Psychiatric Neuroscience: A Reckoning

Chair: Joseph J. Cooper, M.D.

Presenters: Ashley Walker, M.D., David A. Ross, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the completion of this session, participants will be able to appreciate the

relevance of new findings in neuroscience to clinical care and to the future of psychiatry.; 2) At the completion of this session, participants will be able to summarize core concepts relating to the neurobiology of psychiatric illness.; and 3) At the completion of this session, participants will be able to apply cutting-edge neuroscience to clinical scenarios..

SUMMARY:

The United States is in the midst of social reckonings relating to both systemic racism and the long-term impact of COVID. Both issues have brought drastic changes to our lives via their direct sequelae, social upheaval, and cascading effects on a wide range of health outcomes. We've seen a continued spike in deaths related to opioid use disorder; biological effects of ongoing racial and historical trauma; and the results of forced social isolation. The National Neuroscience Curriculum Initiative (NNCI) has developed a series of brief talks and interactive exercises focused on recent advances in neuroscience that also address these primary concerns on the minds of patients and society. These activities will help busy clinicians keep pace with clinically relevant updates around the neurobiological basis of psychiatric illness by distilling complex topics down to their core concepts and bringing them to life through narrative approaches. In this session participants will be introduced to cutting-edge topics with particular relevance to this unique moment in history. This abstract was presented at APA 2022, however, the brief talks and interactive exercises will be updated with new material for 2023.

Psychiatry in the Courts: APA Confronts Legal Issues of Concern to the Field

Chair: Reena Kapoor, M.D.

Presenters: Maya Prabhu, Margarita Abi Zeid Daou, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the process by which APA becomes involved as a "friend of the court" in major legal cases.; 2) Review the courts' decisions and APA's positions on access to abortion.;

3) Review the courts' decisions and APA's positions on affirmative action in college admissions.; and 4) Review the courts' decisions and APA's positions on electroconvulsive therapy..

SUMMARY:

The Committee on Judicial Action reviews on-going court cases of importance to psychiatrists and our patients, and it makes recommendations regarding APA participation as amicus curiae (friend of the court). This workshop offers APA members the opportunity to hear about several major issues that the Committee has discussed over the past year and to provide their input concerning APA's role in these cases. Three cases will be summarized and the issues they raise will be addressed: 1) *Dobbs v. Jackson Women's Health* involve access to abortion and government interference in medical decisions; 2) *Students for Fair Admissions v. Harvard College* involves affirmative action in the undergraduate college admission process; 3) *Himes v. Somatics* involves the necessary warnings to patients about the risks of electroconvulsive therapy. Since new cases are likely to arise before the annual meeting, the Committee may substitute a current issue on its agenda for one or more of these cases. Feedback from the participants in the workshop will be encouraged.

Psychogeriatric Outreach: Adapting Outreach to Better Service an Aging Population

Chair: Sarah A. Colman

Presenters: Michael Tau, Claire Stanley

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify challenges faced by general adult ACT teams' in providing care to older adults.; 2) Distinguish the core components of a geriatric ACT team from the traditional ACT team model, describing relevant barriers and facilitators to implementation; 3) Describe a novel, team-based program designed to support homeless older adults experiencing mental illness.; and 4) Teach and practice identifying and managing complex medical, psychiatric and ethical presentations in the geriatric population through simulated vignettes.

SUMMARY:

Older adults living with severe mental illness represent a complex population due to comorbid acute and chronic medical conditions, cognitive impairment, decreased social supports and reduced financial resources.^{1,2} As a result, this population accounts for significant health care resources. For example, the Mental Health Commission of Canada revealed that adults 65 years and over with mental illness account for one-quarter of emergency department visits and hospital stays tend to be much longer for this population.³ Although there has been a shift towards developing community-based care in psychiatry, current models of care, such as adult assertive community treatment (ACT), have identified challenges in caring for older adults. In a study regarding practitioner's perspectives of caring for older adults in general ACT teams, some of the key identified challenges included more physical health needs and difficulties providing geriatric-specific resources.⁴ As such, there has been increasing focus on developing interdisciplinary community outreach for older adults.⁵ Our session will introduce participants to two novel approaches to psychogeriatric outreach. We will begin by discussing an adaptation of ACT tailored to service older adults; psychogeriatric ACT. ACT has robust research examining model fidelity, therefore we will use fidelity tools, such as the Dartmouth Assertive Community Treatment Scale, to highlight key differentiating features of a psychogeriatric ACT team.⁶ We will explore the barriers and facilitators to implementing this novel approach to care. We will engage participants in a discussion about incorporating geriatric-specific care into mental health services. Next, we describe a novel psychogeriatric intensive case management team that provides support to homeless older adults experiencing mental illness, both with and without neurocognitive disorders. This team was designed to address a growing demographic in our urban centre. The team's multidisciplinary structure will be described. The design of the program's evaluation will also be outlined. We will proceed with a case-based discussion regarding complex medical, psychiatric and ethical presentations common in this population. We will share common challenges faced by community-based teams in providing services to older adults. Simulated vignettes will be used to

teach colleagues how to manage these presentations effectively. One vignette will focus on an ethical discussion of elder abuse and capacity. The second will focus on intersectionality highlighting the interplay of homelessness, cognitive impairment, undertreated medical issues, barriers to service access, mental illness and substance use. Effective communication strategies and key lessons for management will be emphasized. The speakers in this session include two geriatric psychiatrists, with experience in developing novel approaches to geriatric outreach, and a resident with a research focus in this area.

Resilience, Recovery, and the Role of Creative Partners: Emily Carr's Artistic Development in Middle Age

Chair: Kathryn Zerbe

Discussant: Alastair John Stewart McKean, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List 3 Attributes of Creative Partnerships that Foster Creativity and Healing; 2) Describe the Role of the Creative Partner/Muse in; 3) Compare and Contrast Healing Factors of Mental Health Practitioner and Creative Partnerships; 4) Recognize the Importance of Witnessing and Recognition in Psychiatric Practice; and 5) Discuss 3 Factors Promoting Growth and Resilience in Middle Age and Beyond.

SUMMARY:

Artist Emily Carr (1871–1945) has attained iconic status in Canada and throughout the world for her prodigious output as a painter and writer of the Pacific Northwest. The arrival of three “essential others” at pivotal moments in middle life helped lift Carr out of a serious, lifelong depression and nurtured and inspired her creative output. I propose that the creative partnerships formed between Carr and her muses has features akin to the patient/therapist dyad, ranging from sparking new and healthier adaptations, to reshaping the internal landscape via internalization, to facilitation and promotion of unique talent. Psychobiographical study of this kind is one vehicle for clinicians to further appreciate therapeutic elements imbedded

in our daily work that gives rise to greater resilience, “spontaneous recovery “from illness, and personal transformation in the lives of our patients. This presentation demonstrates how creative partnerships function analogously to psychotherapeutic relationships. Emily Carr’s definitive paintings and writings, her burst of technical innovations, and increased personal resiliency would not have been achieved without the cumulative impact of each mentor at specific, fortuitous points in middle age. Without the concrete support, encouragement, and practical assistance of each of her three muses, the oeuvre that is lauded today would never have flourished. I suggest that his finding has implications for psychiatric practice. The study of the role of “essential others” throws light on the often unheralded, behind-the-scenes role of a pivotal figure that may help the individual overcome serious psychological disturbance while honing significant talent. So-called “spontaneous remissions” of serious illness needs more study by clinicians who are invested in understanding the curative factors of the therapeutic relationship. A case is made that creativity and healing occur when a significant change in the external world of the individual is initiated by the arrival and care of the essential other. This person is by necessity generous and non- envious of the talent of the protégé. The collaboration that ensues leads to new and healthier adaptations and enhanced resiliency and productivity in the individual’s life. Emily Carr’s biography further demonstrates that when one is fortunate to have more than one muse in sequential periods of one’s life, their influence may combine, build, and deepen so that a remarkable and unexpected gestation occurs. This leads to additional psychological maturation as is witnessed in different chapters of psychotherapy over the life cycle. Psychobiography is a mode of research that enables mental health clinicians to grapple with what is most essential in our work for personal transformation to occur and encourages clinicians to be both humble and hopeful about the magnitude of positive change that can potentially occur at any point in the life cycle.

SAMHSA’s Statistics and Strategies You Should Know to Keep Black Americans Safe

Chair: Billina R. Shaw, M.D., M.P.H.

Presenters: Twyla Adams, M.H.S., Brandon Johnson

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how the Public Health 3.0 approach can lead to solutions to achieve health equity.; 2) Gain a basic epidemiological knowledge of suicide rates among Black young people and overdoses in Black Americans.; 3) Describe specific risk and protective factors related to youth suicide and overdoses in the Black community.; and 4) Identify strategies that can be used to promote health equity to reverse the escalating trends of Black youth suicides and Black drug-related overdose..

SUMMARY:

The disproportionate effects of the COVID-19 pandemic across America highlighted the ongoing impact of health disparities on health outcomes for under-resourced populations. This concern has renewed a nationwide interest in health equity, which lends itself to the opportunity to better understand and address the multifactorial impacts on health for under-resourced populations such as racial and ethnic minorities. Suicide and substance-related overdoses are among the strategic priorities of the Substance Abuse and Mental Health Services Administration, as these behavioral health outcomes together account for a large proportion of the behavioral health-related mortality. Furthermore, equity is a strategic cross-cutting principle of the Agency’s strategic plan that has together led SAMHSA to provide a targeted focus on addressing the rising rates of Black youth suicide and overdoses in the Black population across the lifespan. African Americans are disproportionately impacted by these two behavioral health-related causes of mortality. Suicide rates among Black youth are rising faster than any other group. Research affirmed that the suicide rate from 2001 - 2015 in Black children aged 5 to 11 was twice the rate of White children. From 2018 to 2021 according to provisional data from the Centers for Disease Control and Prevention (CDC), the suicide rate for Black youth increased by 39%

from 2018 to 2021 despite decreasing for white youth in the same period. Not surprisingly, suicide attempts have increased for Black adolescents as well. The CDC reported that more than 105,000 Americans died of drug overdoses in 2020, marking a 16% increase from the year before, a 58% increase since 2018, and by far the highest annual total on record. While drug overdose death rates have increased in every major demographic group in recent years, no group has seen a bigger increase than Black/African American men. The drug overdose death rate among Black/African American men (ages 18 and older) in the U.S. increased 600% over the last ten years (2011-2021). This session will review the epidemiology related to the concerning trends of the rising rates of suicide in Black young people as well as the overdoses in the Black Americans and the intersectionalities that lie within the population. This session will explore prevention and intervention strategies through the CDC's "Public Health 3.0" framework whereby the presenters will discuss the role of strategic policies, programs, and partnerships that are focused on the goal of reversing these disturbing trends.

Security and Privacy Concerns in the Future of Mental Health

Chair: John Luo, M.D.

Presenter: Kalya Reddy, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Incorporate appropriate security measures with smartphones and computers to maintain confidentiality of health information; 2) Recognize security risks of phishing attacks and avoid malware; 3) Assess e-reputation online and implement strategies to improve reputation; 4) Educate patients regarding privacy risks of smartphone applications; and 5) Securely remove sensitive information from electronic media.

SUMMARY:

Innovative technologies have continued to transform the delivery of and access to mental health services. Websites have created repositories of disease information and internet search engines continue to improve access to information. Online forums have

allowed patients with often stigmatized mental illnesses to find information and support from both peers and professionals. In some cases, experiences on online forums may lead patients to seek professional care. Video conferencing technology has improved access to mental health services, especially during the COVID-19 pandemic when in person visits were limited. Even Internet search engines have played a role in helping people find information about symptoms or to find the right provider for their condition. Modern technologies such as artificial intelligence chat bots and digital therapeutics show great promise towards bridging the gaps in access to mental health care. Although there are many potential benefits from integrating innovative technologies, it is important that security and privacy issues are understood and addressed. Physicians must be prepared to navigate and discuss the information patients are reading online. Older and younger adults alike – including physicians - continue to be victims of fraud, such as phishing scams and malware attacks that can compromise information resulting in a HIPAA violation. Psychiatrists should be knowledgeable in maintaining their privacy online as part of maintaining boundaries and safety with patients as well as diminishing the impact that negative reviews have on patient referrals. Sensitive and false attribution information gathered online can impact many areas of personal and professional life including candidacy for jobs, malpractice premiums, and lawsuits. Understanding how to best protect and manage your online reputation as well as maintain your privacy and safety is critical in this expanding information era.

Social Determinants of Mental Health

Chair: Rajesh R. Tampi, M.D., M.S.

Presenters: Dilip V. Jeste, M.D., Pallavi Joshi, D.O., M.A., John Torous, M.D., M.B.I.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the concept of social determinants of mental health and apply it to clinical assessment of individual patients; 2) To learn the putative mechanisms of social determinants of mental health for schizophrenia and apply them to

understand barriers and facilitators for patients in care; 3) To learn the putative mechanisms of social determinants of health for dementia and how they influence patient/family engagement; and 4) To understand the use of technology in assessing and enhancing social connections through applying the APA app evaluation framework.

SUMMARY:

In recent years, there has been growing interest in social determinants of health (SDoHs) from clinical healthcare to public policy fields. SDoHs are defined as non-medical factors that have significant impact on a person's health and longevity, and include factors such as social connections, racism, poverty, ageism, and unhealthy environment. Individuals with serious mental illnesses (SMI) and dementia have additional social determinants of mental health (SDoMHs) that are distinct from general SDoHs, and affect them disproportionately. In this session, we will review the SDoMHs of schizophrenia and their assessment, putative psychosocial and biological mechanisms, and strategies for prevention and intervention. We will provide an overview of SDoHs for dementia and discuss both adverse and positive SDoHs related to aging and dementia. Finally, we will discuss evolving technological strategies to assess social connections, improve communication, reduce loneliness, and enhance patients' well-being.

Social Determinants of Substance Use Disorders

Presenter: Nora D. Volkow, M.D.

Moderator: Vikas Gupta, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. describe the current state of the overdose crisis in the U.S.; 2) 2. appreciate the added social challenges facing those with substance use disorders during the COVID-19 pandemic.; and 3) 3. better understand some of the unique structural challenges facing those with substance use disorders during the COVID-19 pandemic..

SUMMARY:

The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—has resulted in a national

crisis of overdose deaths that we have not been able to control. In parallel, an alarming resurgence in stimulant use—including cocaine and methamphetamine—is further contributing to the rise in overdose fatalities. This crisis is now exacerbated by the COVID-19 pandemic which has resulted in increased drug use and relapse of those in treatment and highlights the urgency to characterize the unique social and structural challenges faced by those with substance use disorders and to develop strategies to overcome them. This presentation will highlight such challenges as the increased use of fentanyl by itself or in combination with other opioids or stimulant drugs like cocaine and methamphetamine. It will also focus on how NIH funded researchers are using scientific advances to address the opioid crisis amidst the COVID pandemic, which includes the development of new medications and formulations to help treat opioid use disorders and overdoses; prevention strategies to mitigate an individual's vulnerability to addiction; and implementation science to guide optimal deployment of therapeutic interventions including the use of telehealth in diverse settings (healthcare, justice setting, rural).

Social Media for Seniors: Pros, Cons and Scams

Chair: Maria D. Llorente, M.D.

Presenters: Stephanie Alexis Garayalde, M.D., Daniel Carl Dahl, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the extent to which seniors use social media, and which platforms are most popular among them; 2) Identify ways in which social media can play a positive role in a senior's life; 3) Recognize the most common scams that target seniors; 4) List the potential adverse consequences of counterfeit online medications; and 5) Provide recommendations to seniors and their caregivers to prevent being taken advantage of by an online scam.

SUMMARY:

Social media typically consists of websites or applications that enable users to create and share content or participate in social networking. Increasingly, older adults are using these platforms,

and typically use the same platforms as younger persons. Internet use among seniors varies by age, income, education and geographic location. Seniors use social media for multiple reasons, and as a result of the pandemic, have increasingly used the internet for healthcare visits and health care information. This session will consist of three presentations. The first will review the demographics of older adults who access the internet versus those who do not. There will be a description of barriers that may interfere with older adults utilizing social media and an overview of the reasons seniors access online platforms and a comparison of their use with that of younger persons. This presentation will also review the evidence base for the mental health benefits that are associated with internet use in later life, as well as free internet educational programs and webinars related to topics of interest to seniors including social security, employment, caregiving and fraud awareness. The second presentation provides incidence and prevalence data of the increasing numbers of reports of financial fraud-scam victimization among community-dwelling seniors and several case examples will be shared. The reasons that seniors are easy targets will be reviewed. The top internet scams that specifically target seniors will be described and discussed. These include: malware, tech support offers, government impersonation, free vacations, lottery/sweepstakes winners, employment - romance - investment - charity scams. Recommendations for the actions seniors can take to protect themselves will be provided as well as the signs clinicians should look for that suggest a senior may be a victim of a scam. Resources on how to avoid and/or identify and report scams will be provided. The third presentation will focus on counterfeit medications from the internet. Beyond financial consequences, counterfeit medications are also potentially harmful. Thousands of websites openly sell counterfeit medications, often in violation of federal and state laws. Some of these drugs have no active ingredients, but others have incorrect quantities of active ingredients, and may even be toxic. This presentation will review strategies to advise patients to better identify suspicious websites to avoid. The presentation will also provide guidance on being able to identify those websites that are licensed pharmacies selling FDA-approved medications.

Supporting IMGs Throughout Their Careers

Chair: Saul Levin, M.D., M.P.A.

Presenters: Nitin Gogtay, M.D., Vishal Madaan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply quality improvement strategies to improve clinical care; 2) Provide culturally competent care for diverse populations; and 3) Describe the utility of psychotherapeutic and pharmacological treatment options.

SUMMARY:

International Medical Graduates (IMGs) need support, particularly during this pandemic. IMGs are committing suicide at higher rates than ever before, and often do not receive the same resources as domestic psychiatrists, leading to disproportionate rates of burnout. In a small group discussion with APA CEO and Medical Director Saul Levin, along with APA's Deputy Medical Directors, IMGs will have an opportunity to discuss the unique challenges they face and brainstorm ways in which the APA might be able to assist.

Talk as Treatment: Psychotherapy for Substance Use Disorders

Chair: Carla Marienfeld, M.D.

Presenter: Eve Lasswell, Psy.D.

Moderators: Sofia Elisa Matta, M.D., Shuchi Khosla, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the basic theory and therapeutic approach behind several evidence based psychotherapeutic modalities; 2) Compare and contrast motivational interviewing, cognitive behavioral therapy, systems-based therapies, and acceptance and commitment therapy; 3) Review a patient case example and apply different formulations and therapeutic approaches using different evidence based psychotherapeutic modalities; and 4) Participate in group discussion about the approach and practical use of several evidence based psychotherapeutic modalities.

SUMMARY:

Much of the interventions for the growing epidemic of overdose and incidence of substance use disorders in recent years has been focused on prevention and medication management. Indeed, we have several medications that are life changing for opioid and alcohol use disorder primarily. However, the vast majority of addiction treatment is provided using several evidence-based non-pharmacologic modalities. Much treatment is based in Cognitive Behavioral Therapy (CBT) that has been adapted for use with substance use disorders, and most encounters should and do incorporate Motivational Interviewing (MI) as a core communication style and therapeutic modality. Additionally, there are several evidence-based psychotherapeutic modalities in frequent use and with demonstrated benefit. These include Systems based therapies such as Community Reinforcement Approach (CRA) and Family Therapy (CRAFT), Behavioral Couples Therapy, and Network Therapy, and third wave CBT interventions like Acceptance and Commitment Therapy (ACT). This session reviews common terminology and concepts in in these modalities, the overall approach, and uses a single case example to illustrate the approach and formulation using these different modalities.

The Algorithm Will See You Now: The Current State of Precision Psychiatry's Deployment Into Research and Practice

Chair: Daniel Rollings Karlin, M.D., M.A.

Presenters: Todd Solomon, Ph.D., Erik Rudolph Vanderlip, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the premise and history of "precision psychiatry" as an evolution in mental health research and treatment; 2) Identify the recent examples of progress in bringing precision psychiatry into treatment paradigms; 3) Evaluate ongoing efforts to use a precision psychiatry framework to collect multimodal data to inform model development and better elucidate disease heterogeneity and treatment outcomes; and 4) Discuss if Precision Psychiatry can deliver on the promise of connecting the complexity of the

interacting layers of the neurobiological, the psycho-experiential and the socio-cultural.

SUMMARY:

Precision psychiatry is currently described as an approach that would bring significant advances to psychiatric clinical practice. Defined as: 'technologies and treatments are not developed for each individual patient, as the term personalized suggests, but rather [...] a high level of exactness in measurement will be achieved such that, eventually, it will be personalized' (Fernandes et al., 2017). While the concept was introduced several years ago, only recently has data begun to emerge that is beginning to detail the concepts of precision psychiatry have been operationalized in a clinical or research setting. Our session will seek to introduce participants to the concept of precision psychiatry as well as its historical evolution in relation to precision medicine and current debates about its utility. We will seek to review areas of emerging success in treatment and care using a precision paradigm as well as discuss efforts that have fallen short. We will examine several current studies that are using multimodal data collection and machine learning to attempt better understand disease heterogeneity in such areas as anxiety as well as how these emerging technologies and research might lead to better clinical outcomes. Finally, we will ask for a discussion about the field's current state and where it could go with regard to precision psychiatry.

The Challenge of Addressing Depression and Unhealthy Alcohol Use in Low and Middle-Income Countries: Lessons From Our Experience in Colombia

Chair: William Chandler Torrey, M.D.

Presenters: Carlos Gómez, M.D., Ph.D., Magda Cepeda, M.D., Ph.D., Leonardo Cubillos, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the health impact of depression and unhealthy alcohol use on the lives of people in low and middle-income countries.; 2) Utilize the lessons learned in Colombia when designing depression and unhealthy alcohol use interventions for widespread use; 3) Improve health

by implementing core elements of successful depression and alcohol use care in primary care settings; and 4) Engage key stakeholders (payers, healthcare providers, policy makers, public) to create a culture of support for mental health interventions in primary care.

SUMMARY:

Depression and unhealthy alcohol use are major contributors to disability and death across the globe. Addressing the suffering caused by these difficulties with practical, scalable, acceptable approaches is an urgent public health challenge everywhere. One strategy is to systematically screen, assess, diagnose, treat or refer when people present in primary care. Well-designed primary care interventions that include digital technology have the potential to make practice improvements appealing, efficient, and effective. Presenters will engage the session participants in a back and forth discussion of the challenges of implementing a systematic approach to screening, diagnosing, and treating depression and unhealthy alcohol use in primary care settings while sharing the lessons learned from our five year NIMH-funded implementation study that took place in six routine primary care sites in Colombia. The DIADA project used quantitative and qualitative methods to study the implementation of an intervention that included technology-assisted screening for depression and unhealthy alcohol use, digital support to help with assessment, diagnosis, and treatment planning, and digital therapeutics to complement and extend routine offerings. Over the five years, researchers also engaged Columbian leaders in self-help, business, government, and health policy in the project with the aim of improving the intervention and finding a way to sustain and extend the work once the research was completed. The challenges encountered and lessons learned in the DIADA project have relevance to anyone seeking to improve population health through integrating depression and unhealthy alcohol use care in primary care across the world. Implementing a completely new intervention involves engagement, education, culture change, operational challenges, and financial adjustment. Not everything goes smoothly. But over the five years of the project over 16,000 individuals were screened and the diagnosis rate went from almost no one to about 10%

diagnosed with depression and 1.3% diagnosed with an alcohol use disorder in patient coming to primary care for other reasons. Once diagnosed research participants made significant improvements over time. The intervention was appealing to patients, providers, and administrators and is being considered for widespread implementation across Colombia, after winning a national award. After providing some background on the difficulty DIADA sought to address, presenters will ask participants to anticipate likely challenges at different phases of the project and share their own implantation experiences. Presenters will then lay out what happened and what they learned at each step in the project (pilot, site implementations, sustaining and expansion efforts).

The Future of Mental Health Is Social Media

Chair: Simone Ariel Bernstein, M.D.

Presenters: Katharine Nelson, M.D., Jessica Gold, M.D., Chase Anderson, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Build a social media network and destigmatize mental health and help-seeking, and combat misinformation in psychiatry; 2) Explore examples of social media use in advocacy, disclosure, education, research, and recruitment from influential account creators; 3) Understand recommended social media guidelines and potential cautions for social media use, including for one's own mental health; and 4) Maximize their online presence to promote mental health, advance careers, and collaborate with providers worldwide.

SUMMARY:

Social media has become a vehicle to advocate for mental health and disseminate information to 4.7 billion social media users.¹ Through social media, people share personal stories about their mental health as well as resources to receive support.² In 2020, TikTok's popularity grew 180 percent among users ages 15 to 25 years old. In June 2022, the #mentalhealth hashtag had nearly 40 million public Instagram posts and 40 billion views on TikTok.³ With this increase in mental health posts amongst celebrities, influencers, and the public, psychiatrists

can help normalize conversations, but first, they have to be comfortable participating in such discussions. Comfort often comes from hearing about other people's experiences. This workshop will help ease people's worries and misconceptions about being a psychiatrist on social media by featuring the real-life experiences of key psychiatrist voices on the platforms. Collectively, the workshop leaders have more than 158,000 followers on Twitter and Instagram and have used the platforms for up to a decade. In this session, the leaders will tell their stories, including why they began using social media and what the experience was like for them starting out. Each will target a specific area and use for social media in the future of psychiatry, including how to disseminate research to a wider audience, engage in discussions about topics like burnout and suicide, educate people with up-to-date information, become involved in advocacy, and self-disclose about their own mental health. While social media can feel intimidating and even scary to use, we will explore ways that psychiatrists can use social media at all levels in their careers to reduce the discrimination around mental health, make connections, and advance their careers. We are also aware there are potential risks to social media use. Social media provides a direct communication line from psychiatrists to the public, in a field where physicians were traditionally taught to be a blank slate. We will discuss professional guidelines for the use of social media by organizations and institutions as well as the Goldwater Rule.^{4,5} We will also discuss the role of regular use, trolls, and harassment, on our own experiences and mental health.⁶ To make the session more interactive, we will facilitate group discussions of attendees' perceptions of social media posts led by presenters in their areas of expertise. We will present examples of tweets and accounts to understand ways attendees can expand their online presence to discuss mental health and further their mission. The leaders will also take questions from the audience and from their social media accounts (using the APA conference hashtag), answering them all on Twitter. The session will end with a summary of the information presented and a question-and-answer session led by the chair to help workshop attendees use social media as an innovative tool to promote and advocate for mental health.

The Goldilocks Zone of Addiction Treatment Programs: Designing the 'Just Right' Intervention for Marginalized Communities

Chair: Ozlem Gunal, M.D., Ph.D.

Presenters: Keshav Holani, M.D., Sezai Ustun Aydin, M.D., Sebastian Acevedo, M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Evaluate barriers that prevent Latino, African American and LGBTQ+ identified patients from seeking addiction treatment services.; 2) Create evidence-based treatment programs by utilizing models that are effective in meeting the needs of marginalized communities; and 3) Diagnose the cultural, policy, and economic issues evident in current frameworks of addiction treatment programs for providers..

SUMMARY:

Individuals that identify as racial, ethnic, and sexual minorities are less likely to participate in treatment for a substance use disorder despite higher prevalence rates of IV drug use, mental illness, and HIV. When services are utilized, the likelihood of retention and long-term recovery are lower compared to cis-gendered, white identified individuals. Very little guidelines exist to support physicians in creating programs for Latino, African American or LGBTQ+ communities. Previous studies have identified several issues including language barriers, racism, stigma, and disparate cultural values between physicians and patients. Psychiatrists must employ innovative treatment strategies to effectively reach underserved communities struggling with addiction. This session will dive deep into the treatment models that have proven effective at connecting higher risk patients with treatments for substance use disorders. Model interventions to be discussed include mobile mental health units that dispense buprenorphine, telehealth addiction treatment services and an exploration on how clinicians can capitalize on religious clergy to make referrals and supplement addiction treatment. We hope to unpack the factors which drive high attrition rates for minority identified patients in both inpatient and outpatient treatment programs. In particular, the session will touch upon how

Methadone clinics often set up minority identified patients to fail, and a continued absence of social support within most addiction treatment services because of the COVID-19 pandemic. Lastly, the session will explore how physicians can navigate the economic tension evident in creating a program that services patient populations which are often uninsured or have health insurance with low reimbursement rates. We will provide tangible evidence-based initiatives for providers to carry out in their own clinical practice. We hope to also incorporate examples from presenter's clinical experiences to make the outcomes for tangible for audience members. We will also utilize poll everywhere software to check for audience understanding. Activities will include the creation of a "word cloud" to allow everyone to populate the major themes from each section.

The Mental Health Impact of Covid-19 in at-Risk, Underrepresented Minorities

Chair: Tatiana A. Falcone, M.D.

Presenters: Murat Altinay, M.D., Youssef Mahfoud, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To discuss the impact of COVID-19 and mental health in youth; 2) To discuss the impact of COVID-19 and mental health in LGBTQ population; 3) To discuss the impact of COVID-19 and mental health in substance abuse in the US; and 4) To discuss the impact of COVID-19 and mental health in Hispanic population.

SUMMARY:

Since December 2019, the world has suffered from the medical, financial, and societal consequences of the impact of COVID-19. The psychological impact for COVID-19 has impacted society, not only secondary to the illness, but also due to the consequences associated with the morbidity, mortality and mitigation measures. People with psychiatric disorders, youth, and underrepresented minorities were among the most affected. According to the CDC report 2020 people in the US have experienced increased anxiety, depressive symptoms and a substantial increase in substance abuse since the

COVID-19 pandemic started. In youth, changes in their environment have also impacted their stress levels. Dr. Falcone will discuss a cross-sectional study of 21,134 youth 21-years-old and younger, spanning January through September 2020, we found worsening depression, based on both the percentage positive screens (= 10) and the scores on the PHQ-A, and a higher percentage of suicidal thinking based on direct questions on the PHQ-A during the months of the active stay-at-home order compared to both pre- and post-stay-at-home orders. Our findings support the concerns for increased depression and suicidal thinking during the early months of the COVID-19 pandemic, particularly during the months of the stay-at-home order. The COVID-19 pandemic created multiple challenges for individual with substances use disorders whether social or emotional and made access to treatment more complicated. Individuals with substance use disorders are at increased risks for poor COVID-19 outcomes and treatment modalities had to adjust to the pandemic. Telemedicine-based services played a major role in ensuring uninterrupted patient care for this population. According to CDC, 13% of people reported starting or increasing substance use as a way of coping with the stress and emotions related to the pandemic. Overdoses also spiked and overdose deaths rose 30% from 2019 to 2020 and 15 % from 2020 to 2021 reaching a record of 107, 000 in 2021. The coronavirus (COVID-19) and its effects on the LGBT populations have been more drastic, as LGBT populations, who are at a higher risk for minority stress, depression, anxiety and substance use, and who experience health disparities due to discrimination, low socioeconomic status and trust issues towards the health care system were affected by the pandemic more severely than the general population. Studies show that the LGBT community has had higher levels of depression, anxiety, and PTSD compared to the general population and these issues have only been more pronounced since December 2019. In this talk Dr. Altinay will focus on the mental health effects of the COVID-19 pandemic on LGBT populations over the past 18 months.

The New Public Health Psychiatry: Addressing the Social Determinants of Mental Health

Chair: Kenneth Stewart Thompson, M.D.

Presenters: Michael Compton, M.D., Sanya A. Virani, M.D., M.P.H.

Discussant: Ron W. Manderscheid, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Analyse the need for a public health approach to psychiatric disorders and mental health; 2) Evaluate the capacity for new approaches to advance the field; and 3) Act to engage in public health initiatives focused on mental health.

SUMMARY:

The recent focus on the social determinants of mental health, best exemplified by the recent Presidential Taskforce on the subject, has also brought with it a refocus on the public health approach to mental health and illness, an action reinforced by the Covid pandemic, systemic racism, climate change, wealth inequality and economic and political turmoil. The Institute of Medicine's definition of public health-"what we, as a society, do collectively to assure conditions for people to be healthy"- helps explain this renewed interest. It is clear that our capacity to address the challenges we face individually at the clinical level is entirely overwhelmed. This session will report on additional work done by the Taskforce's Public Health Workgroup, expanding on work reported in the Taskforce's White Paper. It will begin with a review of the basic principles of the public health approach and their application to mental health, wellbeing and psychiatric disorders. This will be followed with a discussion, for the first time, of the findings from four focus groups involving 60 leading public health psychiatrists and others from around the world. These findings include observations about public health psychiatry as a field of study and practice, critiques and challenges to the approach and thoughts about what opportunities there may be to construct an effective public health approach to prevent mental illness, promote mental health and well being and achieve equity in health, mental health and wellbeing. A spotlight will be placed on the recently launched Royal College of Psychiatry's Public Mental Health Implementation Centre. The decisions taken and the approaches employed during its development and roleout will be described, as

well as the range of initiatives it encompasses. Finally, our discussant will locate the workgroups in the history of public health psychiatry, and most importantly, suggest directions psychiatry might take.

The True Cost of Fame: Protecting and Promoting Mental Wellness in the Entertainment Industry

Chair: Vasilis K. Pozios, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the role celebrity mental health disclosures may play in influencing mental health-related knowledge, attitudes, and behaviors; 2) Appreciate the impact of celebrity on individuals' mental health; 3) Appreciate the underutilized opportunity pop culture represents to fight negative mental health stereotypes and social prejudice; 4) Recognize limitations to existing anti-stigma efforts and suggest potential alternative pathways to further advance mental health advocacy; and 5) Use popular culture as a means of facilitating conversations about mental health.

SUMMARY:

This session will feature a panel of subject matter experts and influencers with lived experience and allies who have navigated the opportunities and challenges associated with mental health and well-being in front of the camera and behind the scenes, including tools, tips and resources to help humanize our heroes and ensure they can avail themselves of the care they need and help others who follow them do the same when appropriate. This session is presented by the APA Foundation.

Toward an Evolving and Thriving Self During Training and Beyond: A Framework for Maintaining Well-Being

Chair: Linda Worley, M.D.

Presenters: Elizabeth Kieff, M.D., Maryland Pao, M.D., Lisa Cullins, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically analyze significant contributors to the suffering and burnout of trainees;

2) Articulate a definition of play as an activity that is self-motivated, immersive, and enjoyable; 3) Reflect on the history of play in their own lives and identities; 4) Practice several modalities of play and identify a few areas for exploration; and 5) Apply a nautical metaphor to their daily life as a guide for maintaining well-being.

SUMMARY:

Our nation is facing a crisis of physician burnout and organized medicine has come together in an effort to influence systems level changes¹⁻⁴. Psychiatry residents and fellows working in these systems are not immune and also are at risk of experiencing burnout. This session will 1) acknowledge the current realities of the stressors and challenges residents and fellows face, 2) experientially empower participants to connect with parts of themselves that are vital in the tension to minimize burnout and 3) provide a conceptual framework to evolve and thrive. Four faculty will come together to lead this engaging, interactive session: Dr. Lisa Cullins, MD, Director of the NIMH Clinical Training Program, and Co-Chair of the Diversity and Culture Committee in the American Academy of Child and Adolescent Psychiatry and has devoted much of her career to training and education, community psychiatry and systems of care, working with children and adolescents in the child welfare system and other underserved populations. She teaches about compassion fatigue and will bring her personal perspectives on the many facets that drive burnout and suffering in trainees. Dr. Maryland Pao, MD, Clinical Director of the Intramural Research Program and Deputy Scientific Director of the National Institute of Mental Health and the President of the Academy of Consultation Liaison Psychiatry is a highly sought-after mentor with much wisdom to share. She is triple boarded in pediatrics, child and adult psychiatry and in consultation liaison psychiatry, and successfully navigated the challenges of having two children in residency and a third during her early career years. Dr. Elizabeth Kieff, MD, former Student Affairs Dean and Director of Wellness Programs at the Pritzker School of Medicine, witnessed firsthand how the healthcare system and structural barriers contributed to burnout and suffering. She developed and implemented a nationally recognized wellness curriculum for

trainees and is an experienced facilitator who focuses on the protective value of play (in all its forms). Play is self-motivated, fully immersive, joyful and consuming. It enlivens and strengthens the self, which is especially important for those in whom self has been trampled. (Even in the most historically horrific of circumstances some forms of play, music making for example, have been well documented). In being pleasurable and supporting of a self-outside of a caregiving role, engaging in play is personally meaningful and gives those suffering from burnout a north star to follow back into themselves. Dr. Linda Worley, MD, UAMS College of Medicine Chief Wellness Officer, has devoted much of her career to empowering others to thrive despite the stress they face every day. She will share a smooth sailing life nautical framework for navigating our day-to-day choices and life.

Transgender Care: Using the New WPATH Standards of Care Version 8

Chair: Dan Karasic, M.D.

Presenters: Aron Janssen, M.D., Dan Karasic, M.D., Madeline Deutsch, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Compare recommendations of Standards of Care Version 8 with the prior version.; 2) Apply recommendations in the Mental Health chapter to common clinical situations.; 3) Incorporate into practice understanding of current research of the care of gender diverse and transgender youth.; and 4) Incorporate understanding of recommendations described in the Primary Care, Endocrinology, and Surgery chapters of Standards of Care Version 8 to the management of transgender patients..

SUMMARY:

The World Professional Association for Transgender Health (WPATH) has periodically published updates of its Standards of Care (SOC) since 1979. The Standards of Care provide guidance for clinicians, coordinating care from multiple disciplines, are used widely by health systems and insurers in providing care, and have been declared authoritative by US government agencies and courts.. The latest

iteration, Version 8, will be published in 2022. WPATH SOC 8 is the most ambitious effort yet, in development with over 100 authors over the past five years. SOC 8 chapters provide guidelines for evaluation and care in the different healthcare disciplines, including mental health, endocrinology, primary care, surgery, and pediatrics. The document reviews research, providing a basis for evidence-based care, and makes clinical recommendations approved by international experts via a Delphi process. In this session, three authors of WPATH SOC 8 will discuss key recommendations from the document. Dan Karasic, MD, chapter lead of the Mental Health chapter, will discuss recommendations to mental health clinicians on care of transgender patients with mental illness, highlighting changes from SOC 7. Aron Janssen, MD, co-author of the Mental Health and Child chapters, will discuss the Adolescent chapter and the Child chapter of SOC 8, discussing the evidence base for each recommendation. Madeline Deutsch, MD, chapter lead of the Primary Care chapter, will discuss advances in knowledge in medicine and surgery, with a focus on providing an understanding on the current evidence on risks and benefits of care. The session will include a panel discussion with questions and comments from attendees.

What Is on the Horizon for WPA and Future of Collaboration Between WPA and APA?

Presenter: Danuta Wasserman, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how to achieve several of the UN's Sustainable goals and the role of leadership in psychiatry and in public mental health; 2) Understand the importance of lifestyle behaviors such as physical activity, dietary habits, and sleep hygiene for mental health; 3) Realize the importance of including psychiatry staff in performing physical activities with patients for the improvement of mental health; and 4) Understand the influence of environment and art on mental health and the tools that can be used to incorporate into patients' activities.

SUMMARY:

Major activities are needed to transform psychiatric and mental healthcare as well as public mental health to deliver on the UN Sustainable Development Goals. There needs to be a shift towards sustainable and inclusive prevention, early intervention, treatment, care, and rehabilitation, keeping in mind social changes and threats while also fostering transparency and continuity. In addition to existing psychological and pharmacological treatments, we need to increase the awareness of healthy lifestyles such as physical activity, eating habits, behavioral changes, intellectual stimuli, workplace satisfaction, and sleep hygiene in improving mental health. Despite the plethora of evidence, the role of healthy lifestyles and behavioral changes to improve mental health is under-prioritized. As the WPA comprises 145 psychiatric member societies in 121 countries with 250,000 psychiatrists, it will be an important platform for dissemination and for the collection of regional experiences together with the APA. The WPA has an ambition to specifically focus on the following United Nation's Sustainable Goals: No.4 (Quality Education), No.5 (Gender Equality), No.10 (Reduced Inequality), and No.17 (Partnerships to achieve the Goal).

What Terror Research Teaches Us About Risk, Treatment, and Policy

Chair: Najat Khalifa, M.D.

Presenters: Philip Candilis, M.D., Allen Dyer, M.D., Ph.D., Saleh Dhumad, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe 5 risk factors that overlap among terror and non-terror criminals; 2) Identify 3 factors in radicalized youth that are amenable to intervention; 3) Understand 3 cardinal social influences that interfere with compassionate immigration policies; and 4) Describe 3 ethical challenges to conducting and analyzing terror data..

SUMMARY:

The study of violent extremism across the globe has expanded significantly in the last two decades, involving psychiatrists in risk assessment, treatment,

research, and policy development. Yet the quality of scholarship suffers from a lack of primary source data and sophisticated statistical modelling. Many databases still contain media reports rather than clinical or forensic assessments, and government agencies do not share internal data. This creates a vacuum of information for clinicians and forensic evaluators who work with persons who have been, may become, or are becoming radicalized. This submission, solicited by the Ethics Track, describes the innovative international collaboration of two universities analyzing primary source data from Baghdad prison in Iraq. Hypothesizing the overlap of general criminogenic factors with those associated with terrorism, the group constructed a specific interview, conducted in-person assessments, and applied factor analysis, regression, and Latent Class Analysis to data from a large terrorist sample. The results reinforce some elements of the existing literature while advancing others, namely the absence of major mental illness among terrorists, the difficulty distinguishing lone and group actors, and a nuanced terrorist classification system. These are applicable to social intervention strategies, general and specialized risk assessments. Presenters will describe the ethics challenges to conducting terrorism research, the weaknesses of the existing literature on domestic and international terrorism, and how data from their own studies affects psychiatry as a field. Panelists will provide perspectives from several nations in their discussion and allow significant time for audience participation.

**Who Do We Care for/Who Do We Care About:
Defining Mental Illness and Redefining Treatment
for Individuals With Criminal-Legal Contact**

Chair: Merrill Richard Rotter, M.D.

Presenter: Saranyan Senthelal, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will be able to appreciate with greater specificity the relationship between mental disorders and criminal behavior; 2) Participants will be able to communicate with greater accuracy the symptoms and behaviors associated with criminal activity independent of diagnosis; 3) Participants will be able to recommend

a broader array of psychosocial interventions to support individuals with criminal legal contact; 4) Participants will be able to work more effectively in an interdisciplinary and intersystem fashion; and 5) x.

SUMMARY:

Meeting the needs of individuals with mental illness and criminal-legal contact has been a focus of the public health and criminal justice systems for over 30 years, with the twin goals of supporting recovery and public safety. However, the systems do not necessarily share a common understanding of mental illness, its relationship to criminal-legal contact, and what interventions are both effective and available. When the relationship between “mental illness” criminal behavior is described, what are the disorders being referenced? What disorders are referenced when “mental illness” is identified as overrepresented in correctional settings. In this presentation, we present the findings of a comprehensive literature review and describe the heterogeneity of mental disorder definitions in relation to outcomes including prevalence, recidivism, treatment choice and efficacy. Panelists with expertise in clinical service delivery and administration, court-based assessment and treatment, and anthropology will in turn share how these findings impact our understanding of risk and needs in court, in jail or prison, and in the community, and how a broader understanding of mental disorders support system change in each. Polling and open discussion will allow audience members to share their definitions of mental disorder, their approaches to treatment and their system advocacy efforts.

**Yes, We Can: Increasing Clozapine Uptake at a
Safety Net Health System**

Chair: Jessica Goren

*Presenters: Jessica Goren, Adam Bazari, M.D., M.Sc.,
Andrew Steven Hyatt, M.D.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Compare and contrast benefits and adverse effects of clozapine relative to other antipsychotic drugs and antipsychotic polypharmacy; 2) Describe barriers to clozapine use and successful

interventions to address them; and 3) Recommend approaches to prevent or successfully treat clozapine-related challenges using patient vignettes.

SUMMARY:

Clozapine is the most effective antipsychotic for individuals with schizophrenia who have not responded to other antipsychotics or are at significant risk for suicidality. Compared with other antipsychotics, clozapine has also been shown to decrease all-cause mortality. Despite guidelines recommending its use and evidence supporting its superiority, clozapine is underused. In the United States, clozapine prescribing rates for patients with schizophrenia hover below 5%, with state rates varying widely from 2% to 15%. When clozapine is used, it is rarely the third antipsychotic medication prescribed, as recommended by treatment guidelines. Moreover, a large fraction of patients who would benefit from clozapine are prescribed antipsychotic polypharmacy in lieu of or before clozapine despite the dearth of evidence supporting the practice. Successful clozapine treatment is sustained by a collaborative partnership between the clinical team, patients, and their support systems. However, the wide variation in utilization rates across the country suggests that clinician and system-level factors, including clinicians' concern for serious side effects, inadequate clinician training, and administrative burden due to monitoring requirements, play a significant role in this underutilization. The present session will (1) review benefits and risks of clozapine use relative to other antipsychotic medications, including polypharmacy, (2) provide a review of barriers to clozapine use and interventions that have improved alignment of prescribing patterns with guidelines and other best practices, (3) describe the multi-intervention approach to increase clozapine uptake at our public safety-net health system through targeted provider education, patient education, electronic health record optimization, and support through consultation and referrals, (4) discuss how we have handled challenging situations through vignettes, and (5) present preliminary evidence suggesting positive results of our interventions. Participants will be encouraged to share untoward experiences and raise questions about clozapine or our program and breakout sessions will allow for sharing and

collaboration. The speakers in this session will include two clinical pharmacists and a psychiatrist practicing and supporting the clozapine program at our institution.

Wednesday, May 24, 2023

A Journal's Systematic Effort to Tackle Structural Racism

Chair: Lisa Dixon, M.D.

Presenters: Roberto Lewis-Fernández, M.D., Demarie Jackson, Michael Roy, Kenneth P. Fung, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify considerations of Race/Racialization, Ethnicity, and Culture (REC) in academic publications; 2) Apply a structured checklist based on the GAP-REACH in attending to these considerations; and 3) Discuss improvements and alternative strategies for journals such as *Psychiatric Services*.

SUMMARY:

Psychiatry faces a pressing need to identify the causes and extent of disparities in the provision of mental health care, and psychiatric journals play a crucial part in taking up this challenge. Strategies for eliminating ethnoracial service inequities can benefit from a comprehensive, critical approach to collecting, analyzing, and reporting findings related to Race/Racialization, Ethnicity, and Culture (REC). In response to frequent calls in the field for REC reporting guidelines, the Cultural Committee of the Group for the Advancement of Psychiatry (GAP) created the *GAP-REACH* (for Race/Racialization, Ethnicity, and Culture in Health) to evaluate research papers. Each section of a paper is assessed via operationalized questions that can be completed by the study authors. Questions are organized into clusters to guide reflection and assessment, including: Overall use of REC terminology; Introduction (rationale); Methods (sample, data collection process, and instruments); Results (data analysis); and Discussion (conclusion). The checklist requires an assessment of REC-related factors only when they are pertinent to the research topic and it promotes the intersectional examination of these

factors with other social factors and socially constructed characteristics such as gender and socioeconomic class. The overall goal of this approach is to enhance systematic reporting of data that can guide strategies to eliminate disparities and promote equity in health and health care. *Psychiatric Services* has made using the REC checklist a priority by initiating a pilot project. Authors of mental health research articles that include participant- or population-level data (qualitative or quantitative, including administrative data sets) with REC-related definitions and descriptions are asked to complete the REC checklist at submission. Authors' responses are shared with reviewers for consideration in the review process. This session will first present the rationale for the REC checklist. We will then demonstrate how a range of authors focusing on different topics with different methodologies respond to the checklist items. Discussion will focus on developing an approach to reflect on and respond to the checklist questions; utilizing the responses for paper review and feedback; and considering their implications for further strategies to attend to REC issues. Participants will be engaged to apply our approach to their own work.

A New Paradigm for Suicide Prevention: Recovery-Based High Risk Treatment Programs

Chair: Robert J. Gregory, M.D.

Presenters: Rebecca Shields, D.O., Amruthur Gita Ramamurthy, M.D., Rachael Kuch-Cecconi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize how a recovery-based treatment paradigm for suicide prevention differs from existing treatment paradigms; 2) Summarize the key components and outcomes of the Psychiatry High Risk Program model; and 3) Identify potential barriers and opportunities for implementing recovery-based suicide prevention in the participant's own community.

SUMMARY:

Suicide is a growing concern among youth and young adults, rising 50% between 2007 and 2018, and constituting the second leading cause of death for ages 10 through 35 years old. Over the same period,

there have been rising rates of emergency room visits for suicide attempts. These concerning statistics highlight the limitations of current treatment paradigms, most commonly a chronic illness model treating symptoms of underlying disorders, with crisis management of relapses and brief interventions. By contrast, there are very few programs specializing in treatment of individuals at high risk for suicide, and even fewer having a recovery focus. It was in this context that the Psychiatry High Risk Program (PHRP) was established in 2017 as a specialized treatment program for youth and young adults struggling with suicide ideation or recent attempts. The PHRP tries to break the downward spiral of recurrent hospitalizations, crisis management, and chronic illness by addressing underlying vulnerabilities through evidence-based psychotherapy and providing transformative healing leading to recovery. Published outcomes of the PHRP indicate significantly lower hospitalizations as compared to usual care, and large reductions in depression and suicide ideation. Since the program is self-funded through billings, it should be replicable in other communities to improve outcomes of suicidal youth and young adults and reduce inpatient utilization. Our session will introduce participants to the PHRP, including the treatments provided, transitions in care, the multidisciplinary team staffing, clinical protocols for adults and adolescents, and program outcomes. Participants will have opportunities to share clinical dilemmas and how those would be addressed in the PHRP model. Participants may also bring up potential barriers to program implementation in their communities and how those barriers might be overcome. Speakers in this program include the founding director, a consultation-liaison psychiatrist, and two child and adolescent psychiatrists on the PHRP staff.

A Paradigm Shift: The Evolving Concepts of Innovation and Integration in Telebehavioral Health

Chair: Hossam M. Mahmoud, M.D., M.P.H.

Presenters: Hossam M. Mahmoud, M.D., M.P.H., Shane W. Rau, M.D., Ph.D., Nicole Christian-Brathwaite, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the evolution of the discussion on telebehavioral health from small-scale feasibility and effectiveness to scalability and population health; 2) Explore how measurement-based care has been incorporated into telebehavioral health programs to enhance quality and track outcomes; 3) Appreciate the use of technologies inherent to the delivery of telebehavioral health services to enhance integration and innovation; and 4) Discuss the evolving concepts of innovation and integration in telebehavioral health from a population health management perspective.

SUMMARY:

Over the past three years, the massive scale of telebehavioral health (TBH) adoption has led to a digital revolution. The pandemic has resulted in an expansion of TBH across multiple clinical settings and levels of care, with a diversification of virtual care to include synchronous and asynchronous care, video, audio and text based care, self navigated tools, and remote monitoring, to name a few aspects. In conjunction with this expansion has been a paradigm shift in the conversation about TBH. Less than a decade ago, we were advocating for TBH acceptance while discussing evidence of effectiveness and potential for scalability. Today the discussion has advanced to focus on using TBH to strengthen integration and build and deliver more innovative models of care. Implementing TBH as a virtual replication of in-person care via videoconferencing is no longer the sole goal, but rather the jumping off point to use the technologies inherent to the delivery of remote care, in order to incorporate measurement-based care (MBC), track different quality indicators, and enhance integration. In this session, we discuss the use of such technologies in TBH to track both clinical and nonclinical outcomes. We present data from TBH programs implemented by the presenters, including programs delivering direct patient care and integrated consultative care, including the collaborative care model (CoCM). We present data from a study on the opportunities and challenges of implementing MBC across a national virtual platform. We discuss opportunities to further enhance the quality of care using such data as part of continuous quality improvement. In addition, we

explore the evolving concepts of innovation and integration within TBH, from a population health management perspective. We discuss the use of data analytics and predictive modeling to stratify risk, deliver targeted care and enhance group outcomes.

A Patient Centered Research Road Map to Inform the Clinical Practice of Bipolar Disorder

Chair: Mark Frye, M.D.

Presenters: Mark Frye, M.D., Philip Wang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate how measuring and phenotyping functional impairment in bipolar disorder can inform risk models of relapse and interventions targeting impairment in clinical practice.; 2) Review the working definition of a validated biomarker (neuroimaging, genomic, peripheral) and appreciate how they can inform clinical decision making in bipolar disorder treatment.; and 3) Examine the tenets of a learning health system that can leverage patient-reported mental health symptoms and substance use data and, by providing a platform for real time data analytics, take new know.

SUMMARY:

clinical evidence base in bipolar disorder treatment has substantial gaps and precision medicine approaches to treatment based on genetic, environmental, and lifestyle factors has yet to be developed. A paradigm shift in patient centered research that supports a learning health system is needed. This symposium will review a proposed road map for this mandate highlighting the merits of clinical deep phenotyping in a learning health system. While now well recognized that treatment response and remission rates are inadequate to capture optimal functioning, the clinical factors contributing to impairment are not fully understood. As presented by Dr. Burdick, quantifying predictors of functional impairment would set a path to phenotype impairment as a target for future individualized therapeutic interventions. As reviewed by Dr. Frye , multiple studies examining neuroimaging, peripheral markers and genetics have provided important insights into the

pathophysiologic processes underlying bipolar disorder. Further, pharmacogenomics and other biomarkers of drug response are of increasing clinical interest and have potential to individualize treatment recommendations with greater precision for individual patients based on their biology. As reviewed by Dr. Wang, Learning Health Systems (LHS) have been proposed as a tool for healthcare reform to address access, equity, and value of healthcare. Key components of an operational LHS include measurement-based patient-reported outcomes such as the PHQ-9, integration of outcome measures into an electronic health record (EHR), a machine-learnable digital knowledge base, a platform for applying clinical informatics and artificial intelligence to develop, test, and adapt innovations, and a work force that embraces learning through real-world care.

A Silent Disease: Looking at Chronic Pain in Children

Presenters: Christine Kim, M.D., Victor Mensah, M.D., William Zempsky, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize how untreated chronic pain is a risk factor for long-term mental illness in pediatric patients.; 2) Recognize how chronic pain is under-identified and undertreated in certain populations of pediatric patients.; and 3) Practice using specific resources that can help identify chronic pain in pediatric patients with autism spectrum disorder, and that can then be incorporated in clinicians' routine practice..

SUMMARY:

Children experiencing chronic pain are at risk of developing mental illness. Chronic pain is defined as "pain that persists or recurs for longer than 3 months." Studies estimate that 6% of children in the US experience high impact chronic pain, which can affect their daily functioning and social, emotional, and academic development. There are many possible pathologies associated with chronic pain. Our study found that children with blood disorders like sickle cell disease are 10.4 percentage points more likely to have chronic pain than children without blood disorders. The occurrence of chronic pain in pediatric

populations with intellectual and developmental disabilities like autism spectrum disorder (ASD) is not well studied. In fact, pain in this population is often under-identified and undertreated. A recent study found that in medical events where pain relief was considered routine, pain relief was only offered to half of the children with ASD. Our study shows that children with ASD are 86% more likely to be experiencing chronic pain than children without ASD. Furthermore, the estimated prevalence of chronic pain in boys with ASD is 1.5 times higher than in boys without ASD, and 2.5 times higher in girls with ASD than in girls without ASD. In this session, we demonstrate the importance of treating acute or chronic pain early in pediatric patients. We will share common pitfalls that lead to undertreatment of pediatric chronic pain. Clinicians will practice identifying chronic pain in pediatric patients in our interactive case and learn strategies that they can bring back to their clinical practice.

ADHD: New and Novel Therapeutics and Technology

Chair: Michael Van Ameringen, M.D.

Presenters: Carolina Goldman Bergmann, M.D., M.Sc., Barbara Tietbohl-Santos, M.D., Ph.D., Michael Van Ameringen, M.D., Barbara Tietbohl-Santos, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the effect of dietary changes, exercise, vitamins, and minerals on ADHD symptoms.; 2) To examine the safety and efficacy of neurostimulation modalities in the treatment of adult ADHD.; 3) To understand how gamification can impact ADHD treatments.; 4) To understand the potential relationship between screen time and ADHD symptoms.; and 5) To identify the characteristics and risk factors associated with problematic internet use and ADHD..

SUMMARY:

Attention Deficit Hyperactivity Disorder (ADHD) is thought to affect 5-8 % of the child/adolescent and 3-5 % of the adult population and is associated with substantial functional impairment across life domains. Despite reports in the literature of high efficacy associated with standard ADHD treatments,

many patients remain symptomatic, furthermore there is often a reluctance to use standard treatments for reasons including side effects, stigma, a desire for natural treatments and distrust of pharmaceuticals. Nutritional supplementation and dietary changes have been well studied and shown to be effective in different areas of medicine. In the field of psychiatry, studies examining vitamins, nutrients and dietary changes are emerging which have enhanced our limited understanding of their effects on ADHD symptoms. Recent preliminary research has indicated that vitamins and minerals such as vitamin D, iron, zinc, magnesium, omega-3 and iodine could potentially improve ADHD symptoms. There has also been an increasing interest in the impact of different diets and probiotic intake on ADHD symptoms. New technological therapeutics such as brain stimulation techniques are attractive due to their relative safety and potential neuroplastic effects. These techniques have been examined in ADHD using repetitive transcranial magnetic and direct current stimulation (rTMS/tDCS). In addition, emerging research using trigeminal nerve stimulation, neurofeedback, and the gamification of ADHD treatments has demonstrated promising results. The use of technology in daily life has also been implicated as a potential problem in ADHD. Problematic Internet use (PIU) covers a broad range of online behaviours. It is associated with global prevalence rates ranging from 9-5 % as well as a myriad of negative sequelae including psychiatric comorbidities. ADHD has been identified as a risk factor for PIU and appears to share a similar comorbidity profile. Furthermore, individuals with ADHD may be unusually sensitive to screen media technology from television to mobile devices. Although this may lead to problematic use, however, benefits have also been demonstrated. Given the ubiquitous nature of screens and technology in modern daily life, it is important to understand the relationship between these modalities and ADHD. This presentation aims to explore both novel technological and alternative therapeutics for ADHD as well as the influence of technology on ADHD symptoms.

Advances in Non-Invasive Neuromodulation: Exploring rTMS and SAINT for the Treatment of Psychiatric Disorders

Presenter: Nolan Williams, M.D.

Moderators: Ron M. Winchel, M.D., John Luo, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe current therapies for treatment resistant depression; 2) Describe theory behind utilizing neuromodulation for psychiatric disorders; 3) Describe conventional rTMS for psychiatric disorders; and 4) Describe SAINT for treatment resistant psychiatric disorders.

SUMMARY:

Introduction: Treatment-resistant depression (TRD) is a form of depression that does not respond to standard treatments, including medications and psychotherapy. TRD can have a significant impact on quality of life and can be associated with increased risk of suicide. Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive neuromodulation technique that has been shown to be effective in treating TRD and received FDA clearance 15 years ago. Stanford Accelerated Intelligent Neuromodulation Therapy (SAINT or SNT) is a newer form of neuromodulation that combines advanced imaging techniques, machine learning, and targeted rTMS to personalize treatment for each individual patient with TRD. **Background:** rTMS involves the use of magnetic fields to stimulate specific areas of the brain. The technique has been extensively studied for the treatment of depression and has been shown to be effective in reducing symptoms in individuals with TRD. The most common protocol for rTMS involves placing a magnetic coil on the scalp and delivering repetitive magnetic pulses to the left prefrontal cortex, a region of the brain associated with depression. SAINT takes rTMS a step further by using advanced imaging techniques, such as functional magnetic resonance imaging (fMRI) to identify the specific areas of the brain that are dysfunctional in each individual patient with TRD. SAINT then uses rapid acting stimulation parameters applied to those targeted areas increasing the rapidity and potentially the efficacy of the treatment. **Effectiveness of rTMS for**

TRD: Several studies have shown that rTMS is an effective treatment for TRD. Several large trials have found that 20-30 daily sessions of rTMS delivered to the left prefrontal cortex led to a significant reduction in symptoms in individuals with TRD. A meta-analysis of 29 randomized controlled trials found that rTMS was significantly more effective than sham treatment in reducing symptoms of depression in individuals with TRD. **Effectiveness of SAINT for TRD:** SAINT has the potential to improve the effectiveness of rTMS for TRD by personalizing treatment based on the individual patient's brain activity patterns. A study published in 2020 found that SAINT was effective in reducing symptoms of depression in individuals with TRD who had failed to respond to multiple previous treatments. An RCT published in 2022 demonstrated that active SAINT was superior to sham in the treatment of TRD. **Conclusion:** TRD can be a challenging condition to treat, and standard treatments may not be effective for all individuals. rTMS is a non-invasive neuromodulation technique that has been shown to be effective in treating TRD. SAINT is a newer form of rTMS that has the potential to improve the effectiveness of the treatment by personalizing treatment based on the individual patient's brain activity patterns.

Advancing Mental Health Service Access Through Equity-Driven Quality Improvement Initiatives

Chair: Lucy Ogbu-Nwobodo, M.D., M.S.

*Presenters: Samuel Ricardo Saenz, M.D., M.P.H.,
Harminder Gill, Paul Wallace*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how public-academic partnerships can provide infrastructure to implement evidence-based practices in safety-net settings.; 2) Demonstrate how public psychiatrists are uniquely positioned to address mental health inequities.; 3) Illustrate how equity-focused and targeted interventions can improve mental health outcomes for patients with substance use disorders.; 4) Examine the role of workforce diversity in addressing health inequities facing racialized minority populations; and 5) Explore practices on

how to leverage clinic resources through feasible, small-scale quality improvement projects..

SUMMARY:

Mental health service providers in safety-net settings provide care to the most vulnerable psychiatric populations. They intersect with multiple systems to support patients and address the social and structural determinants that lead to increased mental healthcare needs. For patients with substance use disorders (SUDs), significant structural, organizational, and individual barriers can lead to fragmentation of mental health and substance use treatment and perpetuates health inequities. Thus, there is an importance of tailored, innovative and collaborative interventions for substance use screening and treatment services, and increased accessibility of resources and workforce diversity, to facilitate a more equitable future in mental health. In this session, fellows from the UCSF Public Psychiatry Fellowship (PPF) at Zuckerberg San Francisco General Hospital will demonstrate how understanding system interfaces and partnering with a variety of stakeholders can improve health equity and advance mental health services in safety-net settings. The session will begin with a brief overview of public psychiatry and introduction to the UCSF PPF. Next, we will present the quality improvement projects each fellow has conducted at their clinic and discuss how understanding systems and funding models plays an integral role in promoting health equity. The specific initiatives included a qualitative exploration of the interpersonal and structural drivers of SUDs at a community-based case management program that has experienced high rates of overdose deaths; examining multisystem barriers to diagnosing SUDs, Medication Assisted Treatment (MAT) initiation and facilitating treatment services referrals for patients at community mental health clinics in two different counties; and exploring challenges to advancing healthcare workforce diversity in public and academic healthcare settings. System interfaces include county behavioral health clinics, intensive case management programs, substance use disorder treatment, crisis and emergency services and a psychiatry residency training program. In discussing the quality improvement projects, we will describe how the UCSF PPF is able to uniquely engage leaders,

community and academic partners, and people with lived experience in this work—modeling a true public-academic partnership. Then, participants will break into small groups to discuss challenges in their own clinical settings, reflect on the role of system interfaces in their identified problems and brainstorm ways they can engage key stakeholders to identify potential quality improvements. Finally, we will end the session with a reflection and takeaway message about how the diversity of patient populations requires partnership between health care services, other systems and communities, and the need for providers to think about systemic issues in their role in addressing social and mental health inequities.

Advocacy Across the Lifespan: Training, Promotions, and Late Career

Chair: Brandon C. Newsome, M.D.

Presenters: Meghan Schott, Jennifer Dorr, Karen Pierce

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will highlight unique opportunities at various career developments for advocacy; 2) Participants will learn about curriculum exemplars for advocacy in medical school and psychiatry training; 3) Participants will discuss ways to tie advocacy efforts into their academic portfolio for promotions.; and 4) Participants will gain practical tips on incorporating advocacy as part of work commitments.

SUMMARY:

There is a children's mental health crisis declared by the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association. This has been exacerbated by the covid 19 pandemic and endemic that has showcased the structural inequities and differential experiences of access to care and resources. Physicians through their role in taking care of the whole patient are uniquely positioned to address societal ills; however, despite needs and unique lenses, physicians often do not advocate compared to other groups . However, there are historical cases showcasing the importance of

medical advocates in creating changes such as duty hour restrictions, seatbelt laws, restrictions on smoking, etc. Physicians' decreased engagement in advocacy may be in part due to time commitments, clinical demands, and feeling inadequately trained in advocacy skills. However, this is often a misconception as advocacy can be implemented into everyday practice with a physician's unique experience. For this reason, this presentation will close this gap by discussing practical ways to advocate across the life span. Dr. Dorr, a recent child and adolescent psychiatry graduate, advocacy committee member of AACAP, and regional Liaison for AACAP and APA, will share experiences with both psychiatric and interdisciplinary advocacy curriculums. She will also highlight opportunities for advocacy for all trainees, including medical students. Dr. Schott, who has multiple advocacy roles in the American Medical Association, APA, and AACAP, will share early and mid career opportunities to incorporate advocacy into everyday practice and avenues to showcase advocacy portfolios into promotions. Dr. Pierce, with national leadership roles in APA, AMA, and AACAP will share opportunities for late and retired psychiatrists, along with pathways to obtain education on emerging topics that may not have been fully discussed in prior training (eg. climate change, structural issues), practical tips for advocacy, allyship, and emerging issues. After presentations, participants will engage in skill building activities by utilizing case based learning. At the conclusion, participants will understand the basic principles of advocacy and how they can apply these principles in their everyday practice.

An Update on Anxiety Disorders and Their Treatment

Chair: Mark H. Rapaport, M.D.

Moderators: Edmond H. Pi, M.D., John Luo, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To review current accepted treatments for anxiety disorders; 2) To discuss potential new treatment approaches for anxiety disorders; 3) To discuss one clinician's approach to the diagnosis and treatment of patients with anxiety disorders; and 4) To discuss some of the new

biological findings for people suffering from anxiety disorders.

SUMMARY:

This session will review the current FDA approved treatments for anxiety disorders. We will also discuss the impact of evidence-based psychotherapies for anxiety disorders. The next portion of the session will describe some research that may lead to new treatment interventions for patients suffering from anxiety disorders. This will lead to a brief presentation of some new biological research such as findings that changes in the microbiome may be correlated with brain regions associated with anxiety disorders. At the end of the presentation we discuss some approaches that the presenter takes in engaging, diagnosis and initiating treatment for patients with anxiety disorders.

Anti-AAPI+ Racism: Coalition Building and Healing Our Communities and Workforce

Chair: Adam Chan

Presenters: Teresa T. Lee, Robert Hsiung

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the COVID-19 pandemic in its historicalization in AAPI+ history in the United States; 2) Learn evidence-based clinical strategies to engage AAPI+ patients in culturally competent care; 3) Learn how the behavioral health system can accommodate antiracist policies and practices; and 4) Dialogue about strategies to support frontline AAPI+ mental healthcare workers.

SUMMARY:

Anti-Asian American and Pacific Islander (AAPI) racism is certainly not new - but continues to grow as real and serious issue that our communities face on a daily basis with over 11,500 hate incidents reported within the past two years of the COVID-19 pandemic by the latest July 2022 National Report by Stop AAPI Hate. Whether mandated by the U.S. government (e.g., Gentleman's Agreement of 1860, antimiscegenation laws, unconstitutional internment of Japanese-Americans during World War II) or Grandfather and grandson acted upon by individuals via hate crimes, AAPI+ people continue to face

oppression and racism in the United States. For many, the sense of collectivism and group identity results in a shared experience of discrimination, even when such events are experienced by other AAPI+ people. Using the term "AAPI+" is used by the presenters in a more inclusive way to represent the heterogeneity of varied experiences and intersectionalities while recognizing that this population is also not a monolith. **Mental health is a major concern among AAPI+ populations in the United States as 44% of AAPI+ adults report having experienced significant mental health issues, compared with 21% of white adults. However, AAPI+ communities have the lowest mental help-seeking rate when compared with other ethnic groups. And certainly, cultural and generational differences play a huge role in this, but there are other barriers keeping AAPI+s from receiving care, one of which might be that they do not see themselves visually represented in the mental health care system.** Fortunately, many community organizations are working hard to combat these challenges and offer much-needed support and resources for patients - yet, coalition building to support those frontline AAPI+ mental healthcare workers: the therapists, nurses, social workers, and psychiatrists have yet to be further examined. In this session, we will discuss how psychiatry can intervene from an individual level with culturally competent patient care to antiracist systems-based approaches for bolstering a stronger and healthier workforce as well as addressing these gaps of mental health care in the AAPI+ patient population. Education, community-based solutions around healing, and civil rights legislation are at the forefront to intentional and thoughtful psychiatric best practices.

Applying EDI: Innovating to Improve Child and Adolescent Psychiatry Training in Equity, Diversity, and Inclusion Principles

Chair: Nikhita Singhal, M.D.

Presenters: Nikhita Singhal, M.D., Ayan Dey, M.D., Ph.D., Jenny Chum, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically evaluate the current state of child and adolescent psychiatry residency

training on equity, diversity, and inclusion principles; 2) Analyze curriculum gaps pertaining to EDI training within their own institutions/organizations as well as at other institutions/organizations across the country and beyond; and 3) Apply session content to design innovative educational offerings related to EDI training for a variety of interdisciplinary professionals working with children and adolescents.

SUMMARY:

Amidst our current social climate, with the ongoing COVID-19 pandemic and greater attention on racial injustice, there has been increased discourse around the longstanding historic and systemic social inequities impacting children's and adolescents' mental health. It has been well documented in the literature that racialized community members often have negative experiences seeking and engaging with mental health services (including experiencing race-based discrimination from service providers), and often feel excluded from the traditionally Eurocentric practice models of mental health care that do not adequately centre their needs. Despite this acknowledgement, equity, diversity, and inclusion (EDI) principles have not traditionally been a major component of child and adolescent psychiatry (CAP) residency education. Addressing this educational gap is needed to ensure that future CAP learners are equipped to bridge the current disconnect between clinical work and health/social inequities with the ultimate objective of improving clinical care. This interactive workshop aims to provide attendees with an overview of critical issues in EDI as they pertain to the field of CAP and CAP residency training, to examine how training can be enhanced by incorporating patients' lived experience, and to facilitate collaboration with individuals across institutions to develop innovative formal and informal educational interventions in this area. Following an initial brief presentation on current evidence regarding CAP training as it relates to key tenets of EDI (including concepts such as unconscious bias, power/privilege, allyship, and microaggressions), participants will be placed in small breakout groups where they will be provided with case examples and opportunities to share how these scenarios are currently addressed within their own institutions (while also identifying areas for improvement within their local curricula and

personal/professional growth through self-reflection). Participants will reconvene as a large group to discuss best practices in curricular development, as well as the importance of including patients with lived experience in such initiatives, then divide again into small groups and be encouraged to collaborate and develop plans for potential formal and informal educational offerings within their own institutions based on the session content.

Asian Medical Trainees and the Model Minority Myth

Chair: Vanika Chawla, M.D.

Presenters: Donna Tran, M.P.H., B. Li, M.D.

Discussant: Amy Alexander, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the mental health needs, and treatment considerations for Asian medical trainees and understand how intersecting identities affect this; 2) Understand how the COVID-19 pandemic has impacted and accelerated these mental health needs; 3) Promote and develop productive and inclusive mentor-mentee relationships; 4) Identify how microaggressions, educational profiling, and professionalism standards based on stereotypes negatively impact Asian medical trainees; and 5) Increase their knowledge base about the cultural determinants of mental health and demonstrate cultural humility working with diverse trainees.

SUMMARY:

A high proportion of medical trainees experience significant work-related stress and burnout, (Dyrbye, 2015), and increased depression, anxiety (Rotenstein, 2016, Mata, 2015), and suicide rates compared with the general population (Daskivich, 2015). Underrepresented in medicine (URM) trainees report that their race/ethnicity negatively affected their medical school experience, contributing to lower quality of life and higher rates of burnout and depression. Additional burdens that URM trainees face include factors such as microaggressions, minority tax, and challenges with personal and professional identity formation while

being seen as the “other”. (Osseo-Asare, 2018). While the percentage of Asian medical students in the US have grown 12-fold since the 1970s to a high of 22.2% in 2018 [of which over half (53.8%) are women], Asian trainees are often stereotyped as a group to their detriment. Asian trainees endure microaggressions, implicit biases, exoticization, educational profiling as “passive” and “quiet,” and also hit a “bamboo ceiling” without opportunities to progress in academic medicine. First noted during clerkship scoring sessions during the 1990s, Asian medical students were commonly labelled as ‘passive’ with a detrimental effect on their grade. This reticent communication style was further interpreted as having lack of knowledge. In a survey study of more than 2,300 medical students, reticence as a communication trait correlated with lower clerkship grades especially amongst minorities. In addition, professionalism standards can be applied in ways that are noninclusive or discriminatory of URM trainees and can lead to increased scrutiny, pressure to assimilate/conform, and perfectionism. (Alexis, 2020) We will review specific types of discrimination and microaggressions experienced by South Asian and East Asian groups. In addition, the COVID-19 pandemic has led to a rapid rise in hate incidents targeting people of Asian descent since early 2020. Over 9000 incidents have been reported. Anti-Asian racism and harassment have been directed against Asian medical trainees and professionals alike. There is a long history of anti-Asian discrimination in the United States, and we will review stereotypes and racist phenomena experienced by Asian groups, including Yellow Peril, Perpetual Foreigner, Model Minority Myth, and the Invisible Asian. Studies of Asian people who experienced racism revealed that 1 in 5 developed racial trauma and are 3x more likely to experience PTSD symptoms. Intersectional challenges compound the already-present, exacerbated problems for Asian women and sexual minorities. APAMSA (Asian Pacific American Medical Student Association) is a national organization supporting and advocating for Asian medical students. We will examine how Asian medical students are handling the pandemic, with both its visible and invisible effects on their mental health, livelihood, and training.

Avoiding Legal Trouble With Medications for Opioid Use Disorder

Chair: Adelle M. Schaefer, M.D.

Presenters: Andrew Dill, M.D., Nathaniel Morris, M.D., Robert Andrew Kleinman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the importance of medications for opioid use disorder (MOUD) in providing evidence-based psychiatric care; 2) Recognize potential legal consequences from either inappropriate MOUD prescribing or failure to provide MOUD when indicated; 3) Identify errors with the management of MOUD in simulated case vignettes and identify areas for improvement; and 4) Develop confidence with the legal frameworks for prescribing MOUD.

SUMMARY:

The opioid epidemic has ravaged the United States over the last several decades. Medications for opioid use disorder (MOUD) are often life-saving for people grappling with opioid addiction, with research indicating use of MOUD is associated with reductions in overdose deaths, illicit opioid use, and transmission of infectious diseases. Despite substantial literature supporting use of MOUD for people with OUD, MOUD remain underutilized across the country. Many psychiatrists and other health professionals do not feel comfortable prescribing MOUD for various reasons, including fear of legal repercussions. This session will review MOUD prescribing in the United States, with a particular focus on litigation and other adverse legal consequences against both facilities and individual clinicians for inappropriately providing MOUD or failing to provide MOUD. Session participants will be provided with cases involving legal errors in MOUD management and will work collaboratively in small groups to identify areas for clinical improvement. Finally, we will discuss ways in which clinicians can develop more confidence in appropriately prescribing MOUD to support access to these life-saving medications for patients who need them.

Back to the Future: A Dynamic Structural Framework of Migration and Mental Health

Chair: Pamela Montano, M.D.

Presenters: Olivia Shadid, M.D., Natan Vega Potler

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify structural frameworks of mental health.; 2) Apply a structural framework to stages of migration.; 3) Examine structural factors impacting mental health in clinical scenarios.; and 4) Describe individual and collective interventions that mitigate effects of structural violence and/or promote resilience and healing..

SUMMARY:

Efforts to advance mental health equity have sought to push beyond reductive, individualistic formulations of health by using structural frameworks to analyze the relations between systemic factors and emotional wellbeing (e.g., structural competence as proposed by Hansen and Metzl, structural violence as derived from liberation theology). This is because dynamic structural forces—including political-economic allocation of material resources, discrimination (e.g., racism, transphobia), and biomedical framings that shape clinical understanding and intervention—generate and maintain inequities. Migrants—who often embody multiple intersecting marginalized identities—experience structural violence through the stages of their journey: pre-migration, migration, and post-migration. Our session will begin by introducing methodologies of structural analysis of mental health symptomatology. To demonstrate the application of a structural framework, we will contextualize migrants’ journeys vis a vis the evolution of US immigration system to its present-day form. Specifically, our session will describe how systemic forces, e.g., detention, family separation, deportation, and racial and xenophobic discrimination, 1) shape migrant material conditions in their countries of origin, 2) impact the mental health of migrants during migration and after resettlement, and 3) shape the patient-physician dyad. After this example has been reviewed, we will stimulate group discussion on the manifestations of structural effects in participants’ clinical practice, as

well as points of intervention where harmful structural effects can be mitigated and protective factors bolstered at the levels of individual clinician, clinical institutions, communities, research, and legislature. Via modeling and practice, participants will analyze and apply a structural framework to patient experiences. The presenters include two current and one former APA-SAMHSA Minority Fellows and a leader in migrant mental health. The presenters represent a diversity of geographies (Border State, East Coast, and urban areas with dense migrant populations), training levels (resident, fellow, and faculty member) and experiences (including migrant heritage).

Battle-Tested Meditation: Military Psychiatric Approach to Meditation and Spirituality and Translating the Knowledge Gained to the Civilian Practice

Chair: Bhagwan A. Bahroo, M.D.

Presenters: Daniel C. Hart, M.D., Kellin Keith Mair, D.O., Michael McCarthy, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe primary forms and applications of meditation in the military and how they translate to civilian psychiatric practice as both preventive and treatment measures; 2) Identify broad categories of meditation practice and how each of them may be incorporated into a holistic, patient-centered approach to behavioral health in the clinical setting; 3) Engage the discomfort in broaching spiritual topics with patients and enhance cultural competency; and 4) Improve patient health literacy and understanding of the benefits of regular meditation, thus motivate its daily practice.

SUMMARY:

Different people perceive the concept and practice of Meditation in diverse ways. Sitting in a quiet place, and/or chanting a mantra or just the word “Om” is one such image. The image is not easily translated into a clinical setting in Military or civilian practice. The presenters will discuss the ancient roots of meditation which arose independently in various cultures and describe how the military and civilians benefit from these practices. In an era where

psychopharmacology and psychotherapy jointly address the mind-body dyad, meditation is recognized to provide an effective adhesive to connect that duality, beneficial as preventative and treatment modalities. The ability to be attentive to the present is highly sought-after in military settings, and present-day generals have used meditation to improve their combat readiness. Different military services have now directed resources and adapted the practice successfully, as stand-alone or as part of Yoga in their daily routines. From a neuro-scientific perspective, specific changes are observed with meditation, such as increased activity in the caudate nucleus, parahippocampus, frontal-insula-striatum network, and prefrontal cortex. These regions are associated with improved attention and emotional regulation, which are of paramount importance to military personnel. Although mindfulness-based practices have increased globally, the military's approach to meditation would likely provide useful neuro-scientific data in identifying best practice strategies for civilians. Despite public and professional awareness of meditation's benefits, only a small subset of psychiatrists utilizes this skillset. Even fewer incorporate meditation education and training as part of their patient care toolkit. We will examine ways to successfully include integration of three broadly defined categories of meditation - concentration, insight, and compassion - into the physician's self-care and clinical practice. We will present real-world case examples of meditation's application with patients in an active-duty military clinic as the foundation to discuss engaging patients in each of these approaches to meditation. In discussing meditation to achieve healing, patients and psychiatrists may broach spiritual conversations. Research has demonstrated an incongruence between a majority of patients desiring to talk about spirituality with their physicians and a minority number of physicians willing to or comfortable with engaging in conversations about spirituality or religion. We will address the discomfort and describe successful methods to having conversations that both account for one's own bias and allow for a patient to express the importance (or lack of importance) of spirituality more fully and/or religion in their life. Understanding a patient's spiritual background can help direct the use of meditative

skills or analogous skills already known to or practiced by the patient.

Becoming an Advocate: Moving From Outrage to Outreach

Chair: Katherine Kennedy, M.D.

Presenters: Dionne Hart, M.D., Jasleen Chhatwal, M.D., M.B.B.S., Sarah Katherine Pannel, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how engaging in advocacy can help psychiatrists address distressing systemic problems encountered in their clinical work.; 2) Recognize common advocacy skills and methods you can use to develop and grow them.; 3) Improve your ability to engage with legislators to promote change that benefits patients, especially those who are structurally and socially oppressed.; and 4) Learn how to craft an effective elevator pitch..

SUMMARY:

In our clinical work, psychiatrists often encounter systemic problems that trigger our moral outrage. Unless we acquire the advocacy tools we need to advocate for change, we risk exhaustion, burnout, and worse. Unfortunately, psychiatrists receive little training in how to advocate for structural change. This session will provide attendees with a framework for how to advocate for policies that help us help our patients, especially those who are structurally oppressed and socially disadvantaged. Participants will hear stories from psychiatrists on the front lines of advocacy, and also be introduced to common advocacy tools, like how to give an effective elevator speech and best practices for engaging with elected officials to promote legislative change.

Behavioral Health Practice Managed Services Organizations (MSO): Addressing Access to Quality Care for Consumers, Payers, and Providers

Chair: Yavar Moghimi, M.D.

Presenters: Kathleen Coughlin, Kyle Talcott, Julian Cohen, Amar Mukhtar

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe how Behavioral Health

Managed Service Organizations Create Networks of Providers that Meet Access to Care Standards; 2) Describe how tech-enabled platforms allow for embedded quality measures important for value-based care; 3) Describe how Behavioral Health Managed Service Organizations measures consumer satisfaction; and 4) Describe how Behavioral Health Managed Services Organization Improve Providers Practice Management Skills.

SUMMARY:

Now more than ever, improved access and demand to behavioral health care has become a priority for consumers. At the same time, payers are being scrutinized by regulators for mental health parity violations as it relates to "ghost networks" and disproportionate utilization of out of network providers for behavioral health care. Behavioral Health Managed Service Organizations are a new disruptive force in the behavioral health space that are supporting many private practice providers to become in-network providers by supporting them with practice management and tech-enabled solutions to alleviate administrative burden. The leadership team at Uplift will share their approach in creating an accountable provider network, meeting access to care standards, partnering with payers, implementing measurement-based care, therapist matching algorithms, measuring consumer satisfaction, standardizing quality assurance, and scaling the model across states. At the end of this talk, participants will be able to understand the impacts and benefits Behavioral Health Managed Service Organizations have on improving access to care for consumers, helping payers ensure network adequacy with high quality behavioral health care, and help providers in improving practice management skills to participate as in-network providers.

Beyond Race, Sex, and Gender: Intersectionality, Intersex, and Nonbinary Identities

Chair: Albert Ning Zhou, M.D.

Presenters: Kai Huang, Terence Howard

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the concept of

intersectionality and how it applies to transgender and nonbinary youth of color, especially those of Black, Latinx, and Asian American Pacific Islander ethnicity.; 2) Identify common challenges for intersex youth and how to best support these youth.; and 3) Describe nonbinary identities and how to best affirm these youth with individually-tailored interventions..

SUMMARY:

While humans are often organized into binary categories like male/female, man/woman, black/white, these categories oversimplify and ignore the complexity of human experience. The constructs of race, sex, and gender, however, are better thought of as continuums rather than binary categories. This session will be divided into three sections to explore topics that would benefit from a more expansive approach: intersectionality, intersex, and nonbinary identities. Intersectionality refers to the way our multiple social identities like race, ethnicity, class, gender identity, sexual orientation, religion, ability, age, body size, nationality, and additional identities intersect in ways that allow for privilege or marginalization, and produce an impact that is greater than the sum of each individual identity. The intersectionality section will provide an overview of the concept with a focus on ethnic-racial identity,¹ highlighting the challenges and disparities that transgender and nonbinary youth of color experience, as well as their strengths and resilience.² We will provide a framework for thinking about intersectionality and ethnic-racial identity.³ There will be sections to highlight specific ethnic-racial groups, including Black, Latinx, and Asian American Pacific Islander (AAPI) transgender and nonbinary youth, and relevant cultural considerations. Next, we will explore intersex traits⁴ and variations in sex development, including definitions, terminology, and psychosocial implications, such as intersex stigma. Finally, we will discuss nonbinary gender identities, how gender manifests in social interactions, disparities and barriers to care, and considerations for gender affirmation. In all sections, we highlight the strengths and resilience of these diverse youth and provide practical clinical recommendations for mental health providers. We will utilize interactive audience-response technology to engage participants.

Birth Trauma Basics: Understanding and Treating Childbirth-Related PTSD

Chair: Christina T. Khan, M.D., Ph.D.

Presenters: Reid Mergler, M.D., Amanda Koire, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) By the end of the session, participants should Understand the definitions, epidemiology and prevalence of childbirth related post-traumatic stress symptoms and disorder; 2) By the end of the session, participants will have learned how to screen for PTSS and PTSD with the City Birth Trauma Scale to implement this in clinical practice; and 3) By the end of the session, participants will be able to identify resources and ways to collaborate with obstetricians and pediatricians to best care for this patient population.

SUMMARY:

Childbirth-related post-traumatic stress symptoms (CB-PTSS) and post-traumatic stress disorder (CB-PTSD) are both common and frequently overlooked. Examples of potential traumatic experiences during childbirth include postpartum hemorrhage, unexpected surgical and instrumental deliveries, and need for neonatal intensive care unit hospitalization. Although more than 15% of birthing individuals experience PTSS and 4.6-6.3% meet full criteria for PTSD according to the DSM-V (Dekel et al., 2017), formal screening is rare in clinical settings and initial psychiatric assessments do not typically inquire about childbirth experiences. Unlike other index events of trauma, childbirth-related PTSD is unique in that it results from an event that is socially and culturally considered primarily positive, and this has created a blind spot to the legitimacy of these traumas (Horesh et al., 2021). Historically, the field of psychiatry has perpetuated structural erasure, with the DSM-III implicitly excluding childbirth trauma as insufficiently ?outside the range of usual human experience? (North et al., 2016). While the DSM has now evolved to a more inclusive definition, psychiatry must now innovate improved systems for implementing screening and treatment of childbirth-related PTSD commensurate with its prevalence in the population. This is especially relevant in the

context of its salient intersection with COVID-era restrictions, ongoing racial disparities in maternal morbidity and mortality, and the acute erosion of reproductive choice in the wake of the Dobbs ruling. In this session, we aim to empower and motivate clinicians to consider, screen, and treat childbirth-related PTSS/ PTSD. We will discuss how post-traumatic avoidance symptoms that have their roots in childbirth may limit postnatal care engagement, predispose to postpartum depression, affect bonding with the infant, and impair the individual's relationship with their partner. We will demonstrate how to screen and interpret the validated City Birth Trauma Scale (Ayers et al., 2018), discuss what evidence base exists for prevention and treatment, and provide information regarding national resources and virtual peer support groups that may benefit patients who screen positive. We will focus as well on the role of psychiatrists in collaborating with obstetricians to provide trauma-informed care, with particular focus on mental health in the context of subsequent pregnancies in these patients. Two of our presenters will also discuss their experience developing an inpatient trauma-informed care quality improvement project to liaise and collaborate with obstetricians and pediatricians in their hospital system. By the end of the session, participants will be aware of tangible steps they can take to enact change at the individual and systems level to improve maternal mental health.

Borderline Adolescents: Therapeutic Innovation, Collaboration With Families, Motivation of Caregivers

Chair: Maurice Corcos, M.D., Ph.D.

Presenters: Marion Robin, Alexandra Pham-Scottet, Jean Belbeze

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) to diagnose a borderline personality at adolescence; 2) to use the MSI-BPD as a screening questionnaire, for clinical or research purposes; 3) to understand the mediating role of emotional dysregulation of borderline adolescents; 4) to analyse different traumatic and cumulative experiences that characterize borderline adolescent history; and 5) to distinguish the effects of adversity

and insecure attachment on borderline emotional dysregulation.

SUMMARY:

Borderline personality disorder (BPD) is a major topic of public health all over the world. It seems important to diagnose BPD as early as possible, in adolescence. In this symposium, we will first discuss how to diagnose BPD, in different settings (hospitalization, ambulatory, psychiatric emergencies ...). Screening instruments, like the MSI-BPD, will be presented, and examples of its utilization for clinical or research purposes will be given.. Then, we will present the main findings from the latest published studies about BPD, from the European Network on Borderline Personality Disorder (EURNET-BPD) : - emotional dysregulation has a mediating role in suicide attempts among BPD adolescents - cumulative traumatic experiences largely characterize borderline adolescents"history in highly insecure conditions, cumulative adversity may produce paradoxical effects, including a lesser expression of affective symptoms and hopelessness. We will discuss with the audience three brief clinical presentations, in order to illustrate previous findings. A large part of this symposium will be dedicated to Questions and Answers for audience.

Bringing Recovery to College Mental Health

Chair: Mark Ragins, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Create developmentally grounded, causal formulations for people instead of illness grounded diagnosis; 2) Evaluate people for the 5 most common causes of college student distress and dysfunction; 3) Apply; 4) Integrate growth oriented prescribing practices into each medication visit; and 5) Analyze current college crisis - suicide prevention, poor attention, pandemic impacts - using person-centered, sustainable factors.

SUMMARY:

As things have gotten more complex and overwhelming in student mental health, many have colleges and universities have increasingly turned to an illness-focused Medical Model, including

integrated care and wellness. That model hasn't worked well in public health as we've dealt with similar problems. In many ways the Recovery Model would be a better fit for college mental health needs. Psychoeducationalizing students and campuses into illness-centered perspectives may also have deleterious, dehumanizing effects over time. Many college students are more likely to connect to a trauma informed, developmentally based formulation including current causes for their distress, than to a biological diagnosis, while sidestepping common fears and barriers to engagement. Incorporating strengths-based, natural peer-support, and empowerment strategies can reduce the demands on limited, overstrained professionally-driven services. Medication usage can be reconceptualized as getting unstuck in development towards adulthood, decreasing dysfunction, and reducing distress ("3 D's) instead of as treatments for illnesses that they're going to be dependent on indefinitely. The entire prescribing relationship can be growth-oriented focusing on taking advantage of the changes medications can make to move forwards and even to outgrow the ongoing need for the medications. Lastly, we'll apply our Recovery Model perspective to finding sustainable ways of addressing several current crisis in college mental health – suicide prevention, poor attention, and pandemic impacts.

Centering Psychiatry in Multidisciplinary Chronic Disease Treatment Via Collaborative Care

Chair: Katharina Hill, M.D.

Presenters: Katharina Hill, M.D., Ashley Nader, B.S., Amy Pike, M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe psychiatry's role in treating the epidemic of chronic disease via collaborative care.; 2) Describe how collaborative care treatment principles can be used to implement nutrition and fitness treatment pathways with good outcomes.; 3) Describe how including fitness and nutrition prescriptions with typical collaborative care management reduces the burden of chronic disease.; 4) Describe elements of a successful telehealth approach to collaborative care treatment delivery.;

and 5) Describe elements of fitness and nutrition program prescriptions for treating behavioral conditions in individuals with multiple chronic diseases..

SUMMARY:

Background: Worldwide, chronic disease burden is increasing and poor mental health prevents treatment. Psychiatry's role in treating chronic disease has been limited to treating only mental health. Our healthcare environment incentivizes acute care for illness making multi-modal treatment expensive and impractical. The collaborative care model (CoCM), an integrated model of care funded by Medicare, is financially viable, evidence-based, can be adapted to deliver chronic disease treatment, and allows psychiatrists to treat underlying mental health issues throughout. **Methods:** Remote telehealth treatment was delivered to Medicare patients in cardiology with hypertension or atrial fibrillation. Patients were screened for anxiety, depression, insomnia, nutrition, physical activity. A pathway was selected based on scores and patient preference. Remote patient monitoring occurred via blood pressure cuff/weight scale. Care was delivered by care managers (registered nurse or clinical social worker), health coaches, registered dietitians, physical therapists, fitness experts. Scales used were the Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7), the Insomnia Severity Index (ISI), Starting the Conversation (STC), Five-Times-Sit-to-Stand Test (FTSST). Weight, blood pressure, minutes of physical activity were also tracked based on pathway. **Results:** After 12 weeks of treatment, patients with PHQ-9, GAD-7, and ISI scores in the moderate-severe range depression scores decreased 50.6% (N=23), anxiety scores decreased 58.4% (N=17), and insomnia scores decreased 39.3% (N=16). Patients treated in the nutrition pathway (N=60) lost on average 6.7lbs. Average blood pressure decreased 9.1 mmHg systolic and 4.5 mmHg diastolic (N=19). Patients treated in the fitness pathway increased minutes of daily exercise 71.5% from 8.6 to 30.2 and average days per week with exercise 62.2% from 1.7 to 4.6 (N=18). Average seconds for the FTSST decreased 28% from 14.2 sec to 10.2 sec (N=20). The overall program was acceptable to participants with care rating of 4.88 out of 5 on a Likert scale. Financially, one referring

clinic with 16 physicians generated ~\$1,000,000 of additional revenue with the Nudj Health program. Data collection continues. **Conclusion:** Adapting Collaborative Care to deliver multi-modal treatment for chronic disease is effective and financially viable. Treatment was acceptable, met accepted targets for anxiety, depression and insomnia, resulted in weight loss, decreased blood pressure from grade 1 hypertension to normal values, and improved strength and physical activity to meet U.S. physical activity guidelines. Income from Collaborative Care added additional revenue. Future program improvements include technology to assist staff measurement collection, integration of additional objective data, modification of nutrition pathway to improve weight loss, and the expansion of group offerings to promote community and peer support.

Changing US Trends in Alcohol, Hallucinogens, Cannabis, and in Opioid Overdoses

Chair: Dustin Graham

Presenters: Katherine Keyes, Magdalena Cerdá, Ofir Livne

Discussant: Deborah Hasin

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain 30-year trends in U.S. alcohol use, including the declines in adolescence and increases in adults, the empirical data explaining reasons for these trends, and the public health implications.; 2) Understand how overdose deaths have evolved in the United States in the past 22 years, across substances, states, regions, and racial/ethnic groups.; and 3) Describe 20-year trends in U.S. hallucinogen use, including increases in adults =26 years, decreases in adolescents 12-17 years, the recent upsurge in adolescents, and public health implications..

SUMMARY:

The use of alcohol, opioids, and hallucinogens and consequences of their use constitute major public health and social concerns. In the US, trends in use of these substances are undergoing major changes, which is important information for practitioners. Alcohol. Dr. Katherine Keyes shows that adolescents are now less likely to binge drink by age 18 than past

cohorts, but by the mid- to late-20s, the reverse is true: recent cohorts are more likely to binge drink than past cohorts. Data come from >75,000 high school seniors graduating from 1976 to the present who have been surveyed from age 18 onward (up to age 30) in the Monitoring the Future Study. Over time, the reversal in the likelihood of binge drinking by age emerged gradually, primarily between ages 18-24 for men and 18-22 for women. Changes in social roles and minimum legal drinking age accounted for only a modest amount of the reversal; the biggest impact was the declining marriage rate. Convergence in male-female rates of binge drinking is most pronounced in the earliest years of transition to adulthood. Hallucinogens. Dr. Ofir Livne will show that while most hallucinogens are designated as U.S. Schedule I drugs and entail risk for adverse consequences, the perception of hallucinogens as risky is decreasing, and their use for therapeutic benefits is gaining popularity. Findings on overall and age-specific time trends in use of several hallucinogen categories will be presented: any hallucinogens, LSD, ecstasy, PCP, plant-based hallucinogens (e.g., psilocybin), tryptamines, and ketamine, using data from the 2002-2019 National Survey on Drug Use and Health (NSDUH), a cross-sectional annual survey of the U.S. population 12 years and older. The data show that, overall, hallucinogen use has increased, but these changes varied by age, timeframe, and type of hallucinogen. Opioids. Dr. Magda Cerdá will show that more people died of drug overdose in the past year than any prior year. The crisis in overdose deaths occurred in waves characterized by different substances; the first by prescription opioids (1999-2010), the second by heroin (2010-2013), and the third by illegally manufactured synthetic opioids (e.g., fentanyl) since 2014. Yet the evolution of the overdose crisis has been strikingly different across the US and across racial/ethnic groups. A comprehensive geospatial “history” of the opioid epidemic since 1999 will be presented, including estimated death rates by state, drugs of involvement and by racial/ethnic group. Further, an evolving fourth wave will be presented: overdoses involving opioids and stimulants, and how these types of overdoses have affected different racial/ethnic groups in the U.S. Finally, Dr. Deborah Hasin will discuss the findings, placing the trends in alcohol, opioids, and hallucinogens in the context of

the increases in cannabis use and cannabis use disorder, and discuss public health implications of all the changing trends in substance use.

Chronic Pain for the General Psychiatrist: A Review of Shared Mechanisms and Treatment Strategies

Presenter: Xavier Jimenez, M.D.

Moderator: Joseph McCullen Truett, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explore relationship between chronic pain and psychiatric disease; 2) Review role of central sensitization in chronic pain and psychiatric comorbidity; and 3) List potential pain psychopharmacologic and other treatment options.

SUMMARY:

Chronic pain is rather prevalent, and up to 50% of those with chronic pain suffer from psychiatric comorbidities. This presentation aims to review chronic pain in the context of psychiatric care, exploring shared pathophysiology as well as important and multimodal treatment options. The presentation is designed for the general psychiatric clinician, starting with a rapid review of the neural underpinnings of chronic pain and psychiatric disorders, underscoring how both conditions share common pathways. Next, the presentation will discuss how to approach, assess and discuss chronic pain with patients. This is followed by an examination of treatment possibilities, including a primer in complex pain psychopharmacology. Nonpharmacological treatment options are also examined, particularly in the context of central sensitization and utilizing a motivational interviewing approach to enhance adoption of psychosocial interventions. The didactic portion is expected to last about 60 minutes, leaving another 30 minutes of time for lively audience interaction including discussion and exploration of case material.

Climate Change and Mental Health of Older Adults

Chair: Jason Strauss

Presenters: Eduardo Espiridion, Rajdip Barman, Badr Ratnakaran, M.B.B.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appraise the risk factors contributing to the vulnerability of older adults to climate change-related events.; 2) Review the impact of climate change on the health of older adults.; 3) Describe the consequences of climate change-related events on the mental health of older adults.; 4) Identify the influence of climate change-related events during the psychiatric assessment of older adults and create management plans to mitigate the risks on mental health caused by climate change.; and 5) Recommend potential solutions in improving education of medical students and trainees in psychiatry on the consequences of climate change and mental health of older adults..

SUMMARY:

Climate change poses a significant challenge to our mental health. Older adults are significantly affected by climate change due to their frailty, normal physiological changes of aging, and sensorimotor and cognitive deficits related to aging. Changes in ambient temperature and air pollution can contribute to increasing mortality and morbidity from physical illness. Along with the stress from climate change-related events, including floods and wildfires, climate change can also cause significant consequences to the mental health of older adults. Studies have shown that changes in ambient temperature, and air pollution can contribute to depression and cognitive deficits in older adults. Climate change-related events can also exacerbate and trigger new mental health conditions in older adults, including phobias, post-traumatic stress disorder, anxiety, and depression. With the declining number of mental health care providers specializing in the care for older adults, it has become imperative to train our future mental health care providers to address the needs of older adults with mental illness to the current and future challenges posed by climate change. In our general session, we will explain our current understanding of how climate change and its future is going to affect our health and the various risk factors that make older adults vulnerable to climate-change related events. We will discuss the effect of climate change on the physical health of older adults contributing to the burden of mental illness in older adults. These include worsening

health outcomes from cardiovascular and pulmonary disorders, and susceptibility to infectious diseases. The risk factors contributing to the vulnerability of health of older adults to climate change-related events, including disasters like hurricanes, flooding, and wildfires, will be reviewed during the session. We will describe the impact of climate change on the mental health of older adults, including worsened outcomes of depression and cognition to air pollution and change in the temperature of the environment. The consequences of climate change-related events on the mental health of older adults and system-related factors contributing to it will be appraised during the session. The challenges of psychopharmacology in older adults concerning climate change will be discussed including body temperature regulation-related side-effects of psychotropic medications. During our session, we will educate our participants in assessing climate change-related consequences on the mental health of older adults and formulate strategies in the management plans to mitigate the risks to mental health caused by climate change. To conclude the session, we will recommend potential solutions to incorporate the impact of climate change on the mental health of older adults in the education of our future medical students and trainees of mental health.

Comprehensive Care of the Transgender Patient: A Multidisciplinary Approach

Chair: Murat Altinay, M.D.

Presenters: Henry Ng, M.D., M.P.H., Cecile Ferrando, M.D., M.P.H., Jason V. Lambrese, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain the advantages of having a multidisciplinary team approach to transgender care; 2) Explain the key players that are needed to create a multidisciplinary team caring for transgender patients; and 3) Describe the key components necessary to sustain an existing multidisciplinary team caring for transgender patients.

SUMMARY:

A multidisciplinary approach to the care of the transgender patient is the key to providing gold standard care. Comprehensive management involves mental health evaluation and management of gender dysphoria and comorbid psychiatric conditions. In a multidisciplinary approach, mental health management remains the cornerstone of both transition and routine care. Another key component of a successful team is the embedding of medical transition services within a primary care model that ensures that all medical aspects of care are addressed for all patients. Lastly, surgical care for transitioning patients remains a coveted resource. A surgical program requires its own team approach as the assessment of patient readiness and perioperative management can be challenging. While many academic centers have multidisciplinary teams that care for transgender patients, our group has realized that it is not just about having the right specialists in place. We feel that there are three important components to our team that has made us successful in sustaining a multidisciplinary approach to transgender care. First, the team must meet on a regular schedule to discuss care plans for patients so that these plans remain comprehensive. Second, there must be cross-over and interaction between the pediatric and adult teams so that both teams remain educated about the care models that exist for certain age groups and so that when patients “transition” from pediatric services to adult, the teams work together to make those changes seamless. Third, incorporating advanced practitioner providers into the care model allows for more effective management of a high volume patient population and improves access to care.

Covid-19 and Higher Education Students? Well-Being: An International Approach

Chair: Tyler L. Frank, M.S.

Presenters: Jason Jabbari, Ph.D., M.Ed., Miriam Schiff, Ph.D., M.A., M.S.W.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the associations between mental health and academic achievements in higher education students during COVID-19.; 2)

List theoretical frameworks that make sense of the connection between mental health, hardships, and social support in higher education students.; and 3) Understand methods that are useful in evaluating adverse mental health outcomes and social support in students in higher education..

SUMMARY:

Even though college students may be well-suited to adapt to the changes brought about by the COVID-19 pandemic, the available evidence suggests that the impact of COVID-19 on their mental health is strong when compared to the general public. There have also been considerable differences between countries in the spread of the virus, governmental mitigation guidelines, and the social context of higher education. This panel responds to the need for comparative international research on COVID-19 and mental health in higher education. The first presentation will address psychological distress and posttraumatic growth in university students in Israel through three time points of cross-sectional data. The Conservation of Resources theory will provide support for the associations between positive and negative learning, financial experiences, and students’ level of distress and growth. Using multi-group structural equation modeling, the second presentation will explore how household hardships, academic hardships, and university assistance needed mediates the relationship between race and mental health (i.e., depression and anxiety) across two American universities. Furthermore, through an intersectionality theoretical framework, we will explore how gender moderates these relationships. The third presentation will expand on the mechanisms of the relationships between social support and mental health through a unique panel dataset of university students in Israel. Using a cross-lagged panel model, we will explain how the relationship between social support and mental health is partially explained by academic coping, as well as how these relationships change across perceived teaching quality. We conclude with implications for policy and practice and utilize an activity to brainstorm institutional strategies for disaster preparedness.

Covid-19: Clinical Neuropsychiatric Manifestations in Patients and Wellness Interventions for Healthcare Workers

Chair: Laura T. Safar, M.D.

Presenters: Joseph Keating, M.D., Smita Patel, M.D., Erica Savino Moffatt, N.P., R.N.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the most frequent neuropsychiatric manifestations of Covid-19.; 2) Describe factors contributing to the pathogenesis of Covid-19 neuropsychiatric manifestations.; 3) Demonstrate knowledge of factors contributing to the burnout of healthcare workers.; and 4) Articulate interventions that may mitigate healthcare workers burnout and support their resilience..

SUMMARY:

Neuropsychiatric manifestations are highly prevalent in patients with Covid-19. Non-specific symptoms such as anosmia, weakness, and fatigue are highly prevalent. Major neurological disorders such as stroke and seizures are less common. Brain lesions may include white matter abnormalities, microhemorrhages, hemorrhages, and infarcts. Contributing pathogenic factors include the host's immune response and neuro-inflammation. Frequent psychiatric complications are: Depression, anxiety, post-traumatic stress (PTS) symptoms, cognitive dysfunction, and sleep disturbances. An increased incidence of obsessive-compulsive symptoms was reported. Studies have also investigated the incidence of mania and psychosis post-Covid-19 infection. Depression and anxiety may be present in more than 30% of patients. As many as 43% of patients may suffer from PTS symptoms. ICU hospitalization increases the risk of PTSD. Delirium is reported in up to 84% of admitted patients with severe Covid-19. Cognitive deficits at follow-up include concentration, memory, and executive function difficulties. Long-term sequelae may include breathlessness, cough, muscle and chest pains, headache, fatigue, and psychiatric symptoms. These long-term symptoms are collectively referred to as 'long COVID'. From the healthcare workers (HCWs) perspective, the psychological impact of the pandemic has been significant. An overwhelming

workload, increased exposure to COVID-19, uncertain prognosis of patients and witnessing their suffering, lack of resources, and separation from loved ones have challenged their well-being. HCWs report an increased incidence of anxiety, depression, distress, sleep problems, and burnout in this context. Resilience factors in HCWs include: their professional identity, adequate training, collegial support, clear communication and support from supervisors, flexibility to engage in self-care, experiences of growth, and support from family and friends. Organizational strategies to reduce burnout and support resilience include: improving workflow processes and communication; reducing workload; providing opportunity for HCWs to have adequate rest and exercise; holding workshops on coping skills; fostering teamwork. Our session will offer clinicians a review of the neuropsychiatric manifestations of Covid-19. We will share case vignettes and discuss our hospital's clinical experience including the psychiatric disorders more frequently diagnosed in patients with Covid-19 infection in the inpatient and outpatient settings, and the psychiatric treatments they received. Lastly, we will present the wellness initiatives undertaken by our hospital to support HCWs during the pandemic and the steps followed to establish and sustain an institutional culture of wellness. Our presentation will include multiple choice questions and Q&A session to engage the audience in active learning processes.

Creating Psychodynamic Psychiatrists

Chair: Sherry Katz-Bearnot, M.D.

Presenters: Erin M. Crocker, M.D., Timothy Sullivan, M.D., Randon Welton, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) By the end of this workshop the attendees will be able to: -Discuss psychodynamic principles which are applicable to patient care in a wide variety of clinical venues; 2) Design training experiences to teach universal psychodynamic principles to psychiatry residents and early career psychiatrists; and 3) Create training vignettes to demonstrate universal psychodynamic principles.

SUMMARY:

Background: - The last few decades have seen a steady decline in psychiatrists providing psychotherapy to their patients. With the rise of Cognitive Behavior Therapy and other modalities, there has been a significant decline in psychodynamic psychotherapy in particular. This decline occurred despite a growing evidence base demonstrating the efficacy of a variety of psychodynamically-informed practices. For many psychiatry residents and early career psychiatrists, psychodynamic psychotherapy is a daunting prospect. - Efforts to create psychodynamically literate psychiatrists represent an attempt to demystify psychodynamic principles and help modern psychiatrists recognize that these principles are helpful in a wide variety of clinical settings. An understanding of unconscious desires, psychological defenses, the significance of repetitive patterns of behavior and the importance of emotional expression in the context of an empathically guided and reflective interaction with a psychodynamically competent psychiatrist can aid practitioners both in achieving a deeper understanding of the variety of factors that bring patients to us for care and in helping patients to understand themselves, the meaning and impact of their illness and/or the ways in which their psychological distress has influenced behaviors and symptoms. - This workshop will help attendees identify which psychodynamic principles can be recognized and used in settings as diverse as inpatient psychiatric units, consultation and liaison services, and busy medication management clinics. Attendees will have experiences discussing which psychodynamic principles are on display in videos of clinical interactions. Finally, attendees will be challenged to develop brief scenarios which could be used to teach other principles.

Decentralized Clinical Trials: Advantages, Challenges, and Benefits for the Psychiatric Drug Development Process

Chair: Tapan Parikh

Presenters: Scott Kollins, Amir Kalali, Jane Myles

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Provide a high-level overview of

decentralized clinical trials and their implications on the future of the psychiatric drug development process.; 2) Recognize advantages at various levels, including patient-centricity, shortened timeframe for conceptualization to approval, and opportunities for all stakeholders in the clinical research enterprise.; and 3) Learn the advantages, challenges, and benefits around implementing decentralized clinical trials for mental health conditions..

SUMMARY:

There have been exceptional and commendable adaptations to traditional processes in new drug development in the past few decades. This rapid evolution became most evident during the COVID-19 pandemic. Technological advancements and internet connectivity have played a dominant role in these recent dramatic changes. Decentralized clinical trials' (DCTs) strength, sophistication and reach have grown together. The power of DCTs is twofold: there can be less burden on patients to travel to clinical trial sites, and a large amount of data collection, including labs and scales, can be completed virtually via telehealth and/or digital medical devices. In some instances, participants may have to go to a site for some visits, but far less than they would have to in a traditional clinical trial model. In the last decade, it has not been uncommon for a variety of studies, in rare disease, oncology, and dermatology, for example, to have components of a "decentralized" process with the availability of central labs (kits can be mailed to patient homes), transport logistic solutions, and technological availability. However, the applications in psychiatric clinical trials remain limited. In order for our field to advance, and to facilitate the application of novel clinical trial methodology like DCTs, we need to consider innovative approaches for improving the quality of Real World Evidence (RWE) and Real World Data (RWD), the terms and concepts that are rapidly solidifying for their integration into evidence based medicine. We review the number of advantages in this proposal for decentralized clinical trials in this space: (1) Inclusivity of diverse and underrepresented social and ethnic groups in clinical trials; (2) More effective data collection processes that can abbreviate the time consumed by processes, rather than the scientific need for monitoring; (3) Opportunities at the investigator level to bolster and streamline patient engagement;

(4) Innovative and adaptive trial designs for real-world evidence generation and digital technology (5) Potential for cost-effectiveness and indirect benefit to the patients and healthcare system in the future. In this presentation, we will also review some challenges that lie ahead: (1) Making cost-effective technology that is easy-to-use and readily available to historically underserved people while increasing access to and choice around clinical trial participation for everyone; (2) Although telepsychiatry has gained rapid acceptance and is being widely used currently, the use of technology for clinical trials and drug development processes in this indication is a relatively new concept - and significant adaptations may be needed; (3) Implications on deidentification of data and privacy concerns; and (4) What a changing landscape could mean to traditional clinical trials site networks.

Dementia or Primary Psychiatric Disorder? Early Diagnosis and Treatment of Neurocognitive Disorders in the Psychiatric Setting

Chair: Vineeth P. John, M.D., M.B.A.

Presenters: Marsal Sanches, Amanda Actor, M.D., Lokesh Shahani, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Demonstrate the importance of early diagnosis and treatment of neurocognitive disorders presenting in the psychiatric clinic setting; 2) Distinguish the cognitive symptoms associated with common mood/psychotic disorders from those pertaining to neurocognitive disorders; 3) Discuss various modalities (clinical and investigational) utilized in the assessment of neurocognitive disorders in the psychiatric setting; and 4) Examine the complexities involved in the selection of pharmacological as well as psychosocial treatment paradigms to manage neurocognitive disorders in the psychiatric clinic setting.

SUMMARY:

Neurocognitive disorders often present with mood, personality and behavioral changes, sometimes resulting in their misdiagnosis as a primary psychiatric disorder. On the other hand, cognitive symptoms among patients with psychiatric disorders

(especially mood disorders and schizophrenia) are common. Given the considerable overlap in the clinical presentation of patients with dementia and other psychiatric conditions, distinguishing both groups of patients may be challenging. Psychiatrists would benefit from a better understanding of the diverse and manifold clinical features of various neurocognitive disorders, as their accurate diagnosis is crucial for accessing appropriate treatment in a timely fashion. This workshop will adopt an algorithm-based "tool kit" approach highlighting critical elements in the assessment and treatment of neurocognitive disorders, such as Alzheimer's disease, Frontotemporal dementia, Dementia of Lewy Body, Vascular Dementia as well as early onset dementias and reversible dementias. Comprehensive clinical history, relevant neurological findings as well as laboratory and neuroimaging studies that help distinguish major neurocognitive disorders and common psychiatric conditions will be discussed. Using multiple clinical vignettes, the panelists will demonstrate high-yield "expert strategies" to help clinch an early diagnosis of neurocognitive disorders presenting with predominant psychiatric symptomatology. Furthermore, the relative merits of various bedside tests and cognitive screening instruments such as Montreal Cognitive Assessment (MoCA) and Mini Mental State Examination (MMSE) will be discussed in detail. Finally, the latest treatment options for managing cognitive and behavioral aspects of the various neurocognitive disorders will be discussed.

Demystifying Disaster Psychiatry: What Can District Branches Do?

Chair: Leslie Gise, M.D.

Presenters: S. Therese Garrett, M.D., Giuseppe J. Raviola, M.D., Danielle Chang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define disaster psychiatry and evidence-based approaches to caring for victims of disaster.; 2) Present the need and value of having district branch disaster committees.; and 3) Discuss examples of what district branch disaster committees can do, drawing on examples from

committees in Massachusetts, California, and North Carolina..

SUMMARY:

Disasters are becoming more frequent, threaten our health system, and touch all our lives. From the COVID-19 pandemic, to the war in Ukraine, to ceaseless gun violence, to continued devastation from climate change, disasters of all kinds have ravaged our country in the past year. Yet psychiatrists continue to have little training on disaster psychiatry and how to support people's mental health in the wake of disaster. Disaster psychiatry focuses on building resilience, addressing the social determinants of mental health (SDOMH), and providing high-quality care to patients in the face of disaster. As disaster events occur, there is usually a surge in offers of help from the psychiatric community. Volunteers make vital contributions to disaster services especially during the immediate postimpact period when they participate in both spontaneous and organized activities. Mental health considerations should be integrated into immediate and long-term public health and medical disaster management approaches, though this is often not the case. Despite the need for more attention to the mental health aspects of disaster, very few DBs have disaster committees. This presentation will therefore describe these 3 models of DB Disaster Committees from Massachusetts, southern California, and North Carolina, illustrating different stages of development from early onset to well-developed committees. We aim to present the need for and value of having DB Disaster Committees to advance the work of disaster psychiatry. We will engage the audience with descriptions of how to build and sustain a DB Disaster Committee. We will present examples of DB Disaster Committee activities, include community-based initiatives to strengthen volunteer linkage systems, providing toolkits, creating guidelines, and generating scholarly work. We will describe our efforts to recruit, inspire, and mentor new and younger members to contribute to the sustainability of the field. Of note, APA aims to have a Disaster Representative in every DB. If a disaster occurs in the area of a DB, the APA Committee on Psychiatric Dimensions of Disaster has a contact person/liaison to reach out to with resources, guidance, and support, and access to all the members of the

Committee on Psychiatric Dimensions of Disaster (CPDD). The CPDD can therefore also play a role in ensuring there is a Disaster Representative in each DB. In summary, creating a DB Disaster Committee is an important way to advance the field of disaster psychiatry and the purpose of this session is to empower the audience with practical ideas for how to do this within their own DBs. The learning objectives of this talk are to therefore 1) Define disaster psychiatry and evidence-based approaches to caring for victims of disaster 2) Present the need and value of having district branch disaster committees and 3) Discuss examples of what district branch disaster committees can do, drawing on examples from committees in Massachusetts, southern California, and North Carolina.

Diagnosing and Treating Internet Gaming Disorder (IGD): An Interdisciplinary and Inter-Specialty Approach

Chair: Ramon Solhkhah, M.D.

Presenters: James Sherer, Lauren Kaczka-Weiss, M.D., Daniel Weiner, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review and analyze the latest evidence-based practices for diagnosing and treating Internet Gaming Disorder (IGD); 2) Examine how an interdisciplinary and inter-specialty approach to Internet Gaming Disorder (IGD) treatment can improve outcomes; and 3) Evaluate ways to incorporate insights from other sub-specialties and clinicians in other fields to enhance Internet Gaming Disorder (IGD) evaluation and treatment.

SUMMARY:

More than 200 million Americans play video games. The prevalence of Internet Gaming Disorder (IGD) is estimated to be about 2% of the population and rising, meaning over 6 million Americans are struggling with video game addiction. Videogames themselves become more engrossing and enticing every year. As technology advances at a breakneck pace, and new, immersive technologies such as virtual reality (VR) and augmented reality (AR), the psychological pull of video games will only increase. While videogames play central roles in many

patients' lives, psychiatrists often feel unequipped to tackle video game addiction, and often struggle to separate normal play from dependence. While understanding the latest evidence-based practices for diagnosing and treating IGD is a good foundation for psychiatrists to build on, many still feel unprepared to fully address this new and complex disorder. This workshop will begin by efficiently summarizing the latest data on the subject, aiming to cover everything from the neurobiological basis of the disorder, to rating scales used for diagnosis, to the latest evidence-based treatments, both psychotherapeutic and pharmacologic. However, this workshop will be set apart by its emphasis on multidisciplinary collaboration to further enhance treatment and improve outcomes. By using a series of case examples, a panel of leaders in the field from the realms of child, addiction, and consult-liaison psychiatry, will contribute unique viewpoints to form comprehensive case formulations and treatment plans. By using these cases and engaging the audience through use of polling, attendees will see in real time how IGD diagnosis and treatment is uniquely suited to a multidisciplinary approach. We will show how in our everyday practice, we elicit and incorporate viewpoints from these varying disciplines to inform our own approaches to IGD> We will also endeavor to incorporate viewpoints from our colleagues even outside of psychiatry, by using slides and clinical pearls obtained from our colleagues in the fields of pediatrics and family medicine, who are also engaged in IGD treatment. At the conclusion of our discussion and case presentations, we will engage the audience with 5 practice questions to summarize our findings and reinforce the importance of a multidisciplinary approach. Our goal is that attendees leave the workshop not only with the most up-to-date recommendations on the diagnosis and treatment of IGD, but also with a renewed sense of interdisciplinary camaraderie. We will aim to impart practical knowledge about how to collaborate with other specialists to provide comprehensive and effective IGD treatment. It is our belief that IGD is uniquely suited to an interdisciplinary and multi-faceted approach, and we hope to demonstrate that with the latest data as well as practical, memorable case examples.

Diagnosing Schizophrenia in the 21st Century: Natural Language Processing as an Emerging Biomarker

Chair: Marlon Danilewitz, M.D.

Presenters: Michael J. Spilka, Ph.D., Justin Baker, M.D., Ph.D., Sunny X. Tang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review the fundamentals of artificial intelligence and natural language processing as it applies to clinical care.; 2) Outline the current research to date involving natural language processing and schizophrenia.; and 3) Discuss the potential implications, current barriers and future directions of research in this domain..

SUMMARY:

Clinical evaluation of speech is a fundamental aspect of all psychiatric assessments, typically incorporated as a part of the mental status exam, the psychiatrists physical exam. While highly informative, clinical judgements of speech are subjective and lack precision. At the same time, advances in artificial intelligence technologies, such as quantitative voice analysis and natural language processing (NLP), have drastically improved our ability to objectively detect and characterize alterations in speech and language and have growing applications for individuals with psychiatric disorders. In particular, NLP has shown tremendous clinical potential in schizophrenia spectrum disorders (SSD), where it has demonstrated strong evidence in predicting the onset of psychosis and distinguishing individuals with psychosis from controls. In this interactive workshop, we will provide participants with an overview of the role of NLP as an emerging tool to understand speech and language biomarkers of SSD. Over the course of this dynamic workshop, participants will acquire an understanding of the fundamentals of NLP as a general process, the evidence supporting the use of NLP to diagnose SSD and track clinical symptoms and predict treatment outcomes, and implications for integration with current clinical care models. The panel will also highlight limitations of NLP in the current literature and outline emerging research to address these limitations. As a part of the workshop, we will integrate case based learning

and allow for ongoing audience engagement throughout the presentation.

Emotional Support Animals: What Psychiatrists Need to Know

Chair: Ariana Nesbit, M.D.

Presenters: Meera Menon, M.D., Kathryn Ridout, M.D., Ph.D., Charles Dike, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify relevant federal and state laws related to ESAs; 2) Understand the current literature supporting the use of ESAs; 3) Describe the steps to completing an ESA evaluation; 4) Appreciate the relevant ethical considerations when deciding whether to write an ESA letter for a patient; and 5) Recognize the potential liability a psychiatrist may face when writing an ESA letter, and how to reduce this risk.

SUMMARY:

Psychiatrists may be asked to write a letter supporting a patient's request for an emotional support animal (ESA). Laws regulating ESAs vary across federal, state, and local jurisdictions. Because this is an evolving area of law, it is essential for psychiatrists to stay up to date with laws in their jurisdictions. This panel discussion will provide an overview of the clinical, ethical, and legal considerations that a psychiatrist should take into account when asked to write an ESA letter for a patient. Dr. Menon will describe the relevant federal and state laws, comparing and contrasting laws regulating ESAs to those regulating service animals. Dr. Ridout will explore the evidence base for the use of ESAs. Dr. Nesbit will review the process of conducting an ESA evaluation and pertinent ethical considerations, including the psychiatrist's secondary ethical obligation to public health, as well as potential ethical concerns regarding role conflict. Dr. Dike will discuss liability-related concerns by reviewing relevant cases and strategies to reduce liability.

Equity, Ethics, and the World as It Is: An Oxford Debate on Whether Private Practice Psychiatrists Should Accept Insurance

Chair: David W. Brody, M.D.

Presenters: Danielle Kushner, M.D., Eric M. Plakun, M.D., Robert L. Trestman, M.D., Ph.D., Colleen Coyle, J.D., Erik Rudolph Vanderlip, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the main arguments in support of and opposed to the resolution; 2) Understand how self-payment for psychiatric services influences patient outcomes; and 3) Understand the ethical issues raised by network participation and self-payment for psychiatric services.

SUMMARY:

Of all medical specialists, psychiatrists have one of the lowest rates of health insurance network participation. It is widely understood that the most difficult specialty referral in primary care is to a psychiatrist. Untreated and undertreated psychiatric conditions contribute to suboptimal health outcomes and increase the overall cost of medical care. The scarcity of psychiatrists who accept insurance lends support to calls for legislation to enlarge the scope of practice for non-MD prescribers. Insurance reimbursement for outpatient psychiatric care is lower than for comparable services provided by other physicians, while insurers often limit the goal of treatment they authorize to crisis stabilization. Insurance practices also make it challenging for psychiatrists to offer psychotherapy, compelling most office-based, in-network psychiatrists to focus on psychopharmacology. Employers continue to purchase health plans that offer "shadow" panels while insurance regulators increasingly determine that insurance plans cannot demonstrate adherence to the mental health parity law. In this context, what are the ethical and public health arguments for and against psychiatrists accepting insurance in some cases? This debate will highlight salient ethical and public health considerations for the psychiatric profession to move toward more equitable access to care. How might the principles articulated in the APA and AMA ethics

codes support the argument that physicians, especially psychiatrists, should not offer their services *exclusively* on a self-pay basis? Since the demand for psychiatric services cannot be met by the current psychiatrist workforce, is allocation of scarce resources to the highest bidder consistent with justice, compassion and social responsibility? What does it say about the commitment of academic centers to address inequities in care when faculty are encouraged or required to maintain separate private practices but not required to accept insurance in those practices? Are psychiatrists (and all physicians) who practice exclusively on a self-pay basis “free riders,” since doctors who accept insurance are, in effect, subsidizing the medical practices of those who “opt out?” Does the insurance industry’s limitation of treatment to crisis stabilization and underpayment for psychiatric services constitute legitimate grounds to opt out of a reimbursement system that is out of alignment with generally accepted standards of care and with the parity law? In an Oxford-style debate format, two teams will debate the following resolution: **psychiatrists in independent practice should accept insurance as an in-network provider**. Andrew Carlo, MD MPH and Robert Trestman, MD will argue in support of the resolution and Eric Plakun, MD and Colleen Coyle, JD will argue in opposition. Danielle Kushner, MD will introduce the program and David Brody, MD will moderate the debate.

Evaluation of the REMs Programs for Psychiatric Medications

Chair: Catherine E. Cooke, Pharm.D., M.S.

Presenters: Megan Ehret, Pharm.D., M.S., Catherine E. Cooke, Pharm.D., M.S., Ray Love, Pharm.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe Risk Evaluation and Mitigation Strategies (REMS) and provide an overview of the REMS programs for three psychiatric medications: esketamine, olanzapine pamoate, and clozapine; 2) Review a research protocol evaluating the three REMS programs; 3) Describe the perspectives of different healthcare professionals from the evaluation of the REMS programs; and 4) Discuss recommendations and best practices for

utilization of REMS programs for psychiatric medications so that members of the mental health team may better advocate for their clients.

SUMMARY:

A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks. REMS programs may require that healthcare professionals and patients perform extra measures to ensure the drug is used safely. These requirements may present challenges to mental health teams, result in unintended consequences on patient access or cause burden on various care team members such as prescribers, dispensers, those who monitor medication response and safety parameters, those who educate patients, or those assist with access to the medication. Because of these issues, it is important to examine REMS programs to assure they meet their intended purposes and do not cause unintended consequences for patients or healthcare providers. Thus, an evaluation of the REMS programs for three psychiatric medications (i.e., esketamine, olanzapine pamoate, and clozapine) was conducted in collaboration with the FDA Office of Surveillance and Epidemiology (OSE). Multidisciplinary healthcare professionals participated in focus group interviews to provide their perspectives on the impact on REMS programs on patient access, safe medication use, and health professional workload. Emergent themes from the focus group interviews included discussions on the value of the REMS programs, registration/enrollment processes and REMS websites, monitoring requirements, care transitions, and COVID-19 considerations. The present session will discuss the results of the focus group interviews, including the identified themes and recommendations. Conference participants will be engaged to discuss areas for improvement to the REMS programs for psychiatric medications. The speakers in the session will include two psychiatric pharmacists and a health services researcher.

Evolutionary Psychiatry: How an Evolutionary Framework Increases Patient Engagement, Treatment Effectiveness, and Clinician Wellbeing

Chair: Cynthia M. Stonnington, M.D.

Presenters: Dan Stein, M.D., Ph.D., Randolph Nesse, M.D., Kathy Smith, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this event participants will identify at least three reasons why natural selection leaves some traits shared by all members of a species vulnerable to failure; 2) At the conclusion of this event participants will describe the situations in which anxiety and low mood are useful.; 3) At the conclusion of this event participants will explain how signal detection theory accounts for false alarms in the panic anxiety system.; 4) At the conclusion of this event participants will discuss the six kind of life resources summarized in the mnemonic S.O.C.I.A.L.; and 5) At the conclusion of this event participants will apply at least one clinical practice change based on an evolutionary perspective to improve patient care..

SUMMARY:

Evolutionary psychiatry is growing fast. Several new books have given impetus to the field and the Royal College of Psychiatry's Evolutionary Psychiatry Special Interest Group has over 2000 members. Evolutionary psychiatry is not a method of practice. Instead, it brings the basic science of evolutionary biology to bear on the challenge of understanding behavior in terms of its effects on fitness. This enterprise is parallel to, and synergistic with, the rest of biological psychiatry's efforts to understand brain mechanisms. An important core principle recognizes anxiety and low mood as evolved defenses; they are, like pain and cough, useful when expressed in the right situation, but useless and painful disorders when expressed otherwise. Recognizing the utility of symptoms and their distinction from diseases confirms that psychiatric practice is like the rest of medicine. To find life situations that may arouse symptoms, a Review of Social Systems can be used to systematically assess what an individual has, wants, and is trying to get (or avoid) in each of six core life domains. This helps determine if symptoms are from

a normal or abnormal regulation system, and if they are useful to the individual or not. The goal of this interactive workshop is to introduce the concept of evolutionary psychiatry and its importance in a modern clinical practice. Employing poll questions to aid in active learning, we will begin with an overview of the core principles of evolutionary psychiatry and expose common misunderstandings. We will describe how understanding the origins and functions of a variety of conditions such as anxiety and low mood help patients understand their disorders with reduced stigma, how it may strengthen the clinician-patient alliance, and how it might help the clinician practice more wisely. Using role-play, we will show how to use the social systems tool in clinical practice and present other case examples to illustrate how to effectively talk about evolutionary principles with patients. Finally, we will work in small groups to discuss how an evolutionary framework can foster personal and professional wellbeing by helping clinicians be alert to implicit bias, avoid devaluing those outside of one's social group, and provide guidance to respond skillfully to the challenges of practicing medicine in our current healthcare environment. Participants will come away from this interactive session primed to learn more, protected against elementary mistakes, and able to apply beginning principles to clinical encounters.

Expansion of Private Telehealth Services for Opioid Use Disorder in Rural Populations, 2020-2022

Chair: M. Justin Coffey, M.D.

Presenter: Marlene C. Lira, M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe defining characteristics of the rural member population treated by a private telehealth provider; 2) Identify characteristics associated with retention in private telehealth OUD treatment; and 3) Identify characteristics associated with expansion of OUD treatment in rural areas.

SUMMARY:

Opioid use disorder is a leading cause of morbidity and mortality in the United States, and since the beginning of the Covid-19 pandemic, annual opioid

overdoses have only increased. Rural communities face particular barriers with regard to opioid use disorder, including lack of providers, long distances to clinics, and barriers to naloxone. Telehealth serves as a promising model for delivering personalized and accessible treatment interventions that meet the unique needs of people who suffer from substance use disorder, including re-engagement in primary care. While data are emerging on expansions in telehealth from public care systems, there are limited data on treatment outcomes from private telehealth providers. We will present on treatment expansion and outcomes from a private telehealth provider from 2020-2022. Through didactic lectures, this session will provide audience members with an overview of a private telehealth model and an understanding of its evolution since 2015. In addition, audience members will be presented with results from a retrospective cohort study of patients being treated for opioid use disorder in rural areas exploring individual-level characteristics associated with clinical outcomes (e.g., retention in care, concordant urine toxicology test results), as well as macroscopic factors associated with geospatial expansion into rural areas. This session will share insights from a treatment model that has the potential to reshape treatment for substance use disorders to reach new populations. Findings can additionally inform health policy efforts to continue telehealth models for the treatment of substance use disorders.

Focused Brief Group Therapy: An Integrative Interpersonal Process Group Approach Using Measurement Based Care

Chair: Martyn Whittingham

Presenter: Meenakshi Denduluri, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will be able to explain the main theoretical strands of FBGT; 2) Participants will be able to explain the target of change in FBGT - interpersonal distress; 3) Participants will be able to explain the use of the interpersonal circumplex in FBGT; 4) Participants will be able to explain the mechanisms of change in FBGT; and 5) Participants will be able to explain the

use of measurement based care in FBGT to tailor treatment.

SUMMARY:

Focused Brief Group Therapy (FBGT) is an eight session, integrative interpersonal process approach to group therapy. It draws on practice based evidence and evidence based common factors and best practices to generate measurable and achievable outcomes. This workshop will combine didactic and experiential components to outline how it targets change. It is currently being used across the USA and internationally in a variety of settings. Early research has shown improvements in depression, social anxiety, hostility and interpersonal distress in less than eight sessions. An example of how it was used at Stanford Psychiatry will be provided.

From Collaboration to Innovation: How Two Local Hospitals Are Working Together to Provide Physicians Access to Barrier-Free Mental Healthcare

Chair: Joseph David Varley, M.D.

Presenters: Christina M. Rowan, Ph.D., Dimitrios Tsatiris, M.D., Angela Miller, Ph.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe current rates and impact of burnout, anxiety, depression, and suicidal ideation among physicians.; 2) List personal and systemic factors contributing to physician burnout.; 3) Identify common barriers that prevent physicians from seeking mental healthcare when warranted.; and 4) Develop ways to overcome barriers to help-seeking and promote clinician wellness in one's own institution, using the Akron Physician Wellness Initiative as a model..

SUMMARY:

Even before the COVID-19 pandemic, rates of burnout among practicing physicians and house staff have been increasing. According to the latest research, up to 50% of practicing physicians suffer from burnout. A systemic review and meta-analysis shows the prevalence of depression and anxiety among physicians to be 20.5% and 25.8%, respectively. Furthermore, 1 in 10 physicians have had thoughts of suicide or attempted suicide, and

between 300 – 400 physicians complete suicide each year, which rates higher than the general population. Emerging research has documented factors endemic to the modern practice of medicine that are fueling these alarming statistics. Despite experiencing difficulties, many physicians are reluctant to seek mental health treatment due to stigma, potential of having to disclose to licensure and credentialing boards, concerns that use of an Electronic Medical Record would compromise confidentiality, and fear of workplace discrimination. Our session will introduce participants to the latest statistics related to physician wellbeing, and engage them in discussion regarding ways to address this problem. We will describe how two separate hospital systems (one adult and one pediatric) have collaborated to develop a unique program to overcome barriers and provide physicians access to confidential, free mental healthcare. The presenters will showcase utilization data, clinical outcomes data, and patient feedback related to utilization of this innovative program.

Gender-Affirming Psychiatric Care: Discussion and Preview of Forthcoming APA Textbook

Chair: Teddy G. Goetz, M.D., M.S.

Presenters: Alex S. Keuroghlian, M.D., M.P.H., Hyun-Hee Kim, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Design basic steps that your workplace can take to become more affirming for TNG patients; 2) Perform TNG patient care with awareness of their additional intersectional identities and associated access needs; 3) Prescribe common psychiatric medications to patients undergoing gender-affirming hormone therapy; and 4) Manage psychiatric medications before, during, and after gender-affirming surgery.

SUMMARY:

This panel, led by the co-editors of forthcoming APA textbook *Gender-Affirming Psychiatric Care*, will offer a brief description of the textbook, reflections on the process of author recruitment and chapter topic selection, and highlight particularly unique aspects of this first textbook devoted to psychiatric care for transgender, non-binary, and/or gender expansive

(TNG) patients. The panel will then offer a series of brief didactics regarding clinical practice of gender-affirming psychiatric care, including brief case presentations through which attendees may practice applying knowledge and skills. There will be ample time for questions about the textbook and about clinical care and research with TNG communities.

How About a Drink? Addressing Prenatal Alcohol Exposure and FASD

Chair: Sherry Ann Nykiel, M.D.

Presenter: Omar Shah, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Understand the different types and current the incidence and prevalence of Fetal Alcohol Spectrum Disorders and their social and economic impact.; 2) 2. Identify the most common presenting symptoms of FASD in children and adults, differentiating them from those of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Autism Spect; and 3) 3. Examine and discuss advocacy, educational and treatment resources for providers, patients and families.

SUMMARY:

Fetal Alcohol Syndrome Disorders (FASD) is the term used to describe a range of neurodevelopmental deficits that may occur as the result of prenatal alcohol exposure (PAE) and are the leading cause of preventable intellectual disabilities in the Western World. A 2022 CDC Morbidity and Mortality Weekly Report found that nearly 1 in 7 pregnant people reported at least one alcoholic drink in the past 30 days and 1 in 20 reported binge drinking during that same time period, a trend that has been increasing over the past decade. While exact numbers are unknown, the result of this PAE has led some researchers to conservative estimates that that as many as 1%-5% of the population may be living with an FASD. Individuals with FASD experience a range of impairments that, without appropriate and adequate supports can lead to serious adverse outcomes throughout the lifespan including higher rates of educational difficulties, interactions with law enforcement and the criminal justice system and unemployment and poverty. Many of the functional

difficulties are cognitive, social-emotional and behavioral with up to 90% of this population experiencing mental health challenges. The symptom overlap and high rates of co-occurrence other psychiatric condition including ADHD, Autism Spectrum Disorder and Oppositional Defiance Disorder further complicate diagnosis and treatment planning. Given the personal and societal consequences associated with these conditions, a broad range of strategies in the education about and diagnosis, treatment and prevention of FASD is imperative. Psychiatric physicians and other mental health clinicians play a vital role in the diagnosis and treatment and of these conditions both in childhood and adulthood. Perhaps more importantly, psychiatrists must take a leadership role in advocating for policy change, increasing public awareness and education and assuring adequate professional education and training to decrease prevalence and improve the quality of life for those living with FASD. During a ninety-minute interactive seminar, presenters will use case presentations, vignettes and clinical research to prepare psychiatrists to identify, manage and help prevent Fetal Alcohol Syndrome Disorders and introduce important tools to prepare participants to take leadership role in advocacy regarding policy, educational and treatment recommendations for FASD.

"I'd Rather Die Than Eat" an Examination of Ethicolegal Conflict in Three Cases of Severe Anorexia Nervosa

Chair: Lauren Ashley Schmidt, M.D.

Presenters: Gabriel Jerkins, Nadia Surexa Cacodcar, M.D., Lauren Ashley Schmidt, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize medical findings and clinical characteristics commonly seen in severe and enduring anorexia nervosa.; 2) Discuss proposed clinical characteristics for terminal anorexia nervosa and the role of palliative psychiatry.; 3) Debate recommendations regarding appropriate levels of medical and psychiatric care for the treatment of anorexia nervosa.; and 4) Examine limitations in the treatment of severe anorexia nervosa within current

medical and legal systems utilizing three clinical cases..

SUMMARY:

Anorexia nervosa is one of the more difficult psychiatric diagnoses to effectively treat, and tragically has one of the highest mortality rates of any psychiatric disease. A distinguishing feature of this ego-syntonic condition is the juxtaposition of a profound lack of insight regarding the disease, often coexisting with an otherwise organized and rational thought process. This duality, combined with the risk of dangerous medical complications, often produces difficult ethical questions of how to best provide care for these patients while also respecting their autonomy. Additionally, the majority of psychiatry and internal medicine residency training programs include only minimal exposure to the clinical treatment of severe eating disorders. Our session will examine three cases of patients with anorexia who presented such challenges. We will review what attempts were made to resolve these challenges, and scrutinize how these decisions impacted patient care. Two of the cases involve patients with decision making capacity, and include a patient presenting to outpatient clinic with a dangerously low BMI, and a patient pursuing elective G-tube placement despite denying her diagnosis of anorexia. The final case is regarding a patient struggling with fragile type 1 diabetes mellitus and recurrent hypoglycemia, from over administration of her insulin, in the context of severe OCD and anorexia. As part of the third case, we will discuss the consequences following delayed emergent medical care despite an evident absence of decision-making capacity. This case will help us to recognize when to refer to higher levels of care, including the medical ICU and inpatient eating disorder facilities, or to palliative care and hospice. Specific ethical dilemmas will be brought up in the described cases and participants will be encouraged to discuss their intuitions about how they would address similar challenges in their practice. We will also encourage participants to discuss what, if any, legal constraints affect how they might address these challenges, particularly if these constraints are at odds with their ethical principles.

Identifying Ageism: Moving Towards Addressing Gaps in Mental Health Care for Older Adults

Chair: Daniel Carl Dahl, M.D.

Presenters: Badr Ratnakaran, M.B.B.S., Karen Dionesotes, M.D., M.P.H., Margaret Wang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define ageism, including theories of origin; 2) Recognize the effects of ageism and the consequences on the mental health care of older adults; 3) Appraise interventions to reduce ageism; and 4) Recommend potential solutions to create an anti-ageist mental health care system.

SUMMARY:

Ageism refers to age-based stereotypes, prejudice, and discrimination. Ageism permeates our society at individual, societal, institutional, and cultural levels and has emerged as a global challenge that impairs the healthy aging of older adults. As the worldwide older adult population is expected to increase to 1.6 billion by 2050, it is imperative to address factors such as ageism that negatively affect the health of older adults. Ageism negatively affects the geriatric population, from stereotypes discriminating older adults as non-productive individuals and burdensome to society and costly health care system, thus being provided sub-standard care, to older adults not being independent or cognitively intact and being excluded from making healthcare decisions. Self-ageist attitudes decrease health seeking as individuals might hold negative beliefs that illnesses such as depression and chronic pain are a part of normal aging or are not worth treating. These can lead to an increase in hospitalization of older adults, an increase in perceived disability, and a shortening of lifespan. The stress from ageism leads to poor cognitive and mental health outcomes in older adults. We will explain the concept of ageism, give examples of common experiences of ageism and ageist stereotypes faced by older adults, and summarize the various theories and myths related to ageism, particularly those faced by older adults belonging to racial and gender minorities. Our session will describe the consequences of ageism on geriatric mental health, such as leading to increased hospitalizations, perceived disability, shortened

lifespan, and weakened doctor-patient relationships. We will review various adverse health outcomes related to ageism and self-ageist attitudes in older adults, including adverse cardiovascular outcomes, anxiety, depression, and an increase in Alzheimer's disease-related biomarkers. The session will discuss ageist perceptions of mental health providers that can hinder appropriate psychiatric care leading to gaps or improper standards of mental health care in older adults. We will provide examples of ageism-related biases in psychiatric assessment, pharmacological and nonpharmacological management will be described to elucidate how mental health care of older adults are discriminated against by ageism, mentalism and ableism. We will describe various evidence-based interventions that have effectively reduced ageism, such as promoting intergenerational contact, integrative care programs, and increasing education and training for both healthcare workers, laypeople, and older adults. We will conclude our session by recommending solutions to creating an anti-ageist health care system in our society, such as addressing exclusion of older adults from clinical trials and barriers to access to mental health care.

Identifying Child Mental Health and Neurodevelopmental Conditions Using Real-World Clinical Data: Considerations for Mental Health Care Quality

Chair: Juliet Beni Edgcomb, M.D., Ph.D.

Presenters: Nicole Benson, M.D., Amber Angell, Ph.D.

Discussant: Carol Alter, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how data gathered by clinicians during care can aid in discovery and early detection of child mental health and neurodevelopmental conditions at a population scale.; 2) Name common errors and biases in current methods to identify children with mental health and neurodevelopmental conditions within existing clinical datasets (e.g.,); 3) Understand pros and cons of different clinical data types, including multi- and single-payer claims data and structured (e.g., diagnosis codes) and unstructured (e.g., text) EHR data.; and 4) Describe the mechanisms by which

early identification using existing clinical data interface with a broader picture of service access, engagement, service delivery, and health equity..

SUMMARY:

Accurate and timely detection of child mental health and neurodevelopmental conditions is a key step toward prevention and early intervention. Delayed diagnosis and under-identification have significant personal, public health, and economic impacts, with minority youth disproportionately at risk. The Declaration of a National Emergency in Child and Adolescent Mental Health has catalyzed efforts to leverage real-world longitudinal clinical data to support early detection of child mental health conditions and, in turn, refine understanding of the developmental precursors of mental illness, discover key points and settings of intervention, and measure disparities in care. This data-driven general session will highlight use of existing clinical data across institutions and geographical regions of the U.S. (Massachusetts, Florida, California) to improve quality of child mental health care by supporting accurate detection and early discovery of high morbidity conditions (psychosis, autism spectrum disorders, and suicidal thoughts and behaviors). Three brief didactic presentations will showcase new empirical research toward advancing quality of child mental health care by: (1) early discovery of adolescent-onset schizophrenia spectrum disorders using large-scale all-payer claims data, (2) improving accuracy and reducing disparities in detecting autism spectrum disorders by developing a phenotype definition using gold-standard assessments at a children's hospital and a state-wide electronic health record (EHR) database, and (3) detecting child and adolescent use of emergency departments for suicidal thoughts and behaviors, and examination of potential biases of current commonly used EHR-based methods to identify suicide-related visits. Presentations will be followed by panel discussion on the use of structured (e.g., diagnosis codes) and unstructured (e.g., physician notes) data sources gathered through routine clinical care, pathways toward integration of clinical decision support tools, and collaboration with youth and families with lived expertise and community partners in guiding use of existing data to support early detection. Across presentations, speakers will discuss the promise and

pitfalls of using real-world clinical data for early identification of youth mental health and neurodevelopmental conditions among racial and ethnic minority populations, less privileged socioeconomic status populations, underserved rural populations, sexual and gender minorities, and subpopulations characterized by two or more of these descriptions. Together, the presentations will stimulate an interactive discussion on the practical application of these innovations to clinical practice, quality improvement within and across health systems, and promising new areas of future research.

Imagine Sisyphus Happy: Application of Community Programs to Improve Outcomes of Serious Mental Illness in Active Duty Military Settings

Chair: Laura Marrone, M.D.

Presenters: Glennie Leshen, M.D., Morgan Schmidt, M.D., Benjamin Taylor, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define Coordinated Specialty Care (CSC) and describe how this treatment model has been implemented in support of active-duty service members with serious mental illness and military commands.; 2) Differentiate between civilian and military sociocultural factors affecting those with serious mental illness.; and 3) Develop and design similar programs to better support individuals with serious mental illness in active-duty military and other community settings.

SUMMARY:

Patients with serious mental illness often require psychosocial support and a multidisciplinary approach to treatment to reach recovery, which is the foundation of the Coordinated Specialty Care evidence-based approach to First Episode Psychosis. Further, given the decrease in number of inpatient psychiatric beds since deinstitutionalization, patients spend a greater period of time waiting in emergency departments, which may not be the most humane or safe place to wait for an admission. Pharmacotherapy may not completely alleviate the functional burden of patients with serious mental illness and some patients with serious mental illness

who present to the emergency department may not require inpatient psychiatric admission. There are specific concerns related to military settings, where delicate machinery and sensitive information must be taken into account. Some military commands may not have the resources or the knowledge necessary to help their service members with serious mental illness. Those commands may benefit from a program that provides service members with a care management team with integrated group therapy, occupational training access, psychiatry, psychology, and case management. At Naval Medical Center San Diego, there is a program that provides active-duty service members diagnosed with serious mental illness access to psychiatry, psychology, case management, group therapies, command liaison assistance, and career counseling while they undergo evaluation for medical or disability separation. Treatment approaches that take communities, families, and workplaces into account may provide patients the social support necessary to recover and live fulfilling lives. A number of European countries have trialed similar treatment approaches to support their individuals experiencing serious mental illness. These approaches may decrease the barriers to care for patients with serious mental illness. If mental health professionals and government entities applied similar programs, patients with serious mental illness may experience fewer days admitted to the acute psychiatric hospital and outcomes may improve by building a social support network for patients. During this session, we will provide paradigms and evidence-based practices for treating serious mental illness and discuss the potential positives and negatives of each.

Impact of Social Determinants of Mental Health on Access to Care

Chairs: Nitin Gogtay, M.D., Diana Clarke, Ph.D.

Presenters: Adrienne Grzenda, M.D., Ph.D., John Torous, M.D., M.B.I., Diana Clarke, Ph.D., Alison R. Hwang, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the end of this session, participants will be able to describe the impact of SDoMH on access to care among underrepresented

populations; 2) At the end of this session, participants will be able to describe the impact of SDoMH on access to care among underrepresented populations.; and 3) At the end of this session, participants will be able to describe the impact of SDoMH on access to care among underrepresented populations..

SUMMARY:

Social determinants of mental health (SDoMH) refer to the conditions in which people are born, grow, live, work, and age, and how these circumstances influence one's mental health. These factors can be broadly conceptualized as individual (e.g., adverse early life experiences; discrimination and marginalization based on gender, race/ethnicity, disability; exposure to violence), neighborhood (e.g., poverty, pollution; climate change), and socio-economic factors (e.g., income inequality; food/housing instability) that modify the likelihood for poor mental health and outcomes. The relationship between SDoMH and mental illness is bi-directional and dynamic, particularly for young adults. In 2021, the percentage of adults who had received any mental health treatment was highest among those aged 18–44 (23.2%). Big data provide the unprecedented opportunity for analyzing the impact of SDoMH on population health. In this session, the American Psychiatric Association / Foundation (APA/F) Psychiatric Research Fellows will highlight their use of the use of claims and other big data to investigate various aspects of SDoMH in mental health, including gender identity the impact of serious mental illness on health outcomes, and coordinated specialty care interventions in early psychosis.

Implementing an Arts and Humanities Curriculum in a Psychiatry Residency: A One-Year Investigation

Chair: Christopher Rogers

Presenters: Briana Tillman, D.O., Matthew Adamson, Christine Wahlmeier

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explore the use and function of arts and humanities curricula in medical education; 2) Investigate practical applications of arts programs

in improving physicians' well-being, clinical skills, and therapeutic approaches; and 3) Understand the potential integrative nature of arts and humanities in the didactic curriculum.

SUMMARY:

The 2020 AAMC monograph, "The Fundamental Role of the Arts and Humanities in Medical Education," states that arts and humanities curricula are underutilized in medical education and could provide invaluable skills to help physicians address contemporary challenges. It asserts that medicine is both an art and a science, and thus requires humanistic values, principles, and skills, to include an understanding of the human condition.¹ Inspired by the aspirations and examples highlighted in this monograph, we resolved to implement a 1-year trial of robust and diverse integrative arts and humanities curricula within the HealthOne Psychiatry Residency at The Medical Center of Aurora in Colorado. Our supplementation of residency education with arts and humanities occurred both in the mandatory didactic instructional periods in the form of workshops and as extracurricular additions such as psych cinema, book club, field trips, and salons. An introductory lecture included a sensing session to ascertain previous experiences with arts and humanities in medical education, extant strengths, and interests/ desires for the program. Goals in implementing this curriculum focused on three areas: wellness, therapeutic techniques, and clinical skills. Each didactic workshop addressed current research and explored implementations related to these three areas. For example, in the intro to photographic arts workshop we investigated how photography has been found to improve physician wellness by addressing memories, clarifying thoughts, and promoting reflection.² Next, a brief description of therapeutic techniques included a comparison of phototherapy and therapeutic photography.³ Residents then discussed benefits of participatory photography and implications for improving clinical skills, including attending to details, perspective-taking, and critical reflection. They received basic cell-phone photography instruction prior to engaging in a hands-on activity that resulted in submissions of self-titled photos. In order to allow full freedom of creative expression, they were given no assigned themes or techniques;

the experience culminated in group reflection and creation of meaning in observing and discussing each other's work. In total, residents from all four post graduate years and other team members participated in seven workshops: Photography, Narrative Medicine, Painting, Music, Medical Improv, Drawing, and Dance. Many also attended optional extracurricular offerings as well. We assessed the impact of this 1-year trial through surveys, focus groups, and qualitative interviews of residents and attending faculty. This presentation explores the planning, implementation, and assessing phases of this 1-year trial; discusses the benefits and barriers; and proposes practical strategies for other healthcare groups in general and graduate medical education residencies in specific interested in integrating arts and humanities sessions into their training.

Informing and Empowering Providers to Have Difficult Conversations: Goals of Care in Mental Health

Chair: Christine DeCaire, M.D.

Presenters: Carole Filangieri, Sophia Mikityanskiy, D.O., Samantha Lichtschein

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Establish a definition for goals of care as it applies to mental health; 2) Educate mental health professionals on goals of care; and 3) Provide mental health professionals with the skills necessary for conducting individualized goals of care discussions with patients and their families.

SUMMARY:

Though palliative care is commonly discussed and practiced within medical specialties, its role within Psychiatry is not well studied. Currently, very little research has been identified that aims to establish the true definition of goals of care (GOC) in psychiatry. With a growing need for mental health care among our population and a lack of understanding of what can be considered an essential foundation of treatment, many patients are being managed sub-optimally. Whether it be that patients struggling with chronic or relapsing mental illness are inappropriately or inadequately

medicated, or that they lack social support and psychotherapy to cope with their mental illness, without provider knowledge, understanding of and buy in for individual treatment goals, patients are not receiving proper therapeutic interventions. With that in mind, we implemented a “goals of care in mental health” training program that aims to inform mental health professionals on the definition of GOC within psychiatry and educate them on implementing these discussions into daily practice with the ultimate goal of improving individualized care, identifying patient/family values, bettering the quality of care and subsequently the quality of life of our patients. During this session, we will define goals of care in mental health and provide a brief training for providers on how to incorporate discussions surrounding psychiatric GOC into everyday practice. We will review the training curriculum used in our institution and incorporate a small group activity with role plays to practice some of the aspects of these conversations. We will provide resources (articles and videos) that provide tips and skills that can be used as future reference for personal and training purposes. Lastly, we will cover the need for such a course and the benefits of implementing it as a requirement for all mental health professionals.

Innovative Care Pathways: Integrating Equitable Screening and Treatment for Substance Use Disorders in Primary Care

Chair: Lorin M. Scher, M.D.

Presenters: Gina Rossetti, Jeremy DeMartini, M.D., Annabelle Ostrander, M.H.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess the increase in prevalence of substance use disorders in the United States and the extent to which the Covid-19 pandemic has exacerbated this issue.; 2) Examine the barriers of prevention, treatment, and management of substance use disorders within primary care.; 3) Implement screening and integrate treatment and navigation resources for substance use disorders into primary care for people who are medically underserved.; 4) Develop data-driven tools to examine the presence of disparities in substance use disorder populations by race, ethnicity, age,

language, sexual orientation, and gender.; and 5) Design culturally tailored substance use interventions for disparity populations..

SUMMARY:

Substance use disorders (SUDs) are highly prevalent in the United States and contribute to significant disease burden. However, effective screening and treatment for these conditions remains challenging to implement, despite significant upward trends in associated morbidity and mortality. Between June 2020 and June 2021, the number of drug overdose deaths in the United States increased by nearly 19%; however, recent estimates from the California Healthcare Foundation are that only 10% of those who meet criteria for a substance use disorder receive any type of treatment. Despite increasing prevalence and barriers to care, substance use disorders can be effectively prevented, treated, and managed if evidence-based practices are implemented in an equitable fashion. Integrating substance use disorder treatment into primary care has been shown to reduce acute healthcare utilization for patients with SUD, including emergency room visits and length of hospital stays. Our session will focus on an initiative at UC Davis Health to integrate substance use screening and treatment into primary care settings, with a particular aim to serve medically underserved communities. This project is funded by the California Healthcare Foundation and the Center for Care Innovation and is led by a multidisciplinary team at UC Davis Health. We will begin by reviewing recent national, state and UC Davis Health-level data related to substance use disorders, screening, and treatment, and examine the barriers, including stigma, that contribute to challenges in care. In small groups, we will ask participants to discuss barriers they have experienced when screening for and treating substance use disorders, which will be followed by a debrief with the larger group. Next, we will describe the equity-based, phased approach that UC Davis Health is integrating into substance use screening and treatment within primary care. The initial phase includes integrated treatment using a stepped care model at primary care sites that have a higher population of medically underserved persons. This approach is unique in that it aims to meet patient needs by bringing treatment directly to them

within the primary care setting, rather than referring to an outside specialty clinic. Presenters will share workflows and clinic operations, including the addition of an SUD Licensed Clinical Social Worker (LCSW) embedded in primary care. We will also discuss quality metrics and how we are linking these services to existing primary care mental health integration efforts. To conclude the session, we will describe plans for later phases of the project to use data-driven tools to examine the presence of disparities in our substance use disorder populations by race, ethnicity, age, language, sexual orientation, and gender—and to further explore the intersectionality of these demographics. From there, we will share our intent to build equity-tailored workflows to address disparities in our populations.

Integrated Gender-Affirming Services in California State Prisons: Re-Thinking Our Therapeutic Interventions

Chair: Christine Osterhout, M.D.

Presenters: Trisha Wallis, Psy.D., Nicole Morrison, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will demonstrate historical knowledge of psychiatry's role in pathologizing variations of gender identity and gender expression.; 2) At the conclusion of this session, the participant will demonstrate improved knowledge of risk factors for transgender, non-binary, intersex, and gender-expansive incarcerated individuals.; 3) At the conclusion of this session, the participant will demonstrate improved knowledge of epidemiological factors for incarcerated transgender, individuals throughout the nation.; 4) At the conclusion of this session, the participant will demonstrate competency in psychopharmacological uses and concerns for this population.; and 5) At the conclusion of this session, the participant will be able to apply concepts of integrated gender-affirming care to recently incarcerated patients..

SUMMARY:

Only in recent decades has the field of psychiatry begun to de-pathologize variations in gender identity

and expression. The myth of causing irreversible historical damage alongside unclear ways to intervene meaningfully in the overall wellness of transgender patients has led to a relative “hands-off” approach to psychiatry’s involvement in providing gender-affirming care. The California Department of Corrections and Rehabilitation (CDCR), with a population of over 1600 transgender, non-binary, and intersex patients, representing nearly 1.6% of the total incarcerated population in the state, is aiming to change this narrative. The U.S. Department of Justice has reported the incarcerated transgender population is at exceptionally high risk for sexual victimization. Additionally, the U.S. Transgender Survey of 2015 acknowledged the increased risk transpeople face related to harassment, violence, and health disparities. Incarcerated transgender patients have advocated for their protection and health care rights, leading to several landmark legal cases, which have paved a path to allow for crucial care for those incarcerated across the nation. CDCR stands at the forefront of providing ethical, equitable, and medically necessary gender-affirming care. When “care” is conceptualized beyond strict boundaries, it can be defined in multiple avenues and interventions from various health care and custodial disciplines. Within CDCR, the healthcare system has taken an active approach to provide life-saving integrated services for patients. Our session will focus on the history of this type of care in carceral settings, current epidemiology, how we approach multi-disciplinary gender-affirming care, and what we hope to see develop in the future to create gender-comprehensive services in carceral settings across the United States. Topics of interest would include accessibility and processes around medical transition, including but not limited to, gender-affirming hormone therapy and gender-affirming surgeries. Additionally, the provision of mental health resources and addressing the unique mental health needs of this population will be outlined. Finally, we will discuss wraparound care which includes both legal and social assistance to individuals who would like to request a legal name/gender marker changes, access to understanding their rights, laws, and local policies (including the Prison Rape Elimination Act), and pre-release planning in the community to ease the transition of care and continue gender-affirming

services in the community. We will also discuss psychopharmacological considerations for this specialty population and review up to three complex cases that paved the path to re-engage Psychiatry and other disciplines to be a part of the healing needed for gender-diverse patients to thrive. These cases will involve audience participation. We will conclude our session with an open Q&A forum.

Involuntary Celibates (Incels), Violence and Mental Disorder: Recommendations for Best Practice in Risk Assessment and Clinical Intervention

Chair: Jonathan Hafferty

Presenters: Alexander Westphal, Damon Parsons, Josephine Broyd

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review and analyse cases of individuals vulnerable to incelism and potential risk of violence.; 2) Use evidence-based guidelines to incorporate adaptations to care plans to accommodate needs related to incel beliefs; and 3) Develop skills in the assessment of internet use in the context of online radicalisation.

SUMMARY:

In recent years, mass violence associated with men who identify as involuntary celibates (incels) has been of increasing concern. Incels engage in an online community where misogyny and incitements to violence against women are prevalent, often due to the belief that women are denying them a 'right' to sex. Indeed, incelism can be considered a form of extremism. To date, there has been little research into the mental health of incels and how, in some, this contributes to violence. This session will present the results of a recent narrative review that was conducted to (i) identify the associations between mental disorder, incelism and violence, (ii) identify potential risk factors for violence to inform assessment and intervention and (iii) propose avenues for future research. Information released about the perpetrators of incel-associated violence consistently suggests that mental disorder is a contributing factor, with depression, autism, and personality disorder being of particular relevance. In addition, hopelessness and suicidality in incels are

key risk factors for violence when combined with fixations on lack of sexual experience, cognitive distortions, and misattributing blame to women for their problems. Some of the difficulties associated with autism may increase an individual's vulnerability to engaging with the incel community. A case study will be discussed which will consider how autism influenced engagement with the community. Considering the results of this narrative review, this session will discuss recommendations for risk assessment and clinical interventions when working with individuals at risk of incelism. In particular, we will focus on the importance of addressing a service user's history of internet use in clinical interview, and how clinicians can best approach this subject.

Is It All in My Head? Subjective Cognitive Impairment in Neuropsychiatry

Chair: Omar Ghaffar, M.D.

Presenters: Adriano Mollica, M.D., David Eli Freedman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe subjective cognitive impairment (SCI) and its relationship with objective cognition; 2) Analyze the potential contributors to SCI in a patient with multiple sclerosis to develop an appropriate management plan; 3) Characterize SCI in a patient with mild traumatic brain injury and develop an approach to management; and 4) Explore functional cognitive disorder as a transdiagnostic lens for understanding SCI.

SUMMARY:

If your cognition was deteriorating, how would you react? While poor insight into cognitive dysfunction is common in neurodegenerative disorders, many people present with fears about declining memory to their family physician, neurologist, or psychiatrist. Although understandably distressing, these subjective cognitive concerns are only weakly associated with objectively measured cognitive deficits [1-3]. This paradoxical phenomenon occurs across multiple patient populations [4-6] and can leave patients feeling invalidated in clinical encounters. In this General Session, we explore SCI in three patient populations: multiple sclerosis (MS),

mild traumatic brain injury/concussion (mTBI), and functional cognitive disorder. The three presentations will incorporate case-based exploration and opportunities for questions and discussion. We will highlight the similarities and differences in SCI between these patient populations. We begin by exploring SCI in MS. Among people with MS, more than 70% report subjective cognitive deficits [4], and SCI is associated with worse quality of life, reduced social engagement, and higher rates of unemployment [7, 8]. In this evidence-based presentation, we describe the pattern of SCI and objective cognitive dysfunction in the MS population, explore potential contributors from a biopsychosocial lens, and discuss treatment principles. This talk will be particularly relevant for clinicians caring for people with MS. Next, we explore SCI in mTBI. Although majority of mTBIs tend to resolve within weeks, approximately 10 to 30% of patients report prolonged or chronic postconcussive symptoms, with cognitive impairment being among the most prevalent, persistent, and debilitating [9]. During this presentation, we will describe the pattern of SCI in the context of polysymptomatic patients post mTBI, discuss the underlying neurobiology, and highlight emerging treatment strategies. We conclude the session with functional cognitive disorder, a relatively new diagnostic construct whereby persistent problematic cognitive difficulties are accompanied by 'internal inconsistency' and are not better explained by another disorder [10, 11]. We discuss how functional cognitive disorder overlaps with the cognitive symptomatology commonly encountered in MS and mTBI, as well as in other conditions (e.g., Long COVID), and review the latest management approaches.

Life in ACEs: An Interactive Experience to Teach About Social Determinants of Health

Chair: Paul J. Rosenfield, M.D.

Presenters: Tomas Felipe Restrepo Palacio, M.D., Arifa Zaidi, M.D., Susan Kim, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Share an innovative training strategy to engage and inspire residents to

understand the impact of social determinants of health and adverse childhood experiences.; 2) Develop a greater appreciation for how childhood trauma may affect our patients' life trajectories.; 3) Learn about a board game created to simulate some of the unique struggles that our patients may face. Provide an interactive opportunity to understand how patients with significant trauma history face; and 4) Instill a greater appreciation and understanding of how trauma can affect patients and their families..

SUMMARY:

Given the significance of eliciting a trauma history, it is important for psychiatrists, medical trainees and providers from a wide range of specialties to feel comfortable discussing their patients' trauma history. In order to raise awareness of the importance of considering Adverse Childhood Experiences (ACEs), we will utilize a board game in order to teach about how the presence of adverse childhood experiences can affect one's life trajectory. This interactive experience demonstrates what is it like to live a life with many ACEs by following the lives of four characters who come from different backgrounds. Attendees will be exposed to the characters' social determinants of mental health and learn first-hand how these characters' backgrounds may impact their ability to progress in life and achieve success and happiness. During the session, the audience will be assigned to one of the four characters. Each character will have a different number and type of ACEs assigned to them. Our goal is to provide an opportunity for the audience members to learn and appreciate the various struggles and hurdles a character with many ACEs may have to overcome in life and how obtaining help or having a protective factor can alter the outcome. We also hope that this board game will motivate participants to consider how they would like to incorporate their patients' trauma history into their individual and team clinical practices in order to obtain a holistic understanding of their patients. The session will conclude with a discussion about the characters' outcomes, the way in which ACEs and social determinants of health played a role in their lives, and the importance of incorporating trauma and structurally competent care into our practices.

Lifestyle Interventions for Mental Health: Drugs Are Not Everything

Chair: Anna Szczepielniak, M.D., Ph.D., M.Sc.

Presenters: Mariana Pinto Da Costa, M.D., Victor Pereira-Sanchez, M.D., Ph.D., Aditi Agrawal

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss positive effects of evidence-based lifestyle interventions on general mental health, reduction and remission of disorders' symptoms from biological, psychological and social perspective.; 2) Address the lack of evidence-based lifestyle interventions within the health facilities and varied health services in the community.; 3) Identify specific resources and existing solutions tailored to the needs of patients.; and 4) Discuss the role of psychiatric trainees and specialists in shaping holistic yet accessible approaches for mental health programs and services..

SUMMARY:

The traditional approach to restoring mental health is based on pharmacological treatment and psychotherapeutic interventions. These are now widely recognized and accepted therapeutic methods, the main purpose of which is to alleviate the reported symptoms, improve the quality of life and general functioning of patients. However, we believe this approach is not addressing all of the patients' needs and expectations. The access to holistic treatment that would include evidence-based lifestyle interventions is still significantly limited across the globe. There is a lack of ready-to-go, financially and structurally accessible solutions for patients before, during, and after the end of the treatment process. A basic element of preventive measures, strengthening mental health should be incorporated into already existing models of psychiatric care creating a new approach tailored to the needs and existing gaps within each and every community. Their availability outside the basic structures of the health care system is also an important concern. In addition, since mental disorders usually increase the risk of chronic physical disorders (among which cardiovascular disease, obesity, or diabetes are well-documented) and the comorbidity is proven to be mutually reinforcing

negative effects on one's health, a very simple interventions can be of particular importance and have a positive effect on the general health of people who struggle with mental health difficulties. Among such interventions concerning lifestyle changes and the implementation of pro-health behaviors, the issue of physical activity, diet, as well as sleep quality, reduction of cigarette smoking and alcohol consumption appears more and more often. It is also worth noting that adherence to lifestyle recommendations and pharmacological treatment may differ, which is influenced by various factors, including the course and symptoms of specific diseases and mental disorders, side effects of drugs, cognitive decline, limited availability of comprehensive health care or socio-cultural factors. These challenges require an honest discussion in terms of implementation. Introduction of lifestyle interventions as an effective component of prevention and treatment of various mental disorders, as well as maintaining physical health and good quality of life is supported by growing body of scientific evidences. Thus, it seems particularly important to discuss not only the necessary modifications to the patient care model, but also the involvement of a multidisciplinary team to strengthen the long-term effect of the introduced changes. Through this interactive session we aim to assess different approaches to the introduction lifestyle interventions across the various mental healthcare facilities. We believe that exchange of different experiences and programs may widen the perspective and allow to focus on them in more adequate manner.

Management of Patients Who Repeatedly Ingest Foreign Objects

Chair: Kenneth Michael Certa, M.D.

Presenters: Zachary Certa, M.D., Marissa L. Beal, D.O., Kathleen C. Dougherty, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the natural history and medically necessary interventions for deliberate ingestion of non-food foreign objects; 2) List most common psychiatric diagnoses associated with repeated ingestion of foreign objects; 3) Weigh the

risks and benefits of aggressive and conservative medical/psychiatric treatment of repeat ingesters; 4) Discuss the legal and ethical implications of non-intervention for repeat ingestions; and 5) Describe a protocol for emergency and follow-up management of repeat ingesters.

SUMMARY:

Patients presenting to emergency departments having deliberately ingested non-food objects usually require some sort of psychiatric assessment for advice on next steps in management. Many of these individuals are serial ingesters, and raise important issues of expectations of controlling patient behavior, counter-transference, risk of under- and over-treatment, frustration with medical futility, demands that psychiatry "do something" and potential for misunderstanding between clinical services. Available literature on the phenomenology and treatment of this patient group is limited. Most authors recognize several distinct groups: individuals with intellectual disability, "malingerers" (often in correctional settings,) patients with psychosis, and patients with borderline personality disorder. Each diagnostic group poses particular problems with management. The degree of hospital resources required for management, to prevent repeated ingestion even in a hospital setting, can be quite high. 1:1 sitters are often required, and decisions about when it is safe to discontinue this expensive service are rarely clear. So too are choices for conservative management (waiting for objects to pass) versus endoscopic or even surgical removal; this is especially true in cases of repeat ingestion (sometimes just hours after an endoscopic retrieval.) Management in emergency rooms without admission, either to medical or psychiatric units, has been suggested as a means to reduce secondary gains from ingestion, thereby helping to extinguish the behavior. The risks of doing too little, however, can be at least as great as the risk of doing too much. Hospital risk management and even ethics committees sometimes weigh in on the ramifications of alternate courses of management. This session will review relevant literature on this topic. General principles of emergency medicine and gastroenterology management of foreign body

ingestion will be highlighted, as well as the opportunities and limitations of psychiatric intervention. We will present our experiences and solicit group consensus on management of this challenging population. Speakers will include psychiatrists with experience treating patients with deliberate ingestion, an emergency medicine physician, and a forensic psychiatrist and member of an ethics committee.

Mental Health of Medical Students and Medical Professionals in South Asian Countries: Challenges and Opportunities

Chair: Gautam Saha, M.D.

Presenters: Imtiaz Ahmad, Sandeep Grover, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the epidemiology of mental health issues among Medical Students in South Asian Countries and compare it with data from developed countries; 2) Discuss the epidemiology of mental health issues among Medical Professionals in South Asian Countries and compare it with data from developed countries; 3) Discuss the barrier in seeking psychiatric help among the Medical Students in South Asian Countries and compare it with data from developed countries; and 4) Discuss the strategies to improve the help seeking and reducing psychiatric morbidity.

SUMMARY:

Mental Health issues are very common among the medical students and professionals. The various mental issues that are commonly identified among medical students and medical professionals include depression, anxiety, stress, physician burnout, substance use disorders and behavioural addictions. Additionally, medical professionals are also considered to be at higher risk for completed suicide and marital failures. Different surveys show that the prevalence of various psychiatric disorders among the medical professionals is influenced by career stage, place of work, specialty chosen and work-life imbalance. The psychiatric issues contribute to higher medication errors and treatment related decision making. Despite high morbidity, medical students and medical professionals often do not seek

psychiatric help. In terms of barrier to seeking help, available data suggest that perceived stigma, lack of time, fear of taking medications, etc contribute to poor help-seeking. Additionally, factors like need to visit the psychiatric services also contribute to poor help seeking. To overcome these barriers, it is suggested that there is a need to develop wellness centres close to the place of residence for the medical students. Additionally, telepsychiatry should be offered round the clock to improve the access to psychiatric care.

Moral Injury in Healthcare Providers: What Clinicians and Hospital Leadership Can Do

Chair: Steven Paul Cuffe, M.D.

Presenters: Lourdes P. Dale, Ph.D., David Chesire, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the impact of the stress healthcare providers face, and the resulting burnout, moral injury and high rates of resignations/retirements.; 2) Understand the concept of moral injury perpetrated by the self and others and the factors associated with it.; 3) Discuss how moral injury and other factors may impact the exhaustion and disengagement associated with burnout.; 4) Understand the treatments that may be useful for patients with moral injury.; and 5) Discuss what leadership can do to help healthcare providers struggling with moral injury and burnout..

SUMMARY:

Dr. Steven Cuffe will present information on the current state of healthcare providers (HCP) in the US. The pandemic has increased the psychological and physical stress on providers. Due to the system becoming overwhelmed, providers have been placed in situations where they are unable to provide the care patient's need, and have placed themselves at risk due to a lack of personal protective equipment. This has led to burnout and experiencing moral injury, a high rate of resignations among HCP¹, and feelings of distrust toward hospital leadership². The differences between burnout and moral injury will be explored, as well as the resulting impact on the nursing and medical workforce. Dr. Lourdes Dale will

present data from a study of healthcare providers conducted by UF College of Medicine Gainesville (Carol Mathews Co-PI) and Jacksonville (Drs. Dale and Cuffe Co-PIs)³. Participants were 265 healthcare providers in North Central Florida (81.9% female, Mage = 37.62) recruited via flyers and emailed brochures that completed online surveys monthly for four months. Participants reported healthcare morally distressing experiences (HMDEs), Moral Injury perpetrated by self (Self MI) or others (Others MI), and burnout, anxiety, depression, and PTSD symptoms. We found consistently high rates of MI and burnout. Both Self and Others MI were associated with specific HMDEs, COVID-19 work impact, COVID-19 protection concern, and leadership support. Others MI was also related to prior adversity, nurse role, COVID-19 health worry, and COVID-19 diagnosis. Linear regression analyses explored how Self/Others MI, psychiatric symptomatology, and the risk/protective factors related to burnout. Predictors of burnout included Self MI, depression symptoms, COVID-19 work impact, and leadership support. Hospital administrators/supervisors should recognize the importance of supporting the HCPs they supervise, particularly those at greatest risk of MI and burnout. Dr. David Chesire will present information regarding what is known about the treatment of healthcare providers who have experienced moral injury, burnout and resulting psychiatric symptoms. Though there are no empirically validated treatment approaches for moral injury at this time, promise has been shown using Cognitive Processing Therapy and trauma visualization approaches. In addition, he will present recommendations on what hospital leadership can do to prevent and minimize the impact of moral injury and burnout in their providers. Finally, There will be a question and answer period with a panel discussion at the conclusion of the session.

My Head Hurts! Migraines, Misery, and Mental Health-a Case for Diagnosing and Treating Co-Morbid Headache Disorders

Chair: Mia T. Minen, M.D., M.P.H.

Presenters: Melinda Thiam, M.D., Lex Denysenko, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify and describe the characteristics of migraine and how these differ from other headache disorder; 2) Describe and identify migraine and mental health comorbidities; 3) 3. Describe shared biopsychosocial aspects of migraine and mental health comorbidity and how this can be used to approach treatment; 4) Describe non-pharmacological treatments for migraine such as cognitive behavioral therapy, relaxation, and biofeedback and neuromodulation; and 5) 5. Identify where psychiatrists can learn more about headache medicine and become involved in headache specialty care.

SUMMARY:

Migraine affects over 47 million Americans, is the 2nd most disabling condition (in DALYs) and is comorbid with many psychiatric conditions (affective disorders, anxiety, etc.). Multiple studies on migraine and mental health comorbidity demonstrate that comorbidity between migraine and mental health disorder are not only incredibly common. Depression is three times more common among people with migraine than in the general population, and this rate is even higher in patients with migraine presenting to clinical settings. Dual Migraine- mental health comorbidity has decreased quality of life, poorer response to headache treatment, and overall worse prognosis. The demoralizing effects of living with chronic pain, feeling like a burden to others, constantly wondering when the next attack occurs— frequently has a bidirectional relationship with depression and other mood and anxiety disorder. In particular, many studies have found that individuals who suffer from migraine are more likely to experience suicidal ideation and attempt suicide than those without migraine. Specific populations are vulnerable to dual-diagnosis comorbidity including the military active duty and veteran populations as well as women mental health population. Within the military, headache accounts for greater than 50% of outpatient Neurology encounters. It is a cause for medical attention in 4% of all service members, placing significant demands on the healthcare system. Migraines are more prevalent amongst women and thus a concern for women in pregnancy and may manifest by first

affecting mental health-psychiatrists can help mental health by treating the migraine. Psychiatrists must be made aware how to ask about headaches when taking a comprehensive history, and they must become familiar with the existing and emerging medication and behavioral treatments available for common, disabling headache conditions like migraine. provide an update on the various comorbid psychiatric conditions of people with migraine. We will discuss how to efficiently screen these patients for the comorbidities and will discuss how to treat these patients using pharmacologic and non-pharmacologic strategies. We will finalize presentation with presentation of collaborative cases from both military population as well as other dual diagnosis population to help participants learn how to use tools to diagnosis and treat migraines in their practice.

Navigating Complex Systems of Care for Individuals With Intellectual and Developmental Disabilities: A Systems Approach for Treatment in New York City

Chair: Scott Stiefel

Presenters: Jennifer Morrison-Diallo, Ph.D., Stefon Smith, Joshua Berezin

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To analyze current trends and gaps in service delivery systems serving people with IDD/ASD.; 2) To develop strategies for collaboration with various disciplines and systems of care to provide more comprehensive behavioral health, primary care, and medical services.; and 3) To evaluate multimodal intervention strategies for individuals with comorbid mental health and ASD/IDD..

SUMMARY:

In the field of mental health treatment and service delivery systems, individuals diagnosed with intellectual and developmental disabilities (IDD), autism (ASD), and other neurodevelopmental disorders along with comorbid mental health and behavioral challenges are typically misunderstood, underserved, and lacking adequate evidence-based integrated health services across the lifespan. One of the areas of most underserved individuals with IDD

are young adults transitioning out of department of education services into adult transitional services. During this presentation an inter-agency group of individuals across service delivery systems in the five boroughs of New York City (New York City Health and Hospitals, Office of People with Developmental Disabilities, NY START, and Office of Mental Health) will discuss current trends in assessment, treatment, and systems interventions as well as significant gaps and areas of improvement in health-related service delivery systems. Our session will discuss how state operated systems (Office of Mental Health, Office of People with Developmental Disabilities, and Public city run hospitals) can work together collaboratively and break down pre-existing silos of care resulting in much improved client outcomes. Within this presentation we will discuss the creation of a “pilot” mental health inpatient unit for adults with IDD and ASD and how these four systems discussed above planned and created an interdisciplinary systems project to best serve the needs of these highly underserved individuals across NYC. We will also discuss important systems metrics and clinical outcomes of the collaboration of this project for the past 2 years. Within this discussion, we will explain the importance of data-driven systems understanding and collaboration to make informed decisions for systems changes and most importantly clinical care delivery models for the clients being served. A discussion of utilizing LEAN methodologies and understanding our systems gaps, opportunities for improvement and future directions will also be explained. During our session, participants will be exposed to a variety of case studies that exemplify how when state systems collaborate and break down barriers how the individual is put first in a person-centered, trauma-informed approach. We will also provide participants the opportunity to ask questions and problem solve their individual state systems to begin to make gains to cross-collaborative systems change.

Navigating Leadership in Residency: Trial by Fire

Chair: Daniel Castellanos, M.D.

Presenters: Stephane Degraff, Prisa Zachariah, Jose Hawayek, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess how existing residency training structure affect diversity and inclusion; 2) identify how intrinsic biases may affect leading a diverse workforce; and 3) Demonstrate how to lead equitably.

SUMMARY:

The composition of psychiatry residency and fellowship programs has become increasingly diverse. [1] Diversity in the psychiatry workforce is essential to providing high-quality, culturally sensitive patient care, promoting innovation and growth within the organization, and addressing the unique needs of underserved populations through research and advocacy. [1] Diversity, equity, and inclusion within residency and fellowship training programs have risen to the forefront as a strategy to address health inequities. [2] Residency programs and sponsoring institutions are required to “provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.” [2] Despite this, many healthcare leaders navigate complex situations regarding discrimination, racism, and fear of retaliation in everyday practice. Many psychiatry residency program leaders can find it challenging to intervene with supervisees involving aspects of diversity and equity, putting themselves in uncomfortable positions requiring feedback on these issues. Even in the most diverse and inclusive programs, senior residents and faculty face challenges in managing the complexities of ethnicity, race, gender, sexual orientation, and age among patients, staff, and residents. [2] The Florida Psychiatric Society, a district branch of the APA, partnered with the psychiatry residency programs in Florida to provide chief residency leadership experience. RIPPLE, Residents in Psychiatry Programs Leadership Experience, provides chief residents and fellows with the opportunity to develop their leadership skills. Florida is a geographically dispersed state with great diversity within its residency and fellowship programs. RIPPLE brings together chiefs providing a familiar venue to foster specific leadership skills, such as effective communication and conflict resolution. The three presenters are

psychiatry chiefs who will guide group discussions of leadership dilemmas and illustrate how the leadership training has helped enhance their ability to address diversity, equity, and inclusion. The presentation and cases will illustrate actual biases and diversity issues encountered in respective psychiatry residency and fellowship programs, improve awareness and facilitate discussion on strategies and management.

Navigating What's Next in Interventional Psychiatry

Chair: Carlene MacMillan

Presenters: Nolan Williams, M.D., Owen Muir, Eugene Lipov, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the potential of accelerated neuronavigated transcranial magnetic stimulation to effectively and safely treat depression within days instead of weeks to months; 2) Understand the risks, benefits and logistics of incorporating a Stellate Ganglion Block, a precision medicine intervention by an anesthesiologist, as part of a comprehensive treatment plan for PTSD; 3) Describe how the FDA granting an FDA clearance or a Breakthrough Therapy designation to a psychiatric drug or device impacts its accessibility and affordability for patients; and 4) Recognize the importance of collecting real world evidence and building networks of innovative clinicians committed to the implementation and advancement of interventional psychiatric approaches.

SUMMARY:

For psychiatric conditions such as treatment resistant depression, severe OCD and chronic PTSD, effective treatment can be challenging as specialized psychotherapy is often hard to access and medications, even in combination with therapy, do not work for a significant segment of patients. Furthermore, traditional therapy and oral medications take a relatively long time to work. In recent years, the multidisciplinary field of interventional psychiatry has made significant progress in the development of more rapid acting and precise treatments such as accelerated neuronavigated transcranial magnetic stimulation

(SNT TMS) and stellate ganglion blocks (SGB) that offer patients and clinicians a new paradigm to achieve fast remission of symptoms and kickstart a longer process of healing through the use of evidence-based comprehensive treatment plans. During our session, we will provide clinicians with an overview of these innovative, well-tolerated and promising interventional approaches that are typically taught minimally, if at all, in most training programs. We will utilize interactive polling to gauge participants' familiarity and attitudes regarding traditional and SNT TMS and the SGB. We will also discuss the logistical and financial barriers to accessing these treatments, ways to navigate the current payment models to maximize access and what we can expect from the FDA's breakthrough therapy pathway in the future. If mental health professionals knew more about how these treatments work, which patients could benefit from them and how to access them through strategic collaborations with anesthesiologists, interventional psychiatrists, technologists and payers, we could provide more meaningful recovery for patients with a wide range of mental health concerns. The innovative speakers in our session include an anesthesiologist who is considered the pioneer of the SGB treatment for PTSD, an adult and child psychiatrist who works at the intersection of healthcare informatics and care operations, a clinician-researcher who is triple board-certified in neurology, psychiatry and behavioral neurology and neuropsychiatry that is a world-renowned expert in neuromodulation, and an adult and child psychiatrist who has extensive experience with navigating the complexities of the payer landscape.

Networking Your Way Into a Research Career

Chair: Maryland Pao, M.D.

Presenters: Olusola Ajilore, M.D., Ph.D., Sarah Lisanby, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Name 3 types of scholarly projects trainees can conduct; 2) Identify recent NIMH supported research networks; and 3) Describe how the National Network of Depression Centers

creates and fosters connections across the network to advance research.

SUMMARY:

“Psychiatry is a field in need of high impact research conducted by physician-scientists who have first-hand experience treating patients with mental illness and who use this clinical knowledge to improve and discover better or novel interventions”[1]. Training for a research career requires different skills than clinical training. Early exposures to research, or the systematic gathering of data for hypothesis testing, in medical school along with identifying mentors and networks to support research training through residency are critical to fostering budding interest in a research career. This interactive session will provide Residents, Fellows, and Medical Students (RFMs) a forum to 1) ask how they can seek out research resources and mentors in their own institutions to develop scholarly projects such as literature reviews, case reports, as well as quality improvement projects or beyond, and 2) learn to start forming their own personal networks. RFMs will also learn about NIMH-funded networks [2,3] as well as the National Network of Depression Centers so they can tap into to these networks to develop their own research experiences. Dr. Lisanby, Pao and Ajilore will provide practical tips on how and where to network and on seeking “Informational” interviews. Trainees need to be aware of opportunities such as travel awards to scientific meetings, nominations for research awards, funding opportunities and other career development activities that will further support their passion and success in research. Small breakout groups by research experience will be available depending on the number and level of trainees that attend.

Neuro-Radiology for the Consult Psychiatrist: What Every C-L Psychiatrist Needs to Know

Chair: Samidha Tripathi, M.D.

Presenters: Payton D. Lea, M.D., Shobhit Sharma, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply the inter-disciplinary framework for addressing the educational need of

neuro-radiology for psychiatrists.; 2) Identify basic neuro-anatomical structures on neuro-imaging; 3) Interpret the basics of neuro-imaging i.e. reading a standard head CT, identifying basic MRI sequences (T1, T2, FLAIR etc.); 4) Apply the basics of neuroimaging to identify common pathologies on neuro-imaging which have neuropsychiatric symptom burden.; and 5) Utilize innovative case discussion and learning techniques to promote learning amongst trainees..

SUMMARY:

Consultation-Liaison (CL) psychiatrists often encounter cases that require brain imaging as a component of the diagnostic workup. A needs assessment by Medina et. al (2020) of seven university-based programs revealed that psychiatrists-in-training had a very strong interest in neuroimaging education but only a handful of trainees reported receiving adequate training in this discipline. There is a deficit in neuroimaging education among psychiatry trainees. Our session will introduce the participants to the basics of neuroanatomy and neuroimaging. Dr. Sharma, a neuroradiologist will review the basics of neuroimaging by discussing the differences between CT and MRI scans of the brain and how to identify the basic sequences on MRI (t1, T2, FLAIR, etc.). Dr. Tripathi (CL psychiatrist) will review the cortical and subcortical anatomy important for emotion, behavior, and cognition. Dr. Lea, also a CL psychiatrist, will introduce an innovative case conference model that we utilize on our CL service to promote trainee education. Through 2-3 case-based discussions we will perform a “case dissection” which will lead up to a diagnosis followed by a discussion of the relevant neuroimaging. Our session will involve participants in the case discussions by using audience-based polling and small group discussions.

New Tech–New Treatments–New Psychiatrists

Chair: Saba Afzal

Presenters: Amir Elsamadisi, Harsh Patel, Wasib Malik

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Destigmatize social media and

its usage; 2) Educate about various Technological advances in screening/ treatment of psychiatric disorders; 3) Identify cognitive biases that may affect adoption of digital technology in psychiatric plans of care.; and 4) Educate APA members to learn and possibly utilize current novel-technologies in their Practices.

SUMMARY:

Psychiatry has been one of the fastest growing fields of medicine for two main reasons: The first is the rising need of mental health care in the country today and secondly is the novel research and creation of new medications and technologies with unique capabilities. **Background on Growth of Psychiatry:** The average delay between onset of mental illness symptoms and treatment is about 11 years. Since the pandemic, ED crisis visits and overall burden of mental health resources has increased to combat the 3 fold increase in depression and anxiety. 21% of U.S. adults experienced mental illness in 2020 (52.9 million people). This represents 1 in 5 adults. Over a 2x increase in psychiatry resident application from 2014-2021. Over 6 new medications in the past 5 years alone. **Didactics on New technologies:** We aims to educate clinicians about the advent of digital technologies in psychiatry in various technological domains including mobile health (mhealth), novel neuromodulation techniques and technologies in the form of wearable devices and more.

Neurostimulation and Cranial Electrical Stimulation We will explore the potential of AI and machine learning algorithms to bridge the crucial gap between screening and treatment of mental illnesses. Natural Language Processing We will look at different creative technologies such as Virtual-reality driven treatments and the role of video games in the treatment of ADHD in our youth. Virtual Reality for treatment of Specific Phobias and PTSD EndeavorRx- First FDA approved video game for tx of ADHD **Practicum and audience Involvement:** We aim to engage clinicians by challenging their cognitive biases through thought-provoking exercises and hesitation to adopt technology in their practice/ plan of care. Numerous Cognitive biases in play in regards to older physicians dismaying use of technology in general. Availability Heuristic Confirmation Bias Cognitive Dissonance We will focus on challanging false beliefs on the negative

impact of social media and technology in younger generation We will increase awareness of barriers to change for physicians as a whole **Capability:** Do psychiatrists know of these technologies? **Opportunity:** Are they able to use them? **Motivation:** What reasons are there to use them? **Last words:** Lastly, with this workshop we hope to inspire clinicians to integrate emerging technology in their clinical and pre-clinical interventions to better care for our vulnerable populations. Empower physicians to leverage technological advances in their practice as a modality to dismantle the negative stigma associated with psychiatric care.

New York and Amsterdam 400 Years Later: Sharing Insights Across the Atlantic Regarding Public Mental Health and Forensic Populations

Chair: Abhishek Jain, M.D.

Presenters: René Zegerius, Victor Buwalda, M.D., Ph.D., Li-Wen Lee

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the forensic populations served by the public mental health systems in New York State and Amsterdam; 2) Summarize services and interventions for forensic populations in both systems; 3) Delineate key differences in serving forensic populations between the systems; and 4) Highlight areas of potential overlap and future shared directions.

SUMMARY:

Involvement of psychiatric populations, particularly individuals with severe mental illness, in criminal justice systems is experienced globally. Common challenges include overrepresentation of these individuals in jails and prisons; complexities of restoring competency to stand trial and managing insanity acquittees; and assessing risk and maintaining stability in the community. While interventions and efforts have been closely examined in the United States over the past two decades, such as conceptually framed by the Sequential Intercept Model (SIM) (Munetz and Griffin, 2006), sharing experiences and international perspectives may help gain further insights, identify unique challenges, and highlight potential novel approaches. Inspired by

tracing New York City's origins to Dutch colonists in the 1620s, in this APA presentation we examine how New York State and Amsterdam serve their various forensic populations. New York State Office of Mental Health (NYS OMH) serves over 700,000 individuals each year throughout the state, including forensic services: competency to stand trial restoration, insanity acquittee management, prison mental health services, sex offender treatment and rehabilitation, and support for county jail diversion initiatives. NYS OMH collaborates with various city and state agencies to fulfill its mission to serve these populations. Amsterdam Office of Mental Health (Amsterdam OMH) serves over 7000 individual persons each year in the city and adjacent municipalities, which have a total population of *1.4 million inhabitants*. For example, the Dutch approach to their *Top 600*, a group of 600 people who have committed a relatively high number of high-impact offenses (e.g., robberies, assault, murder), involves a close interdisciplinary collaboration among law enforcement, the criminal justice system, and mental health providers. Similarly, community psychiatric nurses from the AOMH help citizens who experience psychiatric and social emergencies and who trigger an emergency of community police response. In this session, by examining these two distinct public mental health systems, the audience will be able to compare successful efforts and challenges, while pinpointing limitations as well as potential areas where lessons can be incorporated from their experiences. By using an interactive approach, such as audience polling, attendees will be able to engage and consider approaches, such as those inspired by the SIM in NYS OMH and Amsterdam OMH, to be used in their own settings.

"No One Leaves Home Unless Home Is the Mouth of a Shark": Collaborating to Advance the Emotional Health of LGBTQ Individuals in Crisis Zones

Chair: Omar Fattal, M.D., M.P.H.

Presenter: Joanne Ahola, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To highlight the precarious circumstances of LGBTQ refugees, including their mental health needs.; 2) To discuss challenges and

successes of starting up a collaborative online emotional support for LGBTQ Afghani refugees; and 3) To understand the role of mental health professionals in the assessment of survivors of human rights abuses.

SUMMARY:

In June 2020, the death by suicide of a young Egyptian LGBTQ activist Sarah Hegazi, newly settled in Canada, sent shock waves throughout the world. Soon, LGBTQ communities around the world were affected by this tragic loss, experiencing feelings of sadness, anger, frustration, helplessness, and hopelessness as they mourned her death. Her death highlighted the tragic situation of the mental health of sexual and gender minorities. In the MENA region and other areas around the world, LGBTQ people face mental health disparities while dealing with repressive authorities, rejection, denial of existence and naked, blunt and culturally "justified" violence. Many LGBTQ individuals, in addition to being silenced, are continually being shamed, prosecuted, and pressured to either change their sexual orientation or gender identity or to conform with the perceived societal 'norms'. This pressure can cause significant trauma/acute and post-traumatic stress disorders as well as anxiety, depression, substance use, and at times may lead to suicide. Moreover, living with stigma and isolation can lead to risky behaviors that increase the risk of exposure to violence and victimization. Sadly, this trauma transcends borders. Even when LGBTQ people immigrate to or seek refuge in other countries, their struggles continue as they find themselves dealing with the exact same oppression by communities of origins abroad, along with new forms of discrimination and barriers to integration with the host culture, where local and national movements are fighting the legal, political and social discriminations in various forms, levels, and degrees. In this session, the speakers will describe some of the specific challenges and mental health consequences faced by LGBTQ refugees from around the globe, including vivid examples, and underline the profound mental health needs of this population. We will also share the journey of starting up an online program that aims at providing emotional support and psychoeducation to LGBTQ refugees located in Afghanistan using a trauma-informed and

culturally/linguistically-appropriate approach and discuss the challenges and successes of this project. We will present ways in which psychiatrists can engage in assisting these most vulnerable individuals wherever they are in the world from here in the U.S. by working remotely to provide assessment, treatment, training and supervision. The newly launched UN document known as the Istanbul Protocol-22 with its new LGBTIQ section will be introduced as well as how to access remote training.

Now Is the Time to Rethink Adolescent and Young Adult Community Mental Health Care

Chairs: Vanessa Vorhies Klodnick, Ph.D., Deborah Ann Cohen, Ph.D., M.S.W.

Presenter: Laura Stevens, L.P.C.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand uniqueness of emerging adulthood, and need for enhancing evidence-based practices with a developmentally-attuned framework.; 2) Identify core components of young adult multidisciplinary care models.; and 3) Develop competency in philosophies and practices discovery-oriented care, an approach that is part of the Emerge Model that was developed in Illinois and is being adopted by providers across the count.

SUMMARY:

The most debilitating mental health disorders are often progressive in nature with the earliest stages and symptoms typically emerging during the transition to adulthood (i.e., 16-25 years old). Despite this, young adults traditionally do not engage in mental health services. Although there have been increased initiatives to intervene in early psychosis, there has been little to no effort to intervene in early phases of mood disorders. In Illinois, Thresholds, the largest community mental health provider developed the Emerge Model (Klodnick et al., 2020) to better meet the needs of 18-26 year olds with mood disorders. Emerge blends evidence-based practices akin to other evidenced-based Coordinated Specialty Care (CSC) Models (Dixon et al., 2018), but strives to be as developmentally-attuned as possible through integrating what Thresholds calls a Discovery-

Oriented Approach that is rooted in Positive Youth Development. Emerge uses a team-based approach and the Transition to Independence Process (TIP) Model to unite the multidisciplinary team members. To best engage young adults in multidisciplinary community-based care, providers must: (1) embrace the risk taking and instability inherent in the transition to adulthood, (2) focus more heavily on developing, supporting and attaining multiple goals simultaneously across multiple life domains, and (3) employ effective practices that foster identity development and cultivation of meaningful friendships and relationships with supportive adults. Emerge staff remain curious and frame their partnership with young people (and their families) as “self-discovery” through: exploring, making sense of these new experiences, and identifying insights (related to all life domains) without making assumptions or assuming the role of expert guide. Thresholds has provided Emerge Model training in Texas (and other states) to programs that have sister teams to CSC. First, this presentation will highlight findings from three different qualitative studies (Cohen et al., 2022; Klodnick, et al. 2021; McCormick et al., in press) conducted by the presenters to explore what young adults are looking for within mental health services. Second, the authors will describe the model, Emerge created to meet the needs of young adults, and finally the presenters will outline ways to improve the continuum of care all young adults across a variety of needs and diagnosis. This interactive session includes facilitator perspectives from practice, program implementation and research backgrounds. Attendees will engage in exercises where they will learn core principles and practices of Discovery-Oriented Care, including: staying curious, strategic use of self, in-vivo self-reflection, and reflective supervision that they can integrate into their program/practice to boost young adult engagement. This workshop is for clinicians from all disciplines. Students, trainees and residents are encouraged to attend.

Optimizing Physician Learner and Provider Resilience, Engagement, Wellness and Mental Health

Chair: Sidney Zisook, M.D.

Presenters: Mickey Trockel, M.D., Sydney Ey, Ph.D., Sidney Zisook, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand key components of 3 physician wellness programs designed to enhance medical learner and physician resilience, engagement, mental health and well-being; 2) Anticipate and overcome obstacles to implementing physician wellness and suicide prevention programs; and 3) Be better prepared to implement physician learner and/or provider wellness and suicide prevention interventions at participants' home programs.

SUMMARY:

Even before the COVID-19 pandemic, physician distress was recognized as a public health crisis. High rates of exposure to traumatic events, moral injury, burnout, substance abuse, depression, anxiety, and physician suicide received national attention and calls for action. Since COVID-19, the emotional toll of working in healthcare has only increased. Indeed, a global mental health crisis is upon us and offering support for providers has never been more urgent. This General Session will describe different models of care for physicians and medical learners implemented in 3 academic health centers. From the UC San Diego Healer Education, Assessment and Referral (HEAR) program, the implementation and results of an anonymous, online, proactive, interactive screening program (ISP) to identify, engage and refer individuals experiencing high distress and/or suicide risk, will be described. Since the ISP was first introduced in 2009, about 5000 individuals have completed the screening questionnaire and over 1000 have received "warm" mental health care referrals. At the Oregon Health & Science University (OHSU) Resident and Faculty Wellness Program and the Wellness Consults for Leaders and Team, a key part of the safety net during the pandemic was promoting a well-established, in house wellness program for residents and faculty and offering telehealth visits. The highest utilization occurred in 2021-22 with almost half of all residents/fellows and 11% of faculty physicians accessing counseling, coaching, and/or psychiatric care through the wellness program. In addition, the Wellness Consults program for Leaders and Teams

was implemented to support healthcare leaders in addressing the well-being of their team members and themselves by delivering timely, psychological support to leaders, facilitating supportive listening sessions with teams, and offering workshops on coping, team functioning, and disaster/trauma recovery. 85% of participants rated they would recommend this service to others. Popular Opinion Leader (POL) based physician well-being programs from the Stanford Well-MD/Well-PhD programs will be described. The first POL program randomized 20 clinics to intervention versus control and identified respected physicians willing to invite their colleagues to participate in 4 lunchtime health promotion skills development workshops. Outcomes on occupational well-being parameters and turnover intentions were evaluated. The second POL program also included a cluster randomized evaluation design, and identified respected colleagues willing to encourage colleagues to seek Stanford WellConnect mental health support when useful. WellConnect is a comprehensive mental health promotion coaching and mental healthcare services program serving house-staff and attending physicians. The session will provide time for discussion to meet the overriding goal of providing participants tools to implement similar programs at their home institutions or practices.

Overcoming Shame, Stigma and Barriers in Addressing Victims of Male Sexual Violence

Chair: Dhruv Gupta, M.D., M.S.

Presenters: Saranyan Senthelal, M.D., Marissa Goldberg, D.O., Obiora Nnaji, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Demonstrate an understanding of male sexual violence and its consequences on victims, especially on members of minority populations, refugees, inmates, and members of the LGBTQ community.; 2) Identify barriers (sociopolitical, interpersonal, personal) that impede or obstruct disclosure of male sexual violence by victims.; 3) Integrate adequate assessment tools to evaluate the effect of male sexual violence during childhood or adulthood into clinical practice.; and 4) Discuss management strategies for victims of male sexual violence, including treatment of comorbid

illnesses such as depression, personality disorders, PTSD, and substance use disorder.

SUMMARY:

Eleven percent of all individuals treated for sexual assault are either men or boys, and at least one in six men suffer from sexual violence in their lives [1]. However, the majority of studies conducted on sexual violence have focused predominantly on women, in large part due to underreporting and the stigma associated with sexual violence among men. Still, the existing literature suggests that the psychological impact of sexual assault is equally severe in men [2]. Closely related to the gender differences in the characteristics of sexual violence is the issue of underreporting among men and boys. For instance, boys are over 35% less likely to report sexual violence than girls are, and adolescent boys are the least likely to share [3]. Feelings of self-blame, fear, doubt, or disbelief are key contributors to the stigma associated with sexual victimization [4]. This underreporting is alarming as childhood sexual abuse is associated with childhood and adolescent suicide attempts. It is significantly stronger for boys than girls [5]. More broadly, the risk of a suicide attempt is 15 times greater for male victims of sexual violence than for female victims [5]. The goal of this workshop is to promote awareness for victims of male sexual violence, discuss its overarching consequences, and evaluate appropriate assessment tools. After providing an overview of male sexual violence, the workshop will highlight the added severity of this issue for minority populations. Boys and men of color experience sexual violence at much higher rates than other groups do [6]. Other vulnerable populations include those working in sex trade, the homeless, LGBTQ community members, and those incarcerated or in rehabilitative centers [7-9]. Next, we will focus on integrating assessment tools of male sexual trauma into clinical practice, including a discussion about interviewing victims, and understanding which questions or indicators are both sensitive and helpful [10]. We will highlight that it is critical for mental healthcare providers to be cognizant of victims' disabilities, and that treatment factors in individuals' vulnerabilities. More broadly, these inequities need to be addressed through solutions such as institutional changes in schools and law enforcement, support for victims, and evidence-

based programs to address trauma [6]. We will then discuss the treatment of psychological consequences of male sexual victimization such as depression, personality disorders, post-traumatic stress disorder, and substance use disorder. In part two, participants will be divided into groups, and will be provided clinical vignettes of male individuals with a history of sexual violence. Participants will practice applying assessment tools to simulated interviews. We will conclude by reconvening participants; we plan to elicit experiences for an active discussion regarding which approaches worked better than others and possible explanations of their utility.

Peers, Clubhouses, and Psychiatry Residents: A Recovery Oriented Training Experience

Chair: Arkaprava Deb, M.D., M.P.A., M.P.H.

Presenters: Pranav Aurora, M.D., M.Sc., Sacha Agrawal, M.D., M.Sc.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand how psychiatrists and peers or clubhouse services currently work independently and the challenges that come through this.; 2) Understand the current supply shortage of community psychiatrists practicing recovery oriented care.; 3) Understand the general deficit of psychiatry residency education, regarding peer and clubhouse services.; and 4) See the depth of clubhouse involvement in residency education for SUNY Downstate and the impact on knowledge and attitudes of residents..

SUMMARY:

There is a critical shortage of community psychiatrists in the US, especially when considering who treats those with severe mental illness. An explanatory factor behind this is the knowledge and attitudes of residents in training towards community psychiatry and recovery prospects for severe mental illness. Residency training can improve in increasing residents' knowledge and practice with community psychiatry, especially by immersion into Peer services and Clubhouse Services. Clubhouse services and peer led services offer complex, impactful, and rewarding collaborations for psychiatry practices. Nevertheless, clubhouse services have developed

largely independent from psychiatry practices, potentially to the benefit of the clubhouse model. Now that clubhouses have matured into evidence based and impactful behavioral health programs for severe mental illness, there is a new opportunity for committed partnerships between psychiatry training and Clubhouse services. SUNY Downstate College of Medicine Psychiatry Residency (Brooklyn, NY) is uniquely situated to partner with Fountain House Clubhouse (New York, NY) to develop this relationship. The residency program includes clinical work with an unusually high concentration of severe mental illness, especially from historically disenfranchised demographics and populations with low trust in healthcare institutions. Our residents see the challenge of gaining patients' trust under these circumstances. Learning from and partnering with Fountain House to accomplish this should have a positive impact on the patient populations seen in Brooklyn, NY and on the practice of all graduates from the SUNY Downstate Psychiatry Residency. Our interventions have included increased didactic time during PGY1 year to confirm first year resident exposure to Peer Services and an immersive symposium for all Downstate residents directly with the staff and members at Fountain House.

Phenomenology of Identity: Mobilizing Narrative Medicine Towards the Care of Eating Disorders

Chair: Laila Knio, M.D., M.S.

Presenters: Laila Knio, M.D., M.S., Harini Sridhar, M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To actively experience a reflective practice using a poem and writing prompt; 2) To recognize how texts (stories, poems, photographs) can provide patients with narratives that allow for self-recognition and the challenge to imagine previously unconsidered future possibilities; 3) To critically examine the complexity of living with an eating disorder, and the way in which this complexity serves as a barrier to treatment; and 4) To identify the use of narrative medicine as a tool in providing humanistic and patient-centered care, as well as an invitation towards allyship (collaborative care between patients and providers).

SUMMARY:

Our proposal for this session is two-fold: During the first part of the session we will introduce the discipline of Narrative Medicine (NM) and guide attendees through a traditional Narrative medicine workshop (the close-reading of a work of art followed by writing "in the shadow of the text"). After this demonstration, we will share our recent qualitative research project in which we facilitated a series of Narrative Medicine workshops for patients living with eating disorders at a residential treatment facility, and a parallel series for their providers. For attendees, the first part of the session will serve as a reference point for the substrate of our research project - the NM workshop. It provides a foundation from which attendees can better imagine the methodology and possible impact of the work we have conducted. A growing body of literature explores the intersection of eating disorders and identity formation – an entanglement that makes eating disorders particularly challenging to treat. Narrative Medicine, a discipline of the health humanities, can be a powerful tool in enhancing the care of eating disorders by helping patients expand their notion of self beyond that of someone who is ill. The pedagogy of the field is the Narrative Medicine workshop, which mobilizes the close-reading of works of art and reflective writing to improve our understanding of our own lived experiences (the Self) and that of other people (the Other). We were guided by 3 hypotheses: (1) how can NM help patients expand their notion of Self beyond their identity as someone with an eating disorder? (2) how can providers reorient themselves towards the changing Other as their patients adopt different forms of identities? (3) how can narrative medicine aid a patient-as-partner approach to treatment and recovery? We implemented two sets of workshop series in parallel. The first workshop series consisted of 6 1-hour sessions for patients at Carolina House, a residential eating disorder treatment center serving adults of all genders. The staff workshop series consisted of four optional, 1-hour sessions available to any staff member at Carolina House. For both patient and staff series, workshop themes were additive; they began at the level of the individual and bloomed outward. Sequentially, workshop themes included the

following: blessings, defining the self, thrownness, being homed/un-homed within our bodies, kindness, and finally, possibility and triumph. Qualitative interviews were conducted with 4 patient and 3 staff participants. Transcripts were analyzed using a grounded theory approach. Data was structured into 3 main themes which included the Phenomenology of Illness, Phenomenology of Change, and Orientation to Treatment. We conceptualize these 3 themes as different time stamps along a trajectory. Granularity of data will be shared, as well as implications for future eating disorder care and enhanced applications of Narrative Medicine.

Precision Psychiatry: Perspectives, Pitfalls, and Possibilities

Chair: Aria Ghahramani

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the growing body of research directed toward precision psychiatry; 2) Recognize the unique opportunity psychiatry faces in developing precision therapeutics; 3) Identify the various ways in which the translational gap may be narrowed using precision psychiatry; 4) Appreciate common critique of precision psychiatry; and 5) Identify the different ways in which precision psychiatry may be applied in various practice settings.

SUMMARY:

Background: Precision medicine is a growing field; its principals have transformed over the years and been applied successfully in various medical specialties. Psychiatry has lagged other fields in the mission to achieve precise therapeutics. However, psychiatry is a field naturally suited for personalized treatments, and psychiatrists are well-equipped to not only take part in but also help lead a revolution toward precision medicine. Despite its promise, psychiatrists would be wise to show some reserve in what to expect from this emerging field, as unique considerations are required when formulating targeted treatments for mental illness. With an understanding of the potential for impact and limitations of the field, precision psychiatry can be seen as a complement to current and established

diagnostic tools and therapeutics. Discussion: In this session, we will explore how psychiatry is uniquely suited to benefit from precision medicine. We will also discuss the ways in which precision applied to psychiatric care may be of a different quality than in other medical specialties that have already applied these principles. Future outcomes of precision psychiatry may include the development and analysis of biomarkers for mental illness, targeted therapeutics based on these markers, specific dose titration based on large datasets, machine-learning algorithms for diagnostics and assessment, and more. Following this overview, we will encourage the audience to reflect on ways in which the established techniques and modalities of precision medicine can improve their practice. Conclusion: With an understanding of the possibilities and limitations of the field, participants will be able to form informed expectations for precision psychiatry. This presentation will invite participants to consider ways in which psychiatrists can be leaders in the advances for precision medicine.

Protecting Your Trainees and Your Program: How to Deal With Trainee Unprofessionalism

Presenters: Ahmad Hameed, M.D., Randon Welton, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe steps for evaluating (and documenting) the conduct of trainee unprofessionalism; 2) Identify strategies for managing unprofessional trainees; 3) List resources that might be available in dealing with issues of professionalism; and 4) Discuss the emotional, psychological, and administrative impact that unprofessional trainees have on their colleagues and the program.

SUMMARY:

This workshop will describe several cases of trainees who manifested, unexpected unprofessional and troubling behavior during their residency programs. Initially this behavior might not be egregious enough to warrant immediate administrative action. Often the reports of troubling behavior were second or third hand, undocumented, and minimized or denied

by the trainee. Among the cases to be discussed included trainees who: - Taking extreme advantage of vacation and CME policies - Taking extreme advantage of generous Educational Support Funds and cafeteria policies - Behavior detrimental to the profession, institution and the program outside working hours - Sexual innuendos in the presence of other trainees and medical students - Hearing and reading what they wanted to hear and read to justify their behavior and actions. We will discuss some of the aspects that make these cases so difficult. There are often delays in reporting concerns but once the first concern is voiced there is a “piling on” of complaints. Other trainees may be reluctant to “tattle” on a peer. Some faculty members may be prone to pathologize or explain away bad behavior and give the trainee third and fourth chances. Those same faculty members may exhibit a desire to be seen as “nice” and protective of the trainees. Decision makers like the Program Director may resist seeing the big picture and base their actions only on what they have personally experienced. Program Directors may also see identifying a failing trainee as a narcissistic injury to them which they resist. Because of these factors, programs are often slow to react. Responding to these complaints requires the training director to either take on a potentially uncomfortable investigator role or to ignore unsubstantiated but concerning accusations from the staff and trainees. Programs often fail to appreciate the long-term impact that delaying action causes on trainees, their colleagues and the program. These behaviors can result in significant splits among trainees and faculty; between those who are ready to punish and those who deny that there is a problem or want to handle it therapeutically. The importance of thorough documentation will be stressed. Documentation should include signed statements from eyewitnesses as well as all documentation of the discussions and decisions concerning the trainee. We will review the options available to the training directors and review how they can select the most appropriate option. Attendees will be invited to describe similar cases in their programs and how they resolved them.

Psychotherapy Models for Patients on Ketamine Treatment in Patients With Suicidal Risk

Chair: Tatiana A. Falcone, M.D.

Presenters: Murat Altinay, M.D., Albert Yeung, M.D., Fernando Espi Forcen

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To familiarize with the different psychotherapy models proposed for patients on ketamine treatment including psychedelic therapy, CBT, MCP and CAMS; 2) To acquire skills on how to recognize and address the psychological needs in patients taking ketamine; 3) To understand the needs of the most vulnerable patients like children, adolescents and youth; and 4) To address challenges in finding a good therapy model for patients that can benefit from ketamine treatment through interactive idea sharing and discussions.

SUMMARY:

Ketamine is considered both a neuromodulation and a psychedelic agent in the treatment of depression and suicidal ideation. Psychotherapy with psychedelics is considered a key element in the treatment of psychiatric symptoms. In addition to the neuromodulation benefits provided by psychedelics, psychotherapy can help optimize the antidepressant effect and the risk of suicide after a ketamine experience. In fact, in the psychedelic realm, ketamine alone without psychotherapy is not recommended. This viewpoint states that psychedelic experiences without being prepared for it can be antigenic and traumatizing. However, there are different psychotherapy models that can be effective as an adjunct to ketamine treatment. To date, two research studies show that both psychedelic psychotherapy and cognitive behavioral therapy (CBT) can help optimize treatment effectiveness. Psychedelic psychotherapy entails a cluster of approaches from different disciplines, mainly Freudian and Jungian psycho-analysis, and transpersonal psychology. In psychedelic psychotherapy, the mind-set and setting (ie, ?set and setting?) are crucial for a good outcome. Therefore, patients must first be prepared for their experiences and develop trust with the provider, who is also responsible for administering the ketamine in a safe, comfortable, and therapeutic environment. The patient can be encouraged to cover their eyes and use instrumental music to facilitate the psychedelic

experience. Other researchers have proposed the use of cognitive behavioral therapy (CBT) as an adjunctive for patients re-ceiving ketamine for depression (not during the ketamine administration). There are other psychotherapy models that could well be effective. Complex Assessment and Management of Suicide (CAMS) stands out as an ideal model for patients taking ketamine for suicidal ideation. CAMS has consistently shown to decrease suicidal ideation and intention. An interesting model for patients taking ketamine is Meaning-Centered Psychotherapy (MCP). Ketamine is often used in patients with depression and pain and in palliative care settings. MCP helps patients alleviate existential distress. MCP can work synergistically with ketamine in these settings. For the purpose of this presentation, we will review different psychotherapy models in ketamine treatment. We will present preliminary data from our CAMS and ketamine treatment in youth with suicidal ideation study. We will also present a case series of patients receiving ketamine-assisted psychedelic psychotherapy and ketamine-assisted meaning-centered therapy in our hospital.

Recovery Mapping: A Practical Method to Produce Transformative Outcomes in Team-Based Care

Chair: Paul Grant, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the five core components of CT-R; 2) Develop recovery aims based in interests, aspirations, and beliefs; and 3) Organize and guide transformative treatment collaboratively with the Recovery Map.

SUMMARY:

Recovery-Oriented Cognitive Therapy (CT-R) is an empirically-supported, whole-person, and strengths-based approach for promoting recovery and resiliency for individuals given a serious mental health diagnosis (e.g., schizophrenia). CT-R has been successfully implemented in a variety of mental health settings -- including community teams, outpatient clinics, residential programming, inpatient hospitals, forensic facilities, and sex offender programs -- by providers from multiple disciplines

and all levels of experience and education. The approach focuses on building connection and trust, learning and enriching individuals' aspirations to take action towards a life of personalized meaning. Cognitive therapy strategies provide opportunities for individuals notice and draw conclusions about their active successes and expanding empowerment. The Recovery Map guides this transformative care. It is a user-friendly, one-page form that provides a format and framework for providers to organize the information known about an individual's interests, passions, and aspirations, along with the challenges they experience. The Recovery Map promotes the exploration of the beliefs activated when a person is at their best and when they are experiencing heightened challenges. Finally, it provides a framework to create practical, documentation-ready strategies, interventions, and clinical targets for treatment activity. After a brief introduction to CT-R, presenters, through case examples, will demonstrate how the Recovery Map aids teams to synthesize information and guide treatment planning, giving voice to each team member to maximize what is known about a person and to create the most thorough and individualized treatment plan. Presenters will show how the Recovery Map changes over the course of treatment, as well as how it can be used to support continuity of care as an individual steps up into less restrictive levels of care. The session will culminate in an exercise where the participants will be able to apply what they have learned by making a Recovery Map together. Participants will leave the session with the understanding of how to use this case conceptualization tool in their work, specifically to facilitate interdisciplinary collaboration and understanding. The session aim is to empower providers and team members across roles in care to know where to start to connect with individuals who may be more challenging to engage, to maximize quality and quantity of contacts, and to maintain momentum as individuals discover their inner empowerment and actively pursue the life of their choosing in the community of their choosing.

Seeking Euphoria: Trauma, Addiction, and the Family Structure

Chair: Marcus Hughes, M.D.

Presenters: Camila Haynes, M.D., Kanya Nesbeth, M.D., Yushekia Woodford, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define Family Systems Theory and understand its application in the context of addiction; 2) Discuss the role of trauma in the development of SUD and addiction in adolescent individuals; 3) Understand the mental health impact of addiction on family members of individuals who have an addiction; and 4) Describe various tools relevant to the identification, evaluation, and management of psychiatric illness and addiction within the family unit.

SUMMARY:

Depictions of psychiatric and substance use disorders (SUDs) are commonplace in film and television productions of today. Nevertheless, in recent years, none may be more popular than HBO's acclaimed series *Euphoria* which spotlights a group of teenagers as they navigate their high school experience. Against the backdrop of parties, school assemblies, and teenage love triangles, these adolescents navigate a landscape of childhood traumas and rampant substance use. Characters of the show exhibit myriad psychiatric symptoms including acute drug intoxication and withdrawal, gender dysphoria, panic attacks, and self-harm as the writers showcase the sometimes "ugly" or outright dangerous side of adolescence. Throughout the series, particular attention is given to the role played by family members and to the influence of trauma as a risk factor for the development of psychiatric illness and addiction. This development, within the context of unaddressed trauma, is highlighted especially well by the show's writers and is exceptionally portrayed by the cast. The strain on the family unit secondary to these issues is of particular interest and is especially relevant given the current climate of drug use and increasing rates of overdose in this country. In this presentation, we will provide an in-depth look at various characters and the way in which trauma influences mental health and behavior. Within our session, we will view media clips from *Euphoria* to provide visual portrayals of various psychiatric symptoms and sequelae of mental illness.

This will inform an interactive group discussion on topics relevant to the identification and management of psychiatric illness within the adolescent population and family unit, as well as, the associated impact on individual and collective mental health and well-being. We aim to emphasize the importance of a systemic focus in evaluative and interventional approaches.

Shared Care: The Integration of Alcohol-Associated Organ Damage and Psychiatric Care

Chair: Laura Nagy, Ph.D.

Presenters: Arun Sanyal, M.D., Anne Fernandez, Ph.D., Mandana Khalili, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) ? Identify four organ systems that may be damaged by heavy alcohol consumption; 2) ? Describe lessons learned from the integration of care for individuals with comorbid AUD, mental illness, and liver disease; and 3) ? Describe how telehealth may be used to treat individuals in vulnerable populations with comorbid AUD and liver disease.

SUMMARY:

Alcohol-associated organ damage is a frequent complication of heavy alcohol consumption and alcohol use disorder (AUD). Integration of care for individuals with AUD and alcohol-associated outcomes has the potential to improve outcomes. This session will review studies on alcohol-associated organ damage and the need for integrated care, including a role for psychiatrists in addressing alcohol-associated organ damage. The first presentation will provide an overview of alcohol-associated organ damage. [additional text here, following input from Arun Sanyal]The second presentation will describe the need for integrated care in treating individuals with AUD and associated organ damage. It will include discussion of barriers to care for AUD among those who need it most and the need for integrated care to treat co-occurring disorders: alcohol use disorder, mental health, and liver disease. It will present data-driven outcomes and lessons learned from the University of Michigan's multi-disciplinary alcohol-associated liver

disease clinic and, finally, will provide advice for practitioners on state-of-the-art care for co-occurring alcohol use disorder and liver disease. The third presentation will describe the rise in alcohol use in recent years and its impact on liver disease-related disparities, focusing specifically on vulnerable populations. It will include information on how telemedicine may be leveraged to provide care for individuals with AUD and liver disease, which provides opportunities to implement novel multidisciplinary approaches for alcohol treatment in hepatology practices. Finally, it will include patient-reported experiences with telemedicine for treatment of advanced liver disease and unhealthy alcohol use, and how strategies such as formal patient education within the hepatology setting may be used to engage patients in treatment for AUD.

Social Media and Psychiatry: Effects of Social Media on Users, Research, Advocacy, Networking and Intervention Opportunities

Chair: Mariana Pinto Da Costa, M.D.

Presenters: Victor Pereira-Sanchez, M.D., Ph.D., Miguel Ángel Álvarez De Mon, Rosa Molina

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the potential of popular social media platforms to provide psychiatrists with far-reaching, influential platforms to exercise advocacy and deliver psychoeducation, with first-hand examples.; 2) Acknowledge the possibilities social media offers to aid psychiatric research (data collection, participant recruitment, and public dissemination of results), also with first-hand examples.; 3) Develop an informed and critical personal opinion about the role of psychiatrists in social media, acknowledging both the potentials and risks of their involvement.; and 4) Acknowledge the risks and impact that the use of social media has on users, particularly in self-esteem, the tendency to compare with others and in satisfaction with body image..

SUMMARY:

This symposium will provide a panorama on how to use popular platforms (Twitter, Instagram, Facebook) for advocacy, psychoeducation, networking and

research. Our goal is to get more psychiatrists comfortable with the reasons for participation in social media. Psychiatry is being highly benefited from the possibilities enabled by social media and the digital world to conduct valuable international research and is also favoring medical education through social media. Nowadays, more and more psychiatrists use social media (mainly Instagram and Twitter) to educate about mental health. At the same time, more and more journals encourage authors to promote their articles through social since it is a free way of promoting science and making research results reach more people. And precisely reaching the largest possible number of people is one of the objectives of the research. Moreover, the COVID-19 pandemic has highlighted the value and need for accurate information in social media, which are increasingly used as a source of information This symposium aims at providing the audience with practical methods, tools and skills for conducting social media-based research, promoting articles, networking with colleagues and promoting mental health on social media harnessing the growing expertise of a group of young European psychiatrists. This activity is meant to be eminently practical and interactive. The contents will include the introduction of skills and tools for designing research proposals, posting tips, analysis of social media contents, and science dissemination, among other topics. The session may be of particular use for early-career psychiatrists and trainees.

Struggle and Solidarity: Stories of How Americans Fight for Their Mental Health Through Federal Legislation

Chair: Michael Compton, M.D.

Presenters: Marc W. Manseau, M.D., M.P.H., Flavio Casoy, M.D., Jacob Michael Izenberg, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List at least five social determinants of mental health.; 2) List at least three federal laws that impact upon the social determinants of mental health.; and 3) Describe the connection between food insecurity and mental health..

SUMMARY:

The social determinants of mental health are underpinned by two types of larger societal factors: public policies and social norms. Public policies are the official laws, regulations, court decisions, executive orders, and other policy decisions that govern how a society functions and distributes resources. Both public policies and social norms are themselves influenced by broad historical trends (e.g., a history of slavery and racial segregation in the US), as well as overarching values (e.g., American values such as individualism, material comfort, and a belief in free market capitalism). This session offers highlights from the American Psychiatric Association Publishing book *The Social Determinants of Mental Health* (Compton & Shim, 2015) and a recently published American Psychiatric Association Publishing book that gives case studies of how federal laws can have major impacts on mental health due to their effects on the social determinants of mental health (Manseau & Compton, 2023): *Struggle and Solidarity: Seven Stories of How Americans Fought for Their Mental Health Through Federal Legislation*. Though the book covers seven major federal laws, in this session, three will be discussed: two from the Franklin D. Roosevelt New Deal era and one from the Lyndon B. Johnson Great Society era: the Agricultural Adjustment Act of 1933 (the first Farm Bill), the National Labor Relations Act of 1935, and the Housing and Urban Development Act of 1965. Presenters will discuss how these landmark laws impacted one or more key social determinants of mental health, as well as how subsequent iterations of the law have or have not addressed equity.

Suicidal Ideation in Teens: Treatment Beyond Inpatient Admissions

Chair: Robert Holloway, M.D.

Presenters: Sudhakar Shenoy, M.D., Sohail Nibras, M.D., Tapan Parikh

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the risk assessment in teenage suicidal ideation patients.; 2) Learn various treatment options beyond the inpatient admissions and strategies to achieve this goal.; and

3) Recognize the importance of treatment in the community..

SUMMARY:

Suicide is a leading cause of death in the adolescent population and requires competent psychiatric management. The management often begins with inpatient admission when the risk level is determined to be acute, however when multiple inpatient admissions have been the course for some teenagers, in this subset, it is important to recognize treatment options beyond inpatient level of care in the community. In cases of suicidal ideation as well as non-suicidal self injurious behaviors, it is not uncommon to observe clinical stability while one is admitted to inpatient unit, but the real challenge starts when the patient is back home. In this session, we explore pros and cons of repeated inpatient psychiatry admissions. The advantages being acute risk mitigation, immediate starting of the treatment when no outside care exists, starting of family therapy, and possible medication management. The cons of inpatient admission include creating a safe environment which isolates youth from real-world circumstances where emotions peak, family dynamics and interpersonal communication is limited, and school pressures are eliminated. Inpatient treatment also places a burden on healthcare costs and may compete with outpatient resources to manage crises. We will compare and contrast inpatient and outpatient treatment strategies and explore how treatment systems could be improved.

Sylvia the Wood Nymph: A Documentary Film on Dissociative Identity Disorder and Barriers to Research, Treatment and Acceptance of Childhood Sexual Abuse

Chair: Timothy David Brewerton, M.D.

Discussants: Robyn Hussa Farrell, M.F.A., Tim Farrell, B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will explore the development and evolution of a case of dissociative identity disorder (DID) toward full integration as told by videotaped sessions, her psychiatrist, husband,

and friend.; 2) Participants will better identify DID patients in their clinical and research practices and learn how immersion in visual arts can assist in identifying and supporting patients with DID.; 3) Participants will better navigate the topic of childhood maltreatment gleaned from the perspective of major researchers involved in the field over the last 4 decades.; 4) Participants will gain insight into the history of society's resistance to acknowledge the veracity of dissociative identity disorder and childhood sexual abuse.; and 5) Participants will be able to describe at least two modern research findings that support the validity of DID including at least one differing opinion and political movement that has led to reduced fun.

SUMMARY:

Sylvia, The Wood Nymph is the true story of a woman who struggled with dissociative identity disorder (DID), which she developed as a result of severe early childhood maltreatment (CM), including childhood sexual abuse (CSA) and neglect by multiple family members. We now understand such experiences to be extreme forms of Adverse Childhood Experiences (ACEs). Sylvia also suffered from recurrent major depression, binge eating disorder (BED), obesity and type 2 diabetes. Using extraordinary footage of therapy sessions over the course of her treatment, this film takes an intimate and personal look at Sylvia's journey toward recovery and our collective passage toward accepting the magnitude and societal implications of CM. These video sessions, filmed between July 1988 and April 1991, highlight the unfolding and evolution of Sylvia's condition during psychotherapy sessions, including her switching personalities in real time. They also reveal in stark detail the complex emotional journey a person must follow from DID towards full integration, which she eventually attained, along with the development of healthy relationships. These recordings are a lasting legacy of Sylvia, which literally means "the wood nymph," and her wish that anyone struggling can learn that healing and recovery is possible. Along with Dr. Brewerton, the film brings together the perspectives of Sylvia's husband and best friend, as well as leading experts on DID and CM, including Frank Putnam, MD, Rich Loewenstein, MD, Bethany Brand, PhD, and Robert Post, MD. These experts comment on some

of the major findings from clinical research on CM and DID, including data from epidemiological, neurobiological, neuroimaging, epigenetic, and psychotherapeutic studies. Historical skepticism and outright opposition to the validity of DID by professionals and organizations in the field are also addressed. In addition, we learn from another patient with DID and BED, referred to as "Laura" in the film, who shares her lived experiences. Laura recounts how her immersion in visual arts helped reveal her DID and the CSA that led to her struggles. Collectively, the individuals in this film help explain this complex disorder, how the brain can compartmentalize our memories to protect us, and what DID reveals about the delicate path each of us must follow in order to become an integrated individual. The film also touches on society's difficult passage to acceptance of the widespread scourge of CSA and the damage it causes so many. During the discussion, we will hear from the filmmakers on how to balance complex scientific concepts with a cinematic narrative that engages audiences with varied levels of subject matter expertise. With such a delicate topic as CSA, the filmmakers will also share insights on how they approach potentially triggering psychiatric issues in a documentary format, providing >20 yrs of research and best practice in creating evidence-based mental health films and educational programs.

T.H.I.N.K. Resiliently: Utilizing the 12 Steps to Overcome Difficulties

Chair: Alan Heide

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the end of the presentation, the attendee will be able to identify personal inventory, and when wrong promptly admit it to themselves and others.; 2) At the end of the presentation, the attendee will be able to identify a personal means of taking a daily inventory.; 3) At the end of the presentation, the attendee will be able to explain the acronym T.H.I.N.K. and its benefits as a recovery tool.; 4) At the end of the presentation, the attendee will be able to identify the role of resiliency in the 12 steps of Alcoholics Anonymous.; and 5) At the end of the presentation, the attendee will be

able to identify the five core symptoms of Codependency..

SUMMARY:

Resilience is defined by the capacity to recover quickly from difficulties. Although the 12 steps of Alcoholics Anonymous do not offer a set timeframe on recovery, it does offer many simple tools that individuals can utilize quickly and efficiently to recover from difficulties. In step Ten of Alcoholics Anonymous, we are taught to continue taking personal inventory of ourselves and when wrong promptly admit it. Eventually in recovery we learn to monitor our behaviors, be kind to ourselves and others and admit when we are wrong. There are many tools that members of 12 step programs utilize to recover quickly from their mistakes and difficulties, in step Ten we learn to slow ourselves down and utilize the acronym T.H.I.N.K. (Is it Thoughtful, Honest, Intelligent, Necessary, Kind? If so, it is probably okay to say). By taking inventory of our behaviors and experiences, we gain peace and serenity, and find resilience as we overcome difficulties in our lives, while learning how to communicate our reality moderately and respectfully.

Tales Tattoos Tell

Chair: John Bostwick, M.D., M.F.A.

Presenter: Rachel Hammer, M.D., M.F.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss how skin-ego theory offers a lens for understanding how tattoos afford wearers security and protection; 2) Incorporate data examiners glean from inquiring about tattoos into mental status examinations and clinical formulations; and 3) Raise awareness of the countertransference tattoos invoke and the need to manage these feelings as they affect therapeutic relationships.

SUMMARY:

In the form of tattoos, patients increasingly wear their hearts on their sleeves and every other part. This workshop will proceed from the assumption that every tattoo tells a tale. Tattoos bridge the space between the physical exam and the mental status

assessment. A narrative is potentially there for the asking if an examiner will simply ask. This workshop will open with a brief lecture rich in imagery about the history of tattoos. Presenters will review Anzieu's theoretical work on skin-ego theory. We will then bring the topic into the medical arena via a videotaped interview with a patient whose tattoo collection was the key to a fraught story about the cultural and psychological rebellion that led her to express her true self in flamboyant dermatological ink. Tattoos are unique communications about self-state while also serving as time capsules for previous self-states. Tattoos are memorials, protests, love letters, scars—and they do not get there without pain. They perform myriad functions for an individual, and exploring a patient's relationship to their body art is fertile ground for psychotherapeutic work. We will feature an associative exercise using a specific tattoo image from a patient as a touchstone for discussion. We will facilitate a group activity similar to dream analysis in psychoanalytic group supervision practice (an adaptation from Blechner 2011) in which the participants are initially blind to patient demographics and case material, and only after sharing their associations do they learn the particulars of the case. This will represent an opportunity for participants to become aware of implicit bias and automatic associations we all have (countertransference) and to process how these associations may affect clinical therapeutic work. Dreams tend to be intensely visual, often more than they are verbal, and perhaps similarly to dreams, tattoos are places where what is preverbal commands attention, and very likely has strong association to childhood or regressed self-states and memories. Participants will then engage in a writing exercise in which they will be invited to recall one of their own tattooed patients and reflect on what they learned -- or imagined -- the tattoos represented. An opportunity for sharing these anecdotes will ignite a discussion during which the presenters will facilitate the collective deriving principles for how clinicians can inquire about tattoos, explore their meanings with their patients, and incorporate what they uncover into ongoing patient care.

Telepsychiatry in Residency Training: Lessons Learned, Value as Standard Curriculum, What Residents Want, and Where We Go From Here

Chair: Alec Kinczewski, M.D.

Presenters: Kimberlyn Baig-Ward, M.D., Logan Noone, D.O.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify best practices for resident training from current research and other attendees; 2) Learn telepsychiatry training needs identified by residents; and 3) Equip to advocate for inclusion of telepsychiatry training for residents.

SUMMARY:

The COVID-19 pandemic, accompanied by the increased need for widespread mental healthcare resources, accelerated the implementation of telepsychiatry in a myriad of patient care settings across the United States. This technological shift in practice has extended care opportunities to regions otherwise deprived of care. Most current psychiatry residents will engage in care delivery through a telepsychiatry platform if not during residency, then during their career. However, as this new mode of care delivery has become widespread the manner in which it has been integrated into residency training, if at all, is without standardization or best practices collected and made available. The American Association of Medical Colleges and American Psychological Association have published competencies regarding this topic, however it is unclear if residency training has been modified based on such recommendations and currently they are not included in the milestones of the Accreditation Council for Graduate Medical Education. Going forward, having standardized training will be essential to ensure the delivery of safe, high quality, and efficient care through telepsychiatry. The present session will address the need for standardization of telepsychiatry in residency training through reviewing available resources, discussing training needs identified by current residents from surveys, and engaging with the audience in a real-time question and answer format to discuss results and spread lessons learned among attendees. After completion of this

workshop participants will know the telepsychiatry training needs identified by residents, current methods being used to address these, and new ideas generated from small group activities and Q&A during the session. The speakers in this session will include three current residents who have collaborated to share their lessons learned from diverse training environments, current research, and results from surveys shared with fellow residents.

The Birth of SBIRT“h”: Incorporating Harm Reduction Strategies Into the SBIRT Model

Chair: Vineeth P. John, M.D., M.B.A.

Presenters: Michael Weaver, Daryl Shorter, M.D., Namrata Walia

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize harm reduction strategies such as needle/syringe exchange programs, naloxone opioid overdose rescue kits, bridge clinics, low-barrier medication for opioid use disorder, etc.; 2) Describe various strategies that would include harm reduction while using SBIRT model in clinical practice; and 3) Apply skills gained from the workshop to address the unique challenges in their own practice settings.

SUMMARY:

Harm reduction is an approach to reduce the negative impact of risky behavior including alcohol or drug use. The principle of harm reduction follows the philosophy of “meeting people where they are”. Using this approach, we address substance use through prevention, treatment, and recovery where individuals set their own goals. This is described as a patient-driven approach given that certain people might not be ready to make changes to their behavior yet. Addressing risk reduction in such patients can be less stigmatizing and aim to improve quality of life by reducing negative outcomes. Screening, brief intervention, and referral to treatment, more commonly known as SBIRT, has been traditionally used in primary care settings to identify and address substance use. It includes increasing awareness, insight and motivating individuals towards a change in behavior. This is

followed by referral to an appropriate level of treatment. Although SBIRT has helped to reduce the substance use burden by early identification, the annual death toll due to drug overdose continues to rise in the United States. In 2021, over 108,000 people died of drug overdose, which was about 13% more compared to the year 2020. Educating people on safer drug use through harm reduction strategies can address this public health crisis. SBIRT^H or incorporating harm reduction strategies into the SBIRT model can be beneficial to address the individuals in “pre-contemplation” phase of behavior change. This principle is a pragmatic approach to reduce health, social and economic effects of substance use without requiring change in behavior. This patient-led principal focusses on the problem without insisting on abstinence. Several programs including needle exchange, outreach, tolerance zones, methadone maintenance have shown to be economically and medically beneficial. Educating the patient on safer drug use techniques during SBIRT is the primary goal of this presentation. SBIRT can be tailored to include discussing reducing harm, offering medications, and helping patients carve their own path through contemplation to acting stage of behavioral change. Clinicians can explore patient’s goals and motivation to bring a change instead of a traditionally used approach of negotiating a plan to abstinence. This workshop proposes to recognize our understanding of harm reduction strategies needle/syringe exchange programs, naloxone opioid overdose rescue kits, bridge clinics, low-barrier medication for opioid use disorder, etc. In addition, we will be discussing the ethical dilemma of “reducing harm vs promoting drug use”. We will also be utilizing the small group discussion format to explore the attributes and challenges of incorporating the harm reduction strategies into SBIRT model. Finally, we will present various insights from this emerging concept of re-defining brief intervention and referral to treatment as part of SBIRT model and the impact it could have on the public health crisis.

The Consequence and Causes of Trauma and Violence Exposure in Children: Complex Pathways, Complicated Solutions, and an Urgent Call for Action

Chair: Stacy Drury, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) to examine how structural and historic racism contribute to racial differences in exposure to trauma in children; 2) to develop actionable changes in clinical practice focused on enhancing culturally responsive practices; and 3) To incorporate renewed energy and focus on advocacy for the dismantling of structural inequity as a fundamental factor in addressing the child mental health care crisis.

SUMMARY:

The majority of studies evaluating the relation between trauma and developmental psychopathology have been disproportionately conducted in low risk, white populations and have inadequately considered the role of historical and structural racism and the contribution to risk for the development of psychopathology as the result of interpersonal and indirect (e.g. neighborhood) exposures to violence. The alarming increase in mass school shootings and the youth deaths due to gun violence further highlight the urgent need to initiate an impactful dialogue on how psychiatry, as a field, can more effectively contribute to the dismantling of structural and historic racism as a core principle underlying our unified goal to address the youth mental health crisis and ultimately take the much needed steps toward prevention, and ideally "cure" of child mental illness. The presentation will focus on presenting data from a series of studies over the last decade identifying neighborhood level factors contributing to the differential exposure of minoritized youth, particularly of color in the United States, to direct, interpersonal and neighborhood level trauma and violence factors both within and across generations. Focusing on the key stress response systems (HPA, ANS and cellular) the presentation will present data that links different levels of violence exposure (e.g. community, household, and direct) to unique biologic pathways and developmental psychopathology. Further we will present data on factors such as civic engagement and racial socialization that likely buffer the impact of exposure to trauma and violence on risk for the development of psychopathology. The data in this

presentation will also demonstrate the effects of maternal childhood exposure to trauma and adversity on the biological pathways underlying risk for developmental psychopathology and evidence supporting the buffering role of sensitive and responsive early caregiving on both biological changes and psychopathology risk. At the conclusion of this presentation it is expected that the audience will have renewed vigor and investment in evaluating the influence of structural and historic racism in their own clinics and practices. The critical importance of culturally responsive practice in psychiatry, coupled with a consistent and intentional investment in community engaged efforts and praxis that value listening and integrating the lived experience of the communities, families, and patients we serve, are foundational steps in the process of transforming child psychiatry from an intensivist treatment focused medicalized practice into a transformative approach that champions and support child mental wellness.

The Fragmented Life: Examining Relationships Between PTSD, Nightmares, and Sleep Moving Towards Integrated Personalized Care

Chair: James West, M.D.

Presenters: Francie Gabbay, Ph.D., Peter Colvonen, Ph.D., Patricia Spangler, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the relationship between sleep disruption and Post Traumatic Stress Disorder; 2) Demonstrate the importance of exposure in psychotherapy for trauma-related nightmares.; and 3) Consider the use of large observational data sets to develop treatment algorithms for insomnia with comorbid psychiatric disorders..

SUMMARY:

Disrupted sleep is a common symptom across anxiety and depressive disorders. In PTSD this relationship is highly relevant as nightmares, insomnia, and obstructive sleep apnea (OSA) are highly prevalent and are often the primary treatment concern among individuals with PTSD. The goals of our symposium are threefold: First, we will present

recent data on new treatments targeting nightmares among individuals with PTSD and how these affect daytime functioning and PTSD symptoms. Second, we will present data on a large, existing observational datasets to identify predictors of response to treatment of insomnia – with a focus on co-occurring PTSD – and estimate precision treatment rules to guide the selection of effective insomnia therapies for individual patients. Third, we will review the bidirectional relationship of OSA and PTSD and how untreated OSA affects daytime PTSD symptoms and PTSD treatment. Taken together, our symposium aims to further our understanding of the relationship between common sleep disorders and PTSD, and to help direct integrated sleep and trauma care to maximize personalized care and quality of life outcomes.

The Future of Patient Safety and Quality Improvement Education and Practice: A National Collaboration Among Psychiatry Residency Training Programs

Chairs: Ray C. Hsiao, M.D., Jacqueline A. Hobbs, M.D., Ph.D.

Presenters: Michelle Dick, M.D., Timothy Kreider, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review training and practice gaps in patient safety and quality care; 2) Describe the Program Directors in Patient Safety and Quality Improvement (PDPQ) Educators Network and its role in faculty development; 3) Collaborate and connect with colleagues in a Psychiatry Open Forum to share and solve problems related to patient safety and quality improvement in educational and daily clinical practice; 4) Recognize the power of distance learning to facilitate development of standardized curricula for trainees and practicing psychiatrists; and 5) Discuss how organizations like AADPRT, ACGME, and APA collaborate to drive the future of innovation in patient safety and quality improvement in psychiatry and psychiatric training.

SUMMARY:

It is estimated that hundreds of thousands of patients die each year due to medical errors.

Effective graduate and continuing medical education are crucial to ensure the safety and quality of patient care. Since 2019, the American Association of Directors of Psychiatric Residency Training (AADPRT) has participated in the Program Directors in Patient Safety and Quality Improvement (PDPQ) Educators Network, a national collaborative effort to enhance the patient safety (PS) and quality improvement (QI) curricula and learning experiences for residency and fellowship training programs in many medical specialties including psychiatry. The PDPQ areas of focus are stakeholder engagement, faculty development, curriculum development, and curriculum/learner assessment. In this session, presenters will describe the PDPQ, the diversity in location and size of psychiatry training programs that have participated to date, how dozens of psychiatry faculty and trainees have been trained to improve PS/QI curriculum from PDPQ, and how these PDPQ graduates continue to collaborate via distance learning in a monthly Psychiatry Open Forum. This Psychiatry Open Forum will be modeled for session participants, and participants will be engaged in the process which involves case/problem presentation, soliciting clarifying questions, and group/collaborative brainstorming, problem-solving, and sharing of experiences and expertise. The session leaders will solicit feedback on the Psychiatry Open Forum and interest in future participation. The model of Psychiatry Open Forum will be proposed as an example and inspiration for how psychiatry and education organizations can collaborate not just for PS/QI education but for other areas of focus with emerging best practices.

The Future of Psychotherapy: Creating Healing Moments Instead of Waiting for Them

Chair: Jeffery S. Smith, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess patient's maladaptive patterns, the emotions (actual or anticipated) that trigger them, and plan for healing moments needed to effect enduring change.; 2) During therapy, plan for overcoming barriers to in-session emotions identified as requirement #1 for change by memory reconsolidation.; 3) Perform psychotherapy making

use of interview skills to achieve accurate empathy, requirement #2 for change by memory reconsolidation.; 4) Incorporate optimal techniques derived from diverse therapies, to foster in-session emotion and accurate empathy.; and 5) Employ core science to transmit to others, biologically sound explanations of therapeutic action via memory reconsolidation..

SUMMARY:

Psychotherapy has remained locked in competing silos due to the lack of broadly accepted basic science to explain how it works. Today, the science is emerging but has not been widely assimilated partly due to fear that any neurophysiological explanation must be "reductionistic." Participants will learn through interactive discussion that psychiatrists are the ones to show the field that neuroscience strongly supports traditional wisdom while showing what diverse therapies have in common and encouraging clinicians to follow process rather than method. The healing moment is central to every psychotherapy. Therapists are typically taught to apply a formula and to wait for such moments to happen. This workshop shows how we can do better by going beneath the intellectual constructs of existing therapies to the underlying science. The neurophysiology of the learned fear paradigm gives a well researched model of how a response (fear and withdrawal), can become inappropriate (when no longer paired with a noxious stimulus), but can be permanently changed through the mechanism of memory reconsolidation. What makes this clinically relevant and important is that the two requirements identified through research map closely to existing therapeutic techniques while bringing greater clarity and precision to clinicians. Requirement #1 is for the negative limbic emotions that trigger a maladaptive pattern to be activated, as signaled by In-session affect. Much of the work of therapy is helping the patient let go of barriers to affect, some conscious and others automatic. Interactive discussion helps participants gain skill in choosing techniques from multiple therapies toward this goal. Requirement #2 is taking in surprising new information that contradicts the problematic appraisal and response. The concept of mindfulness makes clear the importance of bringing together the patient's negative present-moment experience (requirement

#1) with a larger, perspective (requirement #2). That perspective puts the original response in a new light and negates the original sense of dread. Of utmost importance clinically, it is not as much the cognitive information that leads to change, but the nonverbal communication of the therapist's "accurate empathy," a sense of calm and optimism, based on a full and authentic understanding, that communicates safety in those limbic areas where maladaptive responses are triggered. As participants are exposed to the links between memory reconsolidation, in session affect, and the role of empathy in the communication of surprising new information, they will come to appreciate the science-based universal infrastructure of psychotherapy while sharpening their clinical skills and helping them lead the field towards a future as what Thomas Kuhn calls "normal science."

The IMG Journey: Snapshots Across the Professional Lifespan

Chair: Muhammad Zeshan, M.D.

Presenters: Consuelo Cagande, M.D., Naziya Hassan, M.D., Vishal Madaan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the challenges faced by international medical graduates (IMGs) during both residency training and professional advancement in their practice of psychiatry.; 2) Identify successful strategies to overcome obstacles that may prevent IMGs from realizing their optimal potential in their careers in psychiatry.; and 3) Discuss various practical strategies for program to foster a culturally diverse and IMG friendly training and teaching environment.

SUMMARY:

International Medical Graduates (IMGs) constitute a significant proportion of both trainee residents and practicing faculty in Psychiatry across the United States. Recent data suggests that IMGs are 24.3% of practicing physicians, 30 % of practicing psychiatrists, and 33% of psychiatry residents in the U.S. Historically, IMGs constitute a substantial percentage of the practicing psychiatrists' workforce in various practice settings, which range from the private sector

to practicing in underserved areas, public sector and academic settings. IMGs thus play a significant critical role in the delivery of psychiatric care to an increasingly diverse patient population. Despite being an indispensable aspect of the American healthcare system, IMGs commencing psychiatry residency training can struggle with overcoming cultural barriers, understanding aspects of the psychosocial framework, verbal and non-verbal communication skills and understanding psychotherapy from an American perspective. This is further complicated by their attempts at acculturation which may continue to hinder their academic progress even beyond the initial training years. The IMG Early Career Psychiatrists (ECPs) similarly face unique dilemmas in their career trajectory which range from lack of federal research funding opportunities, to establishing a niche for themselves with the local population, if practicing in the community. As senior faculty, the IMG psychiatrists may similarly encounter challenges related to obtaining leadership positions. In this unique workshop, we will explore the challenges that IMGs face at various stages of their professional development, identify potential corrective strategies, and discuss innovative measures to consolidate strengths while addressing areas of growth. The speakers will also highlight successful strategies to facilitate supervision and mentorship of IMG trainees and early career psychiatrists, improve interviewing skills, approaching psychotherapy from an IMG perspective, and providing resources to access research and career opportunities. We will accomplish this by interacting with the audience, using real- life case scenarios and presentations by speakers ranging from a resident to a senior professor. The workshop will also be useful to colleagues and supervisors of IMGs. Conclusion: The career trajectory of an IMG has numerous challenges in addition to acculturation and professional stressors and it is important to address them to promote professional development and job satisfaction.

The Impact of Psychiatric Diagnoses and Treatments on Active-Duty Military Members

Chair: Heather Hauck, M.D.

Presenters: Eric G. Meyer, M.D., Monica D. Ormeno, D.O., Sebastian R. Schnellbacher

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe differences between enlistment/accession standards and retention standards.; 2) Describe mechanisms to track civilian care of active-duty military patients.; 3) Identify resources for learning about military policies (to include those created by the APA); 4) Identify duty limiting conditions, medications, and treatments.; and 5) Defend when to refer to a military psychiatrist..

SUMMARY:

There are approximately 2.2 million active-duty US service members and reservists. Approximately 25% of women and 16% of men have sought treatment for a mental health condition. With only 350 active-duty psychiatrists (1:6250) and increasing numbers of patients, military mental health clinics have increasingly been referring AD members to civilian care. This situation is likely to worsen, as there are continued efforts to further reduce the size of the military mental health care system. While the support of civilian providers has been critical in meeting demand, there has also increased confusion regarding the readiness or occupational implications related to psychiatric diagnosis and care. This confusion can even impact a service member's ability to stay in the military. At the same time, the US military has recently struggled to meet annual accession/enlistment goals. The etiology is multifactorial, and confusion remains regarding the difference between seeking routine counseling from a school provider versus clinical psychiatric care. There have been numerous educational efforts to improve the military cultural competence of civilian providers. These efforts typically focus on military values, language, customs, history, ethos, and structure. Trauma and stressor focused efforts often include an overview of military specific stressors and evidence-based methods for assisting active-duty members with these difficulties. Unfortunately, there have been few efforts to improve civilian psychiatrist understanding of retention or accession standards. Furthermore, there are limited guidance available to civilian psychiatrists caring for current active-duty service members and reservists regarding these

standards. This panel aims to complement the APA's Action Paper by providing a comprehensive overview along with opportunities for discussion and clarification. Any missing key points identified during this panel will be added to the APA's online efforts. The focus will be first be on a general understanding of accession and retention standards and how they are evaluated and enforced. Then a service specific (AF, Army, Navy) overview on what specific diagnoses, medications, and treatments have an impact on retention will be provided. Lastly, an review of when to refer to a military psychiatrist for duty specific issues and how to report all civilian mental health care to military medical facilities will be provided. Lastly a series of case presentations will be used to help participants apply their knowledge. If civilian psychiatrists are more aware of military mental health standards and understand how and when to consult with military psychiatrists, they will feel more confident in delivering care and providing informed consent regarding occupational implications to their military patients and those that wish to serve in the future. This improved understanding has the potential to improve care for thousands of military members.

The Impact of Sleep, Fatigue, and Circadian Misalignment in Special Populations: Medical Education, Military, and Public Safety

Chair: Connie L. Thomas, M.D.

Presenters: Adam Bumgardner, M.D., Meghan E. Quinn, M.D., Ava Lynn, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the complexity of studying sleep and/or performance in unique occupational and real-world settings.; 2) Understand the effects of sleep loss, fatigue, and circadian misalignment on workers' performance and safety.; 3) Describe novel approaches to measuring sleep, or circadian rhythm-related biomarkers in ecological/occupation-specific settings.; and 4) Identify opportunities for multidisciplinary collaboration to improve sleep in vulnerable populations..

SUMMARY:

Managing fatigue in 24/7 operations is complex; fatigue and performance degradation can have health and safety consequences for the workers in these professions with the potential for both an economic and community impact. The cultural climate in such contexts has evolved to equate sleep with weakness and a potential barrier to task completion, which has significant safety implications not only for the workers but also for the individuals under their care. The psychiatrists in this symposium address specific occupational needs in special populations by assessing sleep, circadian biomarkers, fatigue, and performance in their respective fields—the military, public safety, and graduate medical education. The presentations will shed light on how sleep and circadian misalignment affect workers' performance, safety, and health across multiple operations, and their application in fatigue risk management and safety countermeasures. Most of the measures that are commonly used to assess for sleep, fatigue, and circadian misalignment have been designed for a clinical context to assess for pathology. In this symposium, we will discuss novel methods for assessing sleep and fatigue related variables in an ecologically valid context. Ensuring that sleep measures collect accurate data among the special occupations is critical because delayed identification and treatment of emerging sleep disorders in this population can have both short term and long term effects, including burn-out, mental health conditions, and suicide. The presenters will discuss the specific impact/implications of circadian dysfunction/sleep issues on the development and maintenance of psychiatric disorders in these populations. Additionally, they will highlight how improved sleep modifies or mitigates risk factors.

The Psychiatry Research Lab: A Novel Intervention to Promote and Improve Research Literacy and Advocacy in an Inner City Community Hospital

Chair: Sasidhar Gunturu, M.D.

Presenters: Souparno Mitra, M.D., Joshua Adam Jay, M.D., Shalini Dutta, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To discuss modalities to

improve research literacy in training; 2) To introduce the Research lab model and disseminate current trends; and 3) To review and develop Future Directions in encouraging scholarly work among trainees.

SUMMARY:

Psychiatry as a field is ever evolving. From a time when psychiatric patients were institutionalized in state hospitals to the advent of phenothiazines to the current focus on neuropsychiatry, we have come a long way. Research in psychiatry has been driven by pioneers in institutions with high levels of funding, and research literacy and training is gaining even more importance for trainees in today's day and age. The Institute of Medicine extensively studied the obstacles to research training and developed recommendations to address the research training in residency. Some of the obstacles that were found included fragmented research opportunities through clinical years, excessive service needs, low compensation for those choosing a research career, availability of resources to move programs to the next level of research training, among others. The committee came up with recommendations to discuss certain improvements that programs could achieve including increasing funding to residency programs from NIMH. However, community programs have other obstacles including high service needs for residents, staff shortages and inadequate funding. Research training and creating a culture stimulating research remains a challenge at these programs. Residents are often interested, but have not had any formal training, are not certain who they can turn to for mentorship or how to develop their ideas into fruitful research projects or even where they can submit their work. Our workshop will focus on a unique intervention created by the Program Director and residents at an inner city community hospital (Bronxcare Health System) to address the need for research training that was deemed to be needed for the trainees, who albeit interested and enthusiastic about research work, did not have the requisite training or exposure. Bronxcare Department of Psychiatry developed a Research Lab with 4 individualized Special Interest Group (SIGs) led by trainees who were knowledgeable about different research modalities and processes. The workshop will open with the panel engaging in

open discussion with participants about how residents are gaining research experience at their programs. This will be followed by a short presentation on the Institute of Medicine report by () and a large group discussion moderated by Dr Gunturu on how effectively the recommendations are being implemented at different institutions. Subsequent to this Dr Mitra will present the Bronxcare Research Lab Model including the productivity that we have had pre and post the model. We will then break out into small groups moderated by Dr Gunturu to discuss what the next steps would be for the research lab. The workshop will conclude with a wrap up of important learning points and a Q&A session.

This American Psychiatric Life: Podcasting for Psychiatrists

Chair: Blake Novy

Presenters: Matthew Yung, M.D., Kierstin Utter, Nina Bihani

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the role podcasts serve in psychiatric education and advocacy.; 2) Demonstrate the steps involved in making a podcast, and how to get started.; and 3) Understand the advantages and disadvantages of various forms of media to meet educational goals..

SUMMARY:

Psychiatrists and trainees are often quite busy, and can find it difficult to stay up to date with current trends and news facing the field. In an effort to maximize time, podcasts can serve as a supplemental method of connecting and sharing knowledge and experience, while also fostering a sense of community amongst listeners. They can also offer insight into sub-specialty fields of psychiatry that physicians and trainees may not have immediate access to within their local health system. Podcasts are audio recordings that are widely distributed across multiple platforms, and are typically available to listen without cost, and at the listener's pace. They serve as a unique and accessible way to share ideas and information that is growing in use, with a 2022 Reuters Institute survey demonstrating as

much as 37% of online respondents reported listening to any podcast in the past month (1). A recent study revealed that physicians, trainees and allied health professionals unanimously found podcasts helpful in reviewing existing knowledge (2). Despite limited data on the efficacy of podcast-mediated learning (3), its portability, accessibility, and widespread use make it an attractive option for a less traditional approach to medical education. Podcasts also serve a unique opportunity for mental health experts to dispel stigma, advocate for the mentally ill, democratize academic social knowledge and promote equity. The present session will focus on the principles of podcast production, and the steps involved. Participants will learn about how an episode of a podcast is made, from the initial topic development, the research and planning, as well as an overview of the recording and editing process. Participants will learn fundamentals to starting their own podcast, as well as what to expect if they are invited to be interviewed. Participants will also engage in an interactive activity in creating a miniature podcast and apply core principles from the session. The speakers in this session include resident psychiatrists and media editors for the American Journal of Psychiatry Residents' Journal.

Through the Wire: An Exploration of Sequential Intercept Mapping

Chair: Marcus Hughes, M.D.

Presenters: Omotola Ajibade, Marcus Hughes, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Define Sequential Intercept Mapping (SIM); 2) Interpret and identify the application of SIM in popular media such as HBO's The Wire; 3) Critically analyze and discuss the impact of policy interventions seen in clips from HBO's The Wire; 4) Apply SIM, and propose possible interventions, to a fictional scenario in a small group setting; and 5) Utilize SIM in their own practice to best approach their patient population through the lenses of social justice and equity.

SUMMARY:

The Sequential Intercept Model was first introduced in the early 2000's as a methodology for holistically

assessing mental illness and substance-related issues in the context of the criminal justice system. This model provides a framework that identifies five points of intervention where a targeted action may prevent or limit one's interaction with the criminal legal system. Its application on a community level has been referred to as Sequential Intercept Mapping (SIM) and has been increasingly utilized in real-world scenarios within the United States. In our session, we will explore ideas about SIM through the lens of the acclaimed HBO series *The Wire*. In particular, we will examine the "Amsterdam" episode in which an unconventional community-level program is implemented to combat the rising rate of drug use and violence within a fictionalized Baltimore City. Subsequently, we will engage attendees in an interactive session during which participants will critically analyze possible approaches, benefits, and pitfalls of SIM. Participation in this exercise will integrate concepts of SIM in an effort to promote systems-level approaches to both clinical and non-clinical issues. It is our aim to challenge attendees' understanding of what an effective community intervention may be and to encourage the application of creativity, critical thought, and abstraction to effect change on a systems level.

To Look or Not to Look: Vicarious Trauma From Reviewing Graphic Images

Chair: Raina Aggarwal, M.D.

Presenters: Maya Prabhu, Charles Dike, M.D., Kathryn Thomas

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Present data from a survey we are conducting to assess forensic providers' views regarding review of graphic material and how views vary based on providers' demographic characteristics.; 2) Examine the implications of this data for forensic practice.; and 3) Discuss how consideration of potential for vicarious traumatization could be incorporated into forensic practice and training..

SUMMARY:

Forensic psychiatry cases increasingly involve digital evidence, which can lead to a substantial number of graphic images for forensic evaluators to review. The impact on evaluators and potential for vicarious traumatization are just now being considered. We will present fictionalized cases and use clicker questions to have audience members describe how they would proceed in terms of reviewing images. Based on those cases, in vivo data obtained from audience responses, data from a survey of psychiatrists and psychologists that we have been conducting to assess these views, and review of literature, we will present a "debate" examining the risks and benefits of full review of all material versus selective review. We will explore the following questions: (1) In which cases should evaluators review graphic images? (2) How should the potential for vicarious traumatization be considered in determining whether to review images? (3) Should evaluators review all images, or is reviewing some subset of the evidence sometimes sufficient? If the latter, how should evaluators determine which images to review? (4) What are the ethical and professional implications of not reviewing all potentially relevant images? (5) What are the responsibilities of fellowship programs to protect trainees from vicarious traumatization in balance with teaching and maintaining professional/pedagogical standards? Dr. Madelon Baranoski, PhD, was an essential contributor to this abstract but was unable to attend the APA meeting this year.

Trauma, Transitions, and Trajectories: Centering Youth of Color Mental Health

Chair: Gina Newsome Duncan, M.D.

Presenters: David Rivera, Ph.D., Mary Hasbah Roessel, M.D., Marcia Liu, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss how the current environment intensifies the impact of racial trauma and social injustice on minoritized young people.; 2) Identify at least three examples of trauma affecting the mental health and emotional well-being of young people of color with consideration for their

intersectional identities.; and 3) Describe strategies that can support young people of color to cope with stress and heal from trauma as they navigate transitions between adolescence and young adulthood including their intersectional.

SUMMARY:

Over the past two years the nation has experienced a devastating pandemic, economic adversity, and racial violence that has affected historically marginalized communities. These events have disproportionately affected people of color and Indigenous populations and have increased levels of psychological distress, depression, anxiety and suicidal ideation. Young people in these populations have been affected negatively during important transitions in their lives from high school to college and college into the workplace. This session will discuss the mental health impact of trauma among young people in racially, ethnically, and culturally diverse identity groups and consider their intersectionality with other identities such as sexual orientation and gender identity. The transition from adolescence to young adulthood is a stressful period for all young people during which many mental health conditions have their first onset. The challenges associated with being a young person of color can create additional emotional burdens. Yet, young people of color are less likely than their white counterparts to receive help for mental health concerns due to a number of reasons including stigma, cultural mistrust, lack of availability and access to care. This conundrum leaves them at risk for suffering in silence and affecting their chances for thriving and optimal health and well-being. This session will center the lived experience and mental health of young people of color across the transition between adolescence and adulthood. The multidisciplinary and multicultural presenters on this panel, who are all mental health expert advisors for the Steve Fund, will examine these transition points through their respective theoretical and clinical lenses. They will describe the systemic and interpersonal traumas facing young people of color and the ways in which strengths-based, culturally-grounded, trauma-informed, healing-centered, and identity-affirming approaches can foster positive trajectories and mental health and well-being which will support healthy futures. The Steve Fund, the nation's leading

organization focused on supporting the mental health and emotional well-being of young people of color, has gained extensive knowledge and insight into the specific mental health needs of this demographic. It is committed to advancing communities of action to attend to these critical issues and to achieve positive social impact on the lives of mental health of young people of color.

Treatment of Bipolar Depression

Presenter: Michael Jay Gitlin, M.D.

Moderators: Ron M. Winchel, M.D., Catherine Crone, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1) Know the ratio of depressive vs. manic times in bipolar disorder; 2) 2) Be aware of the efficacy of second generation antipsychotics in bipolar depression; and 3) 3) Be knowledgeable about the data regarding treatment emergent affective switches in association with antidepressants in bipolar depression.

SUMMARY:

Even though mania is the defining pole of bipolar disorder, depression is the dominant pole with bipolar individuals spending approximately three times as much time depressed as manic/hypomanic. Additionally, treatment approaches for bipolar depression have been studied much less than treatment of acute mania or maintenance preventive treatment. This lecture will review pharmacological approaches to bipolar depression, examining both acute and preventive treatment. For mood stabilizers (lithium and anticonvulsants), lamotrigine has the best data for prevention while only weak data exist for lamotrigine and lithium as treatments for acute bipolar depression. Antipsychotics have clear and robust efficacy in treating bipolar depression with less clear efficacy in the prevention of bipolar depressive episodes. The efficacy of antidepressants for treating bipolar depression is still not conclusively proven. Even though they are rarely prescribed, there is some evidence that monoamine oxidase inhibitors might have substantial efficacy in treating bipolar depression. Switch rates with antidepressants are no higher than placebo in acute

treatment if the patient is also taking a mood stabilizer. The data on antidepressant induced rapid cycling relies heavily on studies from the tricyclic antidepressant era. Overall, the key question for antidepressants is to identify those patients who will be harmed by antidepressants vs. those who will be helped. Predictors of antidepressant induced mania/hypomania include rapid cycling patients, those with mixed depressive features, bipolar I patients and the prescription of tricyclic antidepressants. Strategies for treating bipolar II depression differs from bipolar I depression. Bipolar II patients are less likely to switch compared to bipolar I patients when prescribed antidepressants. Additionally, if they do switch, they are far more likely to switch into hypomania than mania. Thus, bipolar II patients can more safely use antidepressant monotherapy acutely without conferring a risk of switching. There is also some evidence that (at least a subset of) bipolar II patients can be treated long term with antidepressant monotherapy. For the subset of bipolar patients who respond to antidepressants, prescribing them long term is a reasonable option. Finally, electroconvulsive therapy (ECT) is as effective in treating bipolar depression as in unipolar depression.

**Trying to Prevent the “Fall Off the Cliff”:
Implementing Collaborative Care for the Good of All
in College Health**

Chair: Lisa M. Frappier, D.O.

*Presenters: Michael D. Wolfe, M.D., Lisa M. Frappier,
D.O., Samantha Cerimele, M.D.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand cultural differences between behavioral health/psychiatry and primary care; 2) Understand the benefits of the Collaborative Care Model.; 3) Understand the barriers to implementing a collaborative care model; and 4) Understand key principles of collaborative care.

SUMMARY:

The mental health needs of adolescents continue to grow as the availability of psychiatrists who accept insurance continue to shrink. As these students transition to college, more and more come with

mental health needs that colleges and the surrounding providers struggle to meet. Many teens fall off a treatment cliff when coming to college, especially given that by the age of 24, 75% of all major mental illnesses present. Collaborative Care has been a model of care that has been touted as a way to meet the needs of many in a primary care setting in a cost effective and time effective way. Within the Counseling Center, where psychiatry is housed, at Brown University there are limited psychiatric services for a population larger than we were able to serve. Given this we developed a model of collaborative/integrative care that has been successful and has led to the creation of a general psychiatry resident rotation. In this session we will review how mental health care IS primary care and the similarities and differences in the training and culture of these two systems. We will review the many models of collaborative care. We will discuss how a collaborative care model was instituted in a college mental health system and flourished, eventually becoming a residency rotation site. Through case based learning, the complex issues of collaborative care will be highlighted. Issues including differences in the culture of primary care and psychiatry, how psychiatrists can provide education in areas of defenses and countertransference, as well as general consultative demands. Our model is not restricted by insurance issues as our psychiatric services, consultation to health service, and all student visits are covered by an annual health service fee. Certainly having to work with insurance and develop coding for such visits would have added a greater level of complexity. The collaborative/integrative program at Brown is not without financial issues including struggling with resource management, funding within a larger department in the university, and adequate pay for specialist care. Benefits seen to date at our center include: ability to treat a greater number of students, more time for psychiatrists to handle and take on complex cases, improved overall team functioning at a time of change, and added clout to the service with an education based program which keeps the psychiatric and overall care of students cutting edge.

**Unleash the “Paws”itivity! Using Animal Assisted
Therapy in Colleges and Universities**

Chair: Meera Menon, M.D.

Presenters: LaRae Copley, M.D., Ph.D., R.Ph., Colleen Tennyson, M.D., Evita Singh, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe data to support and refute the use of animals within the therapeutic environment; 2) Summarize neurochemical changes that result from animal assisted activities; 3) Identify the legal and ethical considerations when implementing this type of treatment; 4) Distinguish animal assisted treatment with service animals and emotional support animals; and 5) Integrate animal assisted treatment into clinical practice.

SUMMARY:

The use of Animal Assisted Activities (AAA) within a variety of healthcare settings has been noted back to the 1800s and has gained popularity over the last several decades. Within the mental health literature, many have described the presence of animals as enhancing rapport, decreasing anxiety, depression, and loneliness, and building social skills. Exposure to therapy dogs increases both oxytocin and endorphins and lowers cortisol levels, heart rate, and blood pressure. Positive outcomes have been described with trauma survivors, psychiatric inpatients with psychotic disorders, children with Autism Spectrum Disorder, and populations with depression. Within the college mental health arena, animal assisted outreach activities have demonstrated positive impacts in reducing perceived stress during exam time, reducing homesickness in first year university students, and reducing blood pressure. In more structured group sessions with college students, reductions in depression have been reported. More and more colleges and universities have incorporated animal assisted activities into their counseling center activities and outreach. However, this is not as simple as bringing a pet to work. It is important to be aware of legal and ethical implications of AAA, particularly as more and more patients make inquiries into what it means to have an emotional support animal. This workshop will describe the planning and implementation of animal assisted activities into the college mental health environment including logistical, legal, and ethical considerations. We will distinguish between animal

assisted therapy (AAT) with individual patients and more outreach-based programming to reach the student body. We will discuss variations in practice standards across multiple university counseling programs and distinguish between the use of “therapy dogs,” emotional support animals, and service animals.

We Are All in This Together: Expanding Psychiatrists? Responsibility for Reproductive Health Post-Roe

Chair: S. Therese Garrett, M.D.

Presenters: Camila Arnaudo, M.D., Mary Morreale, M.D., Kathryn Gunnison, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify and describe most common oral and long acting contraceptives, medical eligibility considerations for different contraceptive options; 2) Demonstrate use of ‘One Key Question’ in patient engagement with patients with behavioral health or substance use conditions in conversations about their reproductive life plans.; 3) Initiate suitable contraception when applicable and provide patients' education related to adherence and efficacy, as well as develop a plan for referral for continued contrac; 4) Discuss educational options for integration of reproductive health curriculum into psychiatry resident training; and 5) Describe basics of reproductive rights/reproductive justice and the role of psychiatrists in reproductive needs of patients.

SUMMARY:

Supporting reproductive health needs of our patients is crucial in the light of the recent overturn of Roe v. Wade. Half of pregnancies in the US are unintended and ‘The most effective way to reduce abortion rates is to prevent unintended pregnancy by improving access to consistent, effective, and affordable contraception’. Patients with mental health, substance use or intellectual/developmental disorders have high rates of unintended pregnancies, higher pregnancy complication risk, and greater maternal morbidity/mortality, making prevention of unwanted pregnancies of paramount importance. Access concerns prevent our more vulnerable patients from connecting to expedient care with Ob-

gyn or family practice/internal medicine to address their contraceptive and reproductive health needs. Scope of practice concerns have been raised about psychiatrist prescribing of contraception and many feel inadequately trained in this area. However in recent years, pharmacists have expanded their scope of practice to include prescribing oral contraceptives without medical oversight in 20 jurisdictions. Psychiatric residency training on adequate contraception, reproductive life plans and reproductive justice is limited. This presentation reviews One Key Question® (OKQ), a standardized screen to open the conversation around reproductive health, to systematically identify reproductive health needs in clinical practice settings. With an affirmative answer, a psychiatrist would be encouraged to provide preconceptional counseling on various aspects of health, medication review, review of substance use and mental health concerns that may impact a fetus or pregnant person and should trigger a referral to Ob-Gyn or other primary care physicians for preconceptional counseling. A negative answer should trigger conversations around contraceptive planning/options, and possible initial prescription of contraceptive vs. deferral to PCP/Ob-Gyn for initiation, when appropriate. Psychiatrists in practice should have adequate education and information on best practices in contraception counseling/prescribing and reproductive rights. This presentation includes education of audience members by an Ob-gyn on initiating appropriate contraception when indicated, to help improve skills/confidence of psychiatrists. Given limitations for many of our patient on primary care or Ob-gyn access, providing these patients with contraceptive care in a psychiatric setting follows ethical principles of equity in broadening access to a potentially life-saving treatment. Subsequent participant training can be supported with use of portable/online curricula such as UCSF's Beyond the Pill or the CDC mobile phone app MEC (Medical Eligibility Criteria), both of which will be introduced to audience members. Right now is the time to ensure that we, as psychiatrists, are fully prepared to engage in discussion, planning and supports for our patients as they navigate their reproductive health needs.

What Does It Take to Implement Collaborative Care in Resource-Constrained Settings: Generalizable Lessons From Diverse Settings in Rural Nepal

Chair: Bibhav Acharya, M.D.

Presenters: Pragya Rimal, Raj Kumar Dangal, M.D., James Jackson

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) List four common challenges and potential solutions in implementing CoCM in resource-constrained settings; 2) Describe the COM-B framework to address common challenges and encourage evidence-based practices among primary care providers delivering CoCM in resource-constrained areas; and 3) Recommend at least three essential components of implementing CoCM.

SUMMARY:

Background Globally, over 900 million people suffer from mental illness. The collaborative care model (CoCM) for mental health addresses the severe shortage of mental health professionals and has robust evidence in expanding access to high-quality mental healthcare. However, in resource-constrained settings (in the US and globally), there are several implementation challenges to successfully rolling out CoCM. We describe our experience implementing CoCM in three (government, research, and academic) settings and discuss four implementation challenges and potential solutions. **High primary care provider (PCP) turnover:** PCPs play a critical role in CoCM. However, PCPs often leave within 6-12 months in resource-constrained settings, and the turnover can significantly disrupt CoCM implementation. We will describe the development and implementation of accessible clinical workflows, rapid training strategies, and decision-support tools to address retention so new PCPs can quickly integrate the CoCM. **Lack of mental health professionals:** Psychiatrists, psychologists, and other behavioral specialists are difficult to recruit and retain in resource-constrained settings. We will describe our experience in using a team approach to distribute mental health-specific tasks among existing healthcare workers, and relying on specialists for very few, critical tasks. We will also describe the use of digital tools (web-based patient

registries and telehealth services) to leverage the time of mental health specialists. **Lack of digital infrastructure:** Despite the increasing use of digital tools, there are variabilities in the availability and reliability of tools essential for the smooth operation of CoCM. Using the implementation research framework COM-B (capability opportunity motivation-behavior), we will describe strategies to help the clinical staff use existing resources to deliver mental health services. For example, we started with paper-based registries because, initially, the site did not want to invest in digital tools. After several months of seeing the value of digital tools, the site decided to invest in web-based registries. We will illustrate how COM-B can be applied in various settings to help adapt CoCM to real-world constraints and opportunities. **Challenges to the panel review:** Proactive routine consultation with a psychiatrist is essential to ensure high-quality care in CoCM, but the intensity, approach, and logistics will vary. We will describe adaptive supervision (i.e., consultation may initially require more time per patient but will decrease through time) and discuss a model where the site used a family medicine physician (rather than a psychiatrist) to oversee panel review. **Conclusions** In this practitioner-focused session, we will describe real-world experiences from resource-constrained settings in adapting and implementing CoCM and guide audience members who may be facing implementation challenges at their sites.

Word to the Wise: Informing Clinical Decision Making for Psychosis Using Speech and Language Biomarkers

Presenter: Sunny X. Tang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the concepts behind how speech and language biomarkers are evaluated; 2) Discuss clinical applications for speech and language biomarkers; and 3) Explore potential pitfalls and advantages to incorporating novel speech and language biomarker technology into clinical practice.

SUMMARY:

Speech and language disturbances have been identified as core features of psychotic disorders since the dawn of modern psychiatry. These observable phenomena are windows onto the disrupted thoughts and emotions caused by disease processes. With modern computational methods, we are now able to sensitively and objectively measure speech and language features in our patients. Thoughts of features can be extracted from brief speech samples a few minutes in length. These speech and language biomarkers have been demonstrated to be clinically relevant, and able to classify different psychiatric disorders, track symptom trajectories, and identify individuals at greater risk for psychosis. This talk will introduce the methodology behind speech and language biomarkers, evaluate their relevance for clinical decision making in psychosis, and examine their potential advantages and pitfalls.

Learning Labs

Saturday, May 20, 2023

Brain-ival! Using Interactive Games to Teach Neuroscience

Chairs: Ashley Walker, M.D., David A. Ross, M.D., Ph.D.

Presenters: Joseph J. Cooper, M.D., Melissa Arbuckle, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply principles of adult learning via an experiential curriculum.; 2) Gain experience using a game-based learning activity.; and 3) Reflect on opportunities to integrate educational games into teaching and learning neuroscience..

SUMMARY:

The modern neuroscience revolution is redefining the essence of how we conceptualize psychiatric illness. Yet despite its expanding role and importance, neuroscience education continues to lag. In many settings, psychiatric neuroscience is not

taught at all. When it is taught, instruction is often lecture-based, despite an extensive literature suggesting that such approaches may not be the most effective. For our field to advance, it is critical that we find ways to present core material in a way that is engaging, accessible, and relevant to patient care. The National Neuroscience Curriculum Initiative (NNCI) is a collaborative effort to bring neuroscience to life through experiential learning exercises. In this session, we will introduce participants to a course we call "Brain-ival." In these sessions, learners work in teams to complete educational games in a friendly, competitive environment. Each task is designed to engage students using principles of adult learning, including retrieval-based practice and the application of knowledge to novel situations; points are awarded not only for knowledge acquisition, but also for peer teaching and teamwork. The overall experience creates a joyful synergy between learning important content and having fun. This workshop will provide participants the opportunity to experience the Brain-ival format as a learner and to reflect on how they might create and apply similar activities to complement other teaching and learning approaches.

How to Set Up and Sustain a Telepsychiatry Practice

Chair: Shabana Khan, M.D.

Presenters: John Torous, M.D., M.B.I., Steven Richard Chan, M.D., M.B.A.

Discussant: James Shore, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Examine telepsychiatry clinical considerations, including identifying and selecting modalities appropriate to patient needs; 2) Assess legal, regulatory, and reimbursement considerations associated with providing telepsychiatry across patient populations; and 3) Integrate telepsychiatry with in-person care to create hybrid environments that optimize clinical decision-making and health outcomes within policy parameters.

SUMMARY:

The COVID-19 pandemic accelerated the use of telehealth and demonstrated its advantages in healthcare delivery. Familiarity with relevant legal,

regulatory, reimbursement, and practice considerations is important to set up and sustain a telepsychiatry practice. In this interactive learning lab, attendees will examine considerations including selecting appropriate modalities to meet patient needs; assessing the evolving legal, regulatory, and reimbursement landscape; and integrating telepsychiatry with in-person care to create hybrid environments that optimize clinical decision-making and health outcomes within policy parameters. Topics that will be addressed include licensure, malpractice, prescribing, privacy and security, technology selection, documentation, patient safety, policy and advocacy, and future directions.

Transcranial Magnetic Stimulation: Future Innovations and Clinical Applications for Psychiatric Practice

Chair: Richard Arden Bermudes, M.D.

Discussant: Ian Cook, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) After this session, the participant will describe the current limitations of conventional TMS.; 2) After this session, the participant will name three indications for TMS cleared by the Federal Drug Administration (FDA).; and 3) After this session, the participant will be able to describe two innovations in coil navigation and TMS stimulation protocols..

SUMMARY:

Psychiatric disorders represent a significant and growing problem for society. Furthermore, the effects of psychotherapy and pharmacotherapy have limited effect sizes.¹ While many patients are effectively treated with serial trials of pharmacotherapy, psychotherapy, or a combination of the two, up to 30% with depressive disorders do not respond to these standard treatments.² In October 2008, the first transcranial magnetic stimulation (TMS) system was cleared by the U.S. Food and Drug Administration (FDA) to treat adult patients with major depression disorder (MDD) who have not responded to one antidepressant medication. This marked the beginning of one of psychiatry's most innovative and disruptive

treatment developments in the last decade. Today, we know that TMS allows the psychiatrist to modulate specific distributed neural networks which affect mood, thinking, and behavior. In 2018, the first TMS system was cleared by the FDA for the treatment of patients with OCD as an augmentation who have not responded to medication and psychotherapy. Now, patients can access this groundbreaking form of neuromodulation at numerous centers worldwide. There are broadening clinical applications into other neuropsychiatric conditions, preservation, and accelerated protocols with expansion in insurance coverage. TMS is becoming more personalized and may be the new Gold Standard for depressive disorders.³⁻⁴. This presentation will highlight "High-Tech" innovations and simple "Low-tech" rules that improve clinical outcomes.

1. Cipriani, Andrea, et al. "Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis." *Focus* 16.4 (2018): 420-429.
2. Rush, A. John, et al. "Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR* D report." *American Journal of Psychiatry* 163.11 (2006): 1905-1917.
3. Cash, Robin FH, et al. "Using brain imaging to improve spatial targeting of transcranial magnetic stimulation for depression." *Biological Psychiatry* 90.10 (2021): 689-700.
4. Cole, Eleanor J., et al. "Stanford Neuromodulation Therapy (SNT): A double-blind randomized controlled trial." *American Journal of Psychiatry* 179.2 (2022): 132-141.

Sunday, May 21, 2023

Launching and Navigating a Successful Career in Academic Medicine

Chair: Laura W. Roberts, M.D.

Presenters: Bernice Yau, M.D., Matthew Yung, M.D., Neema Khonsari, M.D., Wayles Haynes, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) understand the logic behind the system of promotion that exists in academic medicine; 2) plan for their growth as leaders as they identify where their interests, strengths, and

opportunities fit within academic medicine, and; and 3) apply strategies for advancing their professional goals without losing sight of their personal well being.

SUMMARY:

This interactive session will promote academic growth, nurture leadership skills, enhance feedback, understand the basics of negotiation, and identify strategies for work-life balance. Using techniques for audience engagement, Dr. Roberts will demonstrate models for effective communication while helping participants plan for their growth as leaders in academic medicine.

Supporting Person-Centered Care: A Simulation of Hearing Voices

Chair: Sherin Khan, L.C.S.W.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To describe the types and varieties of voice hearing experiences and the impact on daily tasks.; 2) To assess their ability to empathize and understand the experience of hearing distressing voices.; and 3) To identify effective ways of helping people who hear distressing voices..

SUMMARY:

This learning lab is based on The Hearing Distressing Voices simulation, developed by Pat Deegan. This lab is a groundbreaking, empathy-building experience that helps mental health professionals further their understanding of the challenges and strengths of people who experience psychosis, particularly auditory hallucinations (AH). The experience is both authentic and powerful, as the simulations allow the participant to experience the intrusion of AH, while performing typical tasks required of a patient. Designed by those who hear voices themselves, learning lab participants will listen to an audio recording that simulates the experience of hearing voices while engaging in several set activities typical to community care, ER, and day treatment settings. Both experienced practitioners and those new to care of those with psychosis, have found the impact of this lab to be profound. After the simulation, there will be an opportunity to debrief and discuss the

experience as well as guidance for working with people who hear distressing voices.

Monday, May 22, 2023

Hey Siri: Can You Do Psychiatric Education Yet? (Not Available for CME)

Presenters: Amin Azzam, M.D., M.A., Albert Tsai, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the nature of VR and AI and its efficacy in teaching healthcare providers about history taking, assessment, and differential diagnosis of mental health cases.; 2) Analyze the experience of an early adopting health professional school in using a particular VR and AI product to develop skills related to clinical practice with a psychiatric case.; and 3) Explore opportunities to use VR and AI for teaching future mental health providers..

SUMMARY:

Virtual reality (VR) and Artificial Intelligence (AI) have penetrated several domains of society, but not significantly in the psychiatric educator space. At the same time, health education systems have faced limitations due to financial cuts, which were superimposed on a global crisis after the COVID pandemic. Despite— and perhaps because of these barriers— the time is right for novel asynchronous forms of mental health education, such as Artificial Intelligence Virtual Standardized Patients (AI-VSP). Early adopting health education universities have already introduced these technologies, usually through their simulation centers. AI-VSP encounters may help develop communication and diagnostic reasoning skills, while simultaneously preparing students for real-world patient interactions. This Learning Lab will share results of pilot studies at one university using an AI-VSP with a chief concern of insomnia, but an actual diagnosis of major depression. Participants will then be able to interact with other AI-VSP avatars to assess simulation fidelity. The Learning Lab will conclude with interactive discussions about the barriers and

opportunities to increasing AI and/or VR use in one's local educational context.

Using Social Media to Educate, Advocate, and Empower: A Panel of Social Media Experts in Healthcare

Chair: Jake Goodman, M.D., M.B.A.

Presenters: Gregory Scott Brown, M.D., Howard Liu, M.D., M.B.A., Amanda D'Almeida, M.D., M.P.H., Daniel Villavecer, M.D., M.S., Sasha Hamdani, M.D., Drew A. Ramsey, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to understand the role that social media can play in their practice, educating and advocating for the mental health of their patients.; 2) At the conclusion of this session, the participant will be able to understand the differences in social media platforms (ie. Twitter) and learn how to tailor content to reach their target audience.; and 3) At the conclusion of this session, the participant will be able to create engaging and meaningful content (ie. Tweet, Instagram Reel, TikTok, Facebook Post) about particular topics related to mental h.

SUMMARY:

Social media is used by more than 7 in 10 adults¹ and 9 in 10 adolescents in the United States and many people, especially adolescents, rely on social media for their news, entertainment, and education. This Learning Lab focuses on why Psychiatrists should consider using social media to educate people about mental health as well as provide instruction on how to create engaging social media content. A panel of mental health professionals, with a combined social media following of 5 million people, will provide expert advice and insight into creating content on social media. The audience is free to ask questions on specific topics to the panel, and the panel will use their expertise in content creation to teach Psychiatrists how to use their knowledge of mental health to create engaging content. We recommend that Psychiatrists consider utilizing social media to educate their patients on what mental illness can look like and how treatment can be life-changing. We

also recommend that Psychiatrists consider creating content on social media to advocate for their patients and fight misinformation about psychotropic medication, wellness fads, and psychotherapy. Finally, social media provides a way for Psychiatrists around the world to network, share knowledge and experience, and work together to reduce mental health stigma.

Tuesday, May 23, 2023

Give It Your Best Shot: Learning How to Administer Long-Acting Injectable Antipsychotics

Chair: Donna Rolin, Ph.D., A.P.R.N.

Presenters: Robert Cotes, M.D., Megan Ehret, Pharm.D., M.S., Kathryn B. Hanley, L.P.A., P.M.H.N.P., R.N., Ray Love, Pharm.D., Sarah A. MacLaurin, P.M.H.N.P.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Locate, palpate, and identify landmarks for all injection sites utilized for the administration of long-acting injectable (LAI) antipsychotic medications; 2) Practice identifying and preparing injection sites and administration of injections (using placebo/sterile water) into each of the anatomical sites (deltoid, ventral gluteal, dorsal gluteal, and abdom; 3) . Understand clinical considerations for individual patients when injecting at each of these anatomical sites; and 4) Demonstrate decision-making using knowledge of LAI antipsychotic medication options, patient variables, and injection site locations.

SUMMARY:

Long-acting injectable (LAI) antipsychotic medications are an essential tool in a prescriber's toolkit. The American Psychiatric Association Practice Guideline (APA) for the Treatment of Patients with Schizophrenia suggests that patients receive LAIs "if they prefer such treatment or if they have a history of poor or uncertain adherence." In a recent systematic review and comparative meta-analysis that included data from 137 studies, the authors noted significant advantages for LAIs in reducing the risk of hospitalization and relapse for individuals with schizophrenia. Despite inclusion in the APA's

guidelines and potential for improving real-world outcomes, LAIs remain underutilized. In addition to patient and prescriber barriers, administrative factors, such as a lack of trained personnel to administer LAIs, are significant obstacles to greater adoption of LAIs. Prescribers of LAIs may also benefit from practical training for how to administer LAIs, particularly in settings where there is not dedicated staff available to provide them. Practice opportunities in simulation settings may help to build confidence and improve technique to ensure that LAIs are delivered correctly. In this learning lab, we will teach participants the basic tenants of LAI administration, which include proper injection technique and identification of anatomical landmarks. Then, we will provide participants with practice opportunities to administer LAIs on injectable models in different sites, including the deltoid, ventral gluteal, dorsal gluteal, and abdominal areas.

Master Courses

Saturday, May 20, 2023

2023 Psychiatry Review: Part 1

Directors: Venkata B. Kolli, M.D., Vishal Madaan, M.D.

Faculty: Meghan Schott, D.O., Shashank V. Joshi, M.D., Vikas Gupta, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify gaps in knowledge in psychiatry as part of an exercise in individual learning; 2) Review core concepts in psychiatry and high-yield subspecialty topic areas; and 3) Analyze multiple-choice questions and vignettes pertinent to clinical topics.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/ammastercourses>.

Part 1 of the 2023 Psychiatry Review Master Course is 4-hours in total. This carefully designed master

course will allow medical students, residents, fellows and early career psychiatrists an opportunity to review critical concepts in a variety of core subjects in psychiatry. Topics related to normal development, psychopathology, diagnostic methods, neuropsychiatric concepts, psychiatric treatment approaches, ethics and forensics, will be reviewed from a clinical standpoint. In addition, high yield topics from subspecialties such as child and adolescent psychiatry, geriatric psychiatry, addictions and consultation-liaison psychiatry will be discussed. Strategies for answering multiple choice questions will be reviewed in addition to a review of specific topics using video and audio vignettes. The course content will allow the attendees to learn using multiple methods and in an interactive and clinically relevant manner. Faculty members will lead and facilitate a discussion of topics covered by the MCQs and vignettes, and convey a working knowledge of various topical areas.

Sunday, May 21, 2023

2023 Psychiatry Review: Part 2

Directors: Venkata B. Kollu, M.D., Vishal Madaan, M.D.

Faculty: Rajesh R. Tampi, M.D., M.S., Rajiv Radhakrishnan, M.D., Donna Marie Sudak, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify gaps in knowledge in psychiatry as part of an exercise in individual learning; 2) Review core concepts in psychiatry and high-yield subspecialty topic areas; and 3) Analyze multiple-choice questions and vignettes pertinent to clinical topics.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/ammastercourses>.

Part 2 of the 2023 Psychiatry Review Master Course is 4-hours in total. This carefully designed master course will allow medical students, residents, fellows and early career psychiatrists an opportunity to review critical concepts in a variety of core subjects

in psychiatry. Topics related to normal development, psychopathology, diagnostic methods, neuropsychiatric concepts, psychiatric treatment approaches, ethics and forensics, will be reviewed from a clinical standpoint. In addition, high yield topics from subspecialties such as child and adolescent psychiatry, geriatric psychiatry, addictions and consultation-liaison psychiatry will be discussed. Strategies for answering multiple choice questions will be reviewed in addition to a review of specific topics using video and audio vignettes. The course content will allow the attendees to learn using multiple methods and in an interactive and clinically relevant manner. Faculty members will lead and facilitate a discussion of topics covered by the MCQs and vignettes, and convey a working knowledge of various topical areas.

Consultation-Liaison Psychiatry Master Course

Director: James L. Levenson, M.D.

Faculty: Jeffrey Staab, M.D., David Perez, M.D., M.Sc., Mark Oldham, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this course, the participant will be able to describe the elements of an effective psychiatric consultation.; 2) At the conclusion of this course, the participant will have up to date knowledge of the diagnosis, prevention, and treatment of delirium.; 3) At the conclusion of this course, management, and treatment of somatic symptom disorder; 4) At the conclusion of this course, and treatment of functional neurologic symptom disorder (conversion disorder); and 5) At the conclusion of this course, the participant will incorporate the latest information on psychopharmacology in the medically ill.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Dr. James Levenson (Virginia Commonwealth University) will cover the basics of providing effective psychiatric consultations, with particular focus on evaluations for suicidality or capacity. Risk

management, curbside consults, and VIPs will also be discussed. Dr. Jeffrey Staab (Mayo Clinic) will review conceptual changes of somatic symptom disorders that were incorporated into DSM-5/5-TR and parallel work for ICD-11. He will describe key manifestations of somatic symptom disorder (bodily distress disorder in ICD-11) and illness anxiety disorder (hypochondriasis in ICD-11), present emerging data on their validity and acceptability, and summarize the latest evidence on treatment. Dr. Staab then will discuss unresolved questions about the relationship of somatic symptom disorder to disease-specific somatic symptom conditions such as disorders of gut-brain interaction, chronic fatigue syndrome, and fibromyalgia. Finally, he will encourage systematic use of psychological factors affecting other medical conditions to individualize assessments of patients with behavioral factors that adversely affect their health. Dr. David Perez (Massachusetts General Hospital) will review the updated approach to the assessment and management of functional neurological (conversion) disorder (FND). In doing so, Dr. Perez will first cover the historical clues that while non-specific for a diagnosis of FND, can raise the index of suspicion for the condition. Thereafter, a range of "rule in" physical examination and semiological features will be discussed across the full spectrum of FND. Up-to-date practices on how to communicate the diagnosis will be outlined, as well as the evidence basis for psychotherapy and physical rehabilitation interventions. A neuropsychiatric (biopsychosocial-informed) perspective will be emphasized throughout. Dr. Mark Oldham (University of Rochester) will present on the field's current understanding of delirium, incorporating insights from clinical and basic science research. In his clinically-focused presentation, he will review clinical targets for the management of patients either with delirium or at risk for delirium while drawing upon the new APA Delirium Clinical Practice Guidelines. Clinical considerations include a range of protective and predisposing factors, underlying delirium causes, unique types of pathophysiology that can lead to delirium, and the discrete neuropsychiatric disturbances of delirium that warrant interventions, along with the various non-pharmacological and pharmacological interventions available. Dr. Levenson will then review problems and solutions in psychopharmacology in the

medically ill, including alternative routes of administration for psychotropic drugs in patient who are unable to take PO, specific major risks of psychotropic drugs in a variety of medical conditions and perioperatively, and how to choose appropriate psychotropic drugs for specific medically ill patients.

Sleep Disorders and Their Management: An Overview of Common Sleep Conditions Associated With Mental Health Disorders

Director: Emmanuel During

Faculty: Clete Kushida, M.D., Ph.D., Rafael Pelayo, M.D., Jamie M. Zeitzer, Ph.D., Oliver Sum-Ping, M.D., Fiona Barwick, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize common sleep disorders based on their presentation and their common association with mental health disorders; 2) Understand the relation between pharmacotherapy and sleep-wake disorders when treating patients with psychiatric disorders; and 3) Recognize when patients need to be referred to a sleep medicine provider.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Sleep and mental health are in a relation of mutual causality. The current evidence supports the following notions: 1) psychiatric disorders affect sleep, hence sleep symptoms can provide a window into the psychiatric status of an individual; 2) impaired sleep contributes to mental illness, therefore addressing sleep disturbances as part of a comprehensive and integrated management plan is not just relevant but necessary since most sleep issues can be treated; 3) in practice, many drugs used to treat psychiatric conditions potentially affect sleep and wake. The effects of psychotropic drugs on sleep are not limited to the mere promotion of sleep or wake. Psychotropic drugs can result in altered dream experiences; nightmares; potentially injurious behaviors as seen with REM sleep behavior disorder, complex non-REM parasomnias or sleep-related

dissociative disorder; exacerbation of restless legs symptoms; and obstructive sleep-disordered breathing, such as obstructive sleep apnea. A mindful and systematic approach grounded in a basic understanding of drug mechanisms and of the psychopharmacology of sleep and wake is essential for a sound and holistic approach of mental health. Such approach should yield success in most clinical situations, while a referral to a sleep specialist is indicated in more challenging situations or treatment-resistant sleep disorders. This course aims to familiarize mental health providers with the current state of knowledge about common sleep conditions encountered in clinical practice. It will provide an integrated framework for students, clinicians, educators and researchers in mental health. The course will cover throughout its 8 lectures, the six main categories of sleep disorders: Insomnia, Hypersomnia, Sleep-Disordered Breathing, Circadian Disorders, Parasomnias and Sleep-related Movement Disorders. The emphasis will be made on the aspects of sleep that are most commonly seen in practice, and geared toward improving the care of patients with mental health disorders.

Monday, May 22, 2023

Late-Life Mood and Anxiety Disorders

Directors: Art C. Walaszek, M.D., Susan W. Lehmann, M.D.

Faculty: Shilpa Srinivasan, M.D., Brent P. Forester, M.D., M.Sc., Lucy Wang, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe how to assess an older adult who presents with depression and/or anxiety.; 2) List the components of suicide risk assessment in older adults and strategies to lower risk of risk; 3) Explain the risks and benefits of pharmacological, neuromodulatory, and psychotherapeutic interventions for depression and anxiety in older adults, including in those with neurocognitive disorders.; and 4) Describe how to assess and manage bipolar disorder in older adults..

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Depression and anxiety are not normal parts of aging. In fact, late-life mood and anxiety disorders are common in older adults, are often disabling, and may be lethal. Diagnosing anxiety and depression in older adults requires careful consideration of co-morbid medical problems, medications and other substances, psychosocial stressors associated with aging, ageism, and psychological issues such as grief and loss of sense of purpose. Older adults from racial, ethnic, or sexual minorities face additional challenges with respect to receiving high quality mental health care. Cognitive impairment and depression are closely linked in older adults: Late-life depression often includes cognitive symptoms, which may be so severe that the person appears to have dementia. Conversely, Alzheimer's disease and other causes of dementia can cause or contribute to depression and anxiety. Older adults are at increased risk of suicide. Due to greater planning and resolve and use of more lethal means, older adults are likely to die on their first suicide attempt. Thus, suicide risk assessment is a critical component of the older adult with depression, bipolar disorder, or an anxiety disorder. Fortunately, there are evidence-based and effective treatments for these conditions. In this course, we will cover the scenarios that general psychiatrists are most likely to encounter to when caring for older adults, including: assessing depression, anxiety and mania; conducting a suicide risk assessment; selecting appropriate pharmacological, neuromodulatory, and psychotherapeutic interventions; and teasing apart the complex relationship between mood and cognition, especially in people with mild or major neurocognitive disorder.

Master Course: Child and Adolescent Psychiatry

Director: John T. Walkup, M.D.

Faculty: Jeffrey Strawn, M.D., Karen Dineen Wagner, M.D., Ph.D., Aron Janssen, M.D., Christopher John McDougale, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review and analyze cases to improve outcomes from pharmacotherapy in children and adolescents with autism; 2) Critically review and analyze cases to improve outcomes for children and adolescents with anxiety disorders; 3) Critically review and analyze cases to improve outcomes for children and adolescents with mood disorders; 4) Critically review and analyze cases to improve quality and safety of patient care in management of gender dysphoria; and 5) Critically review and analyze cases to improve outcomes for children and adolescents with obsessive compulsive related disorders and tic disorders.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

The presentation will update 5 important clinical domains relevant to practicing psychiatrists including the evaluation and treatment of mood disorders (Dr. Karen Wagner), anxiety disorders (Dr. Jeffrey Strawn, MD), autism spectrum disorders (Dr. Christopher McDougle), gender dysphoria (Dr. Aron Janssen) and lastly, OCD and related disorders and tic disorders (Dr. John Walkup). Each of the presenters has extensive expertise and are considered world experts in their respective domains. Their presentations will focus on the basics of evaluation and treatment and importantly, address challenges and controversies within each of their respective interest area. Ample time will be allotted for questions and answers and participant engagement.

Tuesday, May 23, 2023

Master's Course in Clinical Psychopharmacology

Director: Alan F. Schatzberg, M.D.

Faculty: Charles DeBattista, M.D., Rona J. Hu, M.D., Manpreet K. Singh, M.D., M.S., Rafael Pelayo, M.D., Charles Barnet Nemeroff, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Apply a sequential treatment

approach to patients with refractory major depression; 2) Have a working knowledge on the status of antidepressants in development—e.g., psychedelics; 3) Select optimal treatment approaches for patients with insomnia and other sleep disorders; and 4) Implement treatment strategies for bipolar disorder, schizophrenia and childhood and adolescent disorders.

SUMMARY:

This session requires advance registration and an additional fee. For more information, please visit <http://apapsy.ch/courses>.

Clinical psychopharmacology has become a major component of psychiatric practice. This course primarily provides an update for clinicians who have experience in the practice of psychopharmacology. Recent development of newly available agents as well as drugs still under study are changing practice by providing agents with unique mechanisms of action. This course will review the current status and the anticipated changes of the field in a series of lectures with questions and answers as well breakout sessions at the end of the formal presentations. The Course will include presentations on: the treatment of depression; management of bipolar disorder; psychopharmacology of post-traumatic stress disorder; treatment of patients with schizophrenia; pharmacologic approaches to children and adolescents; and the treatment of insomnia and other sleep disorders. Questions will be answered at the end of each presentation and there will be case-oriented breakout sessions with speakers at the end of the course day.

Presidential Sessions

Saturday, May 20, 2023

Fostering Wellbeing, Building Resilience and Preventing Mental Illness in Young People: The Role of Public Mental Health Education

Chair: Eugene Victor Beresin, M.D.

Presenter: Khadijah B. Watkins, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the key elements in fostering wellbeing and building resilience in children, teenagers and young adults; 2) Describe several ways mental illness can be prevented in children, teenagers and young people; and 3) Describe the ways multi-media public mental health education serves to teach caregivers what to look for, when to worry, and what to do.

SUMMARY:

Rates of depression, anxiety, stress, loneliness, and suicide among teenagers and young adults have skyrocketed, based on the trending data from the CDC (2011-2021), The recent Surgeon General's Report, and the declarations of the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry Association and Children's Hospital Association. The impact has been more severe for children of color, LGBTQIA+, and girls. Calls for action have included better access to care, embedded care in schools and pediatric practices, the roles of schools in providing social-emotional learning, and greater use of telehealth. However, in these and other reports, the role of public mental health education has been neglected or minimized. Public health campaigns for the prevention and/or early detection of medical illnesses have proven highly effective in the past. Consider the efforts to educate the public about PAP smears, mammograms, sun block, secondhand smoke, seat belts, car seats and even the prevention of forest fires. Millions of lives were saved beginning with such public health awareness campaigns. However, there have been few successful public mental health campaigns, essential for prevention, early detection, and destigmatization of psychiatric disorders. One in four individuals at any point in time will endure a psychiatric disorder, and over the course of life, one in two. 50% of psychiatric disorders begin before the age of 14 and 75% before age 26. Based on these demographics, it is essential to focus on children and young people, and help professionals and caregivers, such as parents, teachers, coaches, clergy, attorneys, law enforcement officers, as well as policy makers about what to look for, when to worry, and what to do regarding the emergence of psychiatric disorders

Many of these disorders are preventable, and for those that are not, early evidence-based intervention is essential for best outcomes. In addition, mental health disorders are highly stigmatized, one of many barriers to obtaining essential professional care. This presentation will discuss the essential roles of fostering wellbeing and resilience and the value of multi-media public mental health education in the prevention, early intervention and destigmatization of psychiatric disorders in youth.

Indo-American Psychiatric Association and the Asian Indian: Trials, Victories and Opportunities

Chair: Bhagirathy Sahasranaman, M.D.

Presenters: Bhagirathy Sahasranaman, M.D., Tanuja Gandhi, M.D., Tarak Vasavada, M.D., Vani Rao, M.D.

Discussant: Ravi Chandra, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To enhance understanding about the cultural experience of being Asian Indian and its impact on mental health.; 2) To increase participant knowledge and understanding around wellness through the lens of yoga, compassion, and meditation.; 3) To increase understanding about the need for culturally informed practices and resources to improve mental health awareness and participation in Asian Indians.; 4) To create a safe space for discussion about the challenges of being Asian Indian in the U.S., a critical but often uncomfortable discussion to have.; and 5) To increase understanding and familiarity with the unique professional and personal trajectories of Asian Indian psychiatrists in the U.S..

SUMMARY:

BACKGROUND: The Indo-American Psychiatric Association (IAPA), an organization envisioned in 1979 by six psychiatrists of Indian origin to address the professional needs and interests of psychiatrists with Indian heritage has grown to become a leading organization for psychiatrists in the US. Per the US census reports South Asians are a fast-growing minority population in the United States (1) and there are many South Asians in specific, Asian Indian psychiatrists. However, there is still a paucity of

resources to meet the unique mental health needs of Asian Indians in the US, a population also under-represented in research. To address the unique mental health needs of this population, it is critical to understand the interplay between specific cultural, racial, and ethnic factors that impact their understanding of mental health and interactions with the mental health system (2,3,4,5), and their perspectives on well-being including the role of yoga and meditation (6). In addition to the challenges of fitting in to the model minority expectations (7), mental health stigma, intergenerational challenges, and efforts to maintain cultural identity in the process of acculturation can add additional stress and risk for mental health issues. This presentation is an effort to increase understanding about the unique cultural identity, mental health needs and challenges faced by Asian Indians in the US to improve our ability to provide and increase access to culturally informed care. This presentation is also an effort to increase understanding around the unique trajectories of psychiatrists of Indian heritage. Given the large number of psychiatrists of Indian origin in the US, it is important to recognize and understand their struggles, trajectory, contributions to the field of psychiatry and create opportunities for growth, well-being, and integration into the larger professional community (8,9,10). METHODS This session will be in the format of a panel discussion with presentations of 10-15 min each followed by panel discussion for 15min and questions and answers for 15min. The panelists will help examine and reflect on the unique experience and challenges of being Asian Indian in America, pursuing a career in Psychiatry, the wellness paradigm from an Asian Indian perspective and the factors influencing help seeking or rejecting behaviors in Asian Indian communities. Panelists and presenters will use their personal, professional, and cultural experiences to facilitate a nuanced discussion, examine barriers to accessing mental health care and ways to address some of these challenges experienced by Asian Indian psychiatrists and communities. CONCLUSION This presentation will increase participant knowledge and understanding about the experience of being Asian Indian in America from a cultural, wellness, professional and personal perspective and increase comfort to provide culturally informed care.

Leadership: Skills and Development for Psychiatrists Today and for the Future

Chair: Bruce Jan Schwartz, M.D.

Presenters: Thomas Betzler, M.D., Ana Ozdoba, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, the participant will be able to discuss the role of experiential learning in developing essential leadership skills.; 2) At the conclusion of this session, the participant will be able to discuss creative strategies to engage residents in leadership activities which are inclusive and promote DEI.; 3) At the conclusion of this session, the participant will understand how to provide leadership opportunities for staff to innovate and implement state of the art treatments in a CMHC; and 4) At the conclusion of this session, the participant will be able to understand how to use meaning and purpose to improve Mental Health Care delivery..

SUMMARY:

The stress on the health and mental health care system and the clinical staff working in those systems has been unprecedented due to the Covid pandemic. It has become critical that programs and systems have the competent leadership required to help cope with these demands in the present and the future. Effective leadership training despite the resources often expended on consultants and didactic programs is difficult to achieve. Residency programs represent the major opportunity to help train future leaders in psychiatry. Psychiatrists have critical roles in leading teams, being agents of change and advocacy, and addressing the continued inequality in mental health care delivery. The Chief Residents Leadership Conference (CRLC), also known as the "Tarrytown Conference" has been helping new chief residents develop their leadership abilities since 1972. Many thousands of chief residents have attended this 3-day meeting over the past 50 years. Many have gone on to assume leadership positions and credit this meeting with helping the evolution of their careers. The meeting has relied exclusively on the use of experiential strategies to develop metacognitive awareness and insights from the almost half century of the CRLC will be discussed.

The residency training program at Montefiore Medical Center/Albert Einstein College of Medicine has taken a developmental approach to teaching residents about leadership that spans the four years of training and beyond. In this panel, we will share different resident leadership opportunities and discuss creative strategies utilized to teach about leadership development. In addition, we will discuss the importance of didactics in administrative psychiatry, reinforce the importance of processing leadership experiences, and providing mentorship and supervision on leadership development. Also critical is the need for strategies for early career psychiatrists to develop leadership skills. One such model in place at a large Community Mental Health Center will be discussed. The CMHC leadership has developed and will present their innovative approach to encourage early career psychiatrists to develop and implement state-of-the-art treatments which are rarely available in similar settings. The model is inclusive of all disciplines, reinforces the collective mission, improves retention and job satisfaction while improving community mental health treatment.

Not Just Hannibal Lecter: Psychiatric Representations in Crime Fiction and Stigmatization

Chair: Susan Hatters-Friedman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) describe Schneider's psychiatrists in film; 2) list types of forensic psychiatrists portrayed in film; 3) discuss recent examples of psychiatrists in crime fiction; and 4) explain potential real world impacts of negative portrayals of psychiatrists in crime fiction.

SUMMARY:

Forensic psychiatrist characters play roles in crime fiction, from Hannibal Lecter in Thomas Harris novels and film, to Dr. Peter Teleborian in *The Girl with the Dragon Tattoo* series, to Professor Diomedes in *The Silent Patient*. In this presentation, I will describe various recent and popular representations of forensic psychiatrists in crime fiction. We will discuss Irving Schneider's categories of psychiatrists in movies. Subsequently, Glen and Krin Gabbard

discussed attributes of fictional psychiatrists. Working along with Cathleen Cerny, Sherif Soliman, and Sara West, a decade ago we described five categories of forensic psychiatrists in film—categories which may mirror real world concerns about forensic psychiatry. Leaving out cannibalism and paraphilic acts, fictional forensic psychiatrists still engage in ethical conundrums galore. The general public is more likely to see psychiatrists on film or television than in the real world. Popular culture shapes public opinion, and there is a potential for greater stigmatization of the vulnerable populations we serve. *Joker*, the highest grossing R-rated movie of all time (spoiler alert) ended with the protagonist in a forensic psychiatric hospital. In a New Zealand study, participants were randomly assigned to watch *Joker* or *Terminator: Dark Fate*. Viewing *Joker* was associated with an increase in score on the scale of Prejudice Toward People with Mental Illness, indicating the very real potential impacts of film on viewers. We will analyze the relevance to real-world perceptions and consider potential downstream effects from portrayals. More accurate portrayals of characters with mental illness may increase empathy and lessen stigma. Finally, we will discuss an educational role for psychiatrists.

Novel Drug Treatments for Psychiatric Disorders

Chair: Maurizio Fava, M.D.

Presenters: John Michael Kane, M.D., Andrew Krystal, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session the participants will become familiar with the recently approved medications for the treatment of schizophrenia, depression, anxiety, and sleep disorders; 2) participants will be able to describe some of the new mechanisms of action of medications to treat schizophrenia, and sleep disorders current; and 3) At the conclusion of this session the participants will be able to review some of the unanswered questions relevant to new medications to treat psychiatric disorders.

SUMMARY:

This session will include an overview of innovative drug treatments for psychiatric conditions such as schizophrenia, depression, anxiety and sleep disorders. Following the introduction of antipsychotic medications to treat schizophrenia in the 1950s numerous medications representing a variety of chemical classes have been approved by regulatory agencies and introduced into clinical practice. All of these drugs (though to varying degrees) act as antagonists at the dopamine D2 receptor. Overall, except for clozapine, these agents differ in only small degrees in their general efficacy in treating the positive symptoms associated with schizophrenia. However, there remains enormous unmet need in treating negative symptoms and cognitive dysfunction. In addition, approximately one third of patients don't respond adequately even in terms of positive symptoms. Agents in development for the treatment of schizophrenia target directly or indirectly, among others, the cannabinoid, cholinergic muscarinic, dopamine, estrogen, GABA, glutamate, histamine, inflammatory, immunological, ion channel, melatonin, noradrenaline, opioid, phosphodiesterase, serotonin, sigma, and trace amine associated receptor (TAAR) systems. Similarly, over the past six decades, the pharmacological treatment of depression has been characterized solely by drugs modulating the monoamine system. These medications have shown modest efficacy, a relatively slow onset of response, and a number of tolerability issues, ranging from sexual dysfunction to sleep disturbances. Only in the past few years, we have seen the FDA approval of a glutamatergic drug, esketamine, and of a GABAergic drug, brexanolone. Agents in development for the treatment of depression appear to target directly or indirectly, among others, the glutamate system, the GABA system, the opioid system, the serotonin 5-HT-2a system, and neuroinflammation. These drug treatments currently under development may change how we treat this condition, with either a much faster onset of response and/or a long-lasting benefit. Pharmacotherapy for anxiety and insomnia has also evolved significantly over time. From the beginning of the 20th century the primary pharmacologic therapy for these conditions was the same, barbiturates, which were replaced by the much safer benzodiazepines in the 1970's. Although

the benzodiazepines continue to be used for treating anxiety and insomnia, they have been supplanted as first-line therapies for these disorders by other agents due to side-effect concerns. The first-line treatments for anxiety disorders has become selective serotonin reuptake inhibitors and serotonin norepinephrine reuptake inhibitors, while insomnia treatment became dominated by more selective GABA-A modulators than benzodiazepines and a variety of off-label treatments. Recently, insomnia agents have emerged that more specifically target sleep, circuitry, and, as a result, provide improved risk-to-benefit ratio.

The State of LGBTQ Mental Health

Chair: Amir K. Ahuja, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) By the end of this presentation, the audience will be able to identify three successes of the LGBTQ movement as it related to mental health.; 2) By the end of this presentation, the audience will be able to identify three ongoing challenges of the LGBTQ movement as it related to mental health.; 3) By the end of this presentation, the audience will be able to give 3 reasons why there is a disparity in mental conditions and outcomes for the LGBTQ community; and 4) By the end of this presentation, the audience will be able to identify and utilize 3 resources to assist LGBTQ patients..

SUMMARY:

The State of LGBTQ Mental Health The fight for civil rights rarely moves in a straight line. This has been true for many disadvantaged communities trying to take their rightful seat at the proverbial table. The LGBTQ community is no different. For decades now since Stonewall, we have tried, mostly successfully in the West, to be treated equally. We have gained the rights of living and loving who we want, same-sex marriage, coverage of Gender confirmation surgeries, and more. Even in the court of public opinion, the rights of LGBTQ people in America and other Western countries are overwhelmingly popular. In this talk, I will first highlight the many successes of the LGBTQ movement as it relates to mental health. We will begin with Stonewall and the

emergence of LGBT Centers of advocacy and health (and mental health). We will trace the success through increased media and political representation, and draw a direct line between that and laws that have assisted in allowing LGBTQ people to access healthcare openly and safely. We will discuss the removal of homosexuality and “transsexualism” from the DSM and also cover how mental health parity laws and expanded Medicaid under the ACA allowed further access of this needed community to mental health resources. We will finally cover the most recent successes in mandating LGBTQ education in higher education, professional education, and in some cases even in primary and secondary schooling. The rest of the talk will be spent focusing on challenges. There is still a lot of work to do, and some backsliding of rights has occurred. We will touch on the current state of banning Conversion Therapy, which has been implemented in some states in the US but not others. We will highlight the challenge of banning this practice for adults, particularly when done by non-licensed practitioners. Then, we will discuss Transgender healthcare and the fight to preserve this. Again, it is a patchwork of laws throughout the states that are often in conflict, so we will review the work that still needs to be done there and its effect on Transgender mental health. We will finish with a broad overview of mental health challenges that continue to affect the community. These include bullying and harassment, lack of access to care, discrimination, unequal treatment by medical and mental health providers, and higher levels of mental illness and substance abuse. We will review resources and ways to get involved.

Using Data to Drive Policy for Evidence-Based Models of Care in the Future

Chair: Robert L. Trestman, M.D., Ph.D.

Presenters: Michele Reid, M.D., Robert Phillips Jr., M.D., M.S.H.P., Bryan M. Batson, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe new research findings in psychiatry and neuroscience and how they may impact practice; 2) Apply quality improvement

strategies to improve clinical care; and 3) Provide culturally competent care for diverse populations.

SUMMARY:

Data-driven approaches are essential to assessing the impact of evidence-based models of care and drive policy change. The participants in this presidential symposium will share how they have leveraged data to change policy and develop evidence-based initiatives. You will hear how qualified clinical data registries can drive change in clinical settings, decision-support, team design, and resource flow to retain clinician autonomy while changing behaviors and desired health and health system outcomes. You will hear an example of how a primary care clinic studied quality, cost, utilization, and patient experience of Advanced Practice Providers versus primary care physicians to later change their policies to reflect the data supporting physician-led care teams. In addition, participants will hear about the practical application of Certified Community Behavioral Health Centers and evidence-based practices.

What Lies Ahead: Removal of the X-Waiver and The Future of Opioid Use Disorder Treatment

Chair: Patrice A. Harris, M.D.

Presenters: Smita Das, M.D., Ph.D., M.P.H., Daniel Ciccarone, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Critically review and analyze the evolution and the epidemiology of the overdose crisis; 2) Manage patients with opioid use disorder with enhanced knowledge of promising and innovative practices; 3) Assess innovative and evidence based examples of promising practices for OUD treatment; 4) Detail recent policy changes (removal of x-waiver) and assess additional policy change for further policy changes needed to increase access to OUD treatment; and 5) Critically review the disparate impact of past policies and practices on communities of color.

SUMMARY:

This Presidential Symposium will focus on the future of OUD (Opioid Use Disorder) treatment after the

removal of X waiver requirements. The session will begin with a review of the epidemiology of the overdose crisis focusing on regional variations and racial and ethnic disparities. The panelists will discuss how the recent changes to the X waiver requirements could impact access to OUD treatment and what this means for patients and healthcare providers. The panelists will review current evidence-based treatments for OUD and will highlight best practices for treating OUD, including the use of multidisciplinary teams and patient-centered care. Panelists will describe innovative and evidence-based examples of promising practices building on the lessons learned during the COVID-19 pandemic. The session will also explore emerging trends in OUD treatment, such as digital health technologies and telemedicine. The panelists will discuss how these innovations can improve access to care for individuals with OUD, particularly those in rural or underserved areas. Finally, the presentation will conclude with a discussion of policy implications for OUD treatment following the changes to X waiver requirements. The panelists will address potential barriers to implementing evidence-based treatments and offer recommendations for psychiatrists and other medical specialists, other mental health professionals, policymakers and healthcare leaders. Overall, this presentation aims to provide attendees with a comprehensive understanding of the current state of OUD treatment and what lies ahead in terms of innovation and policy and a path forward to manage patients and evaluate and analyze policy in the current environment.

You Are What You Eat, So Learn About Nutrition

Chair: Philip R. Muskin, M.D., M.A.

Presenters: Drew A. Ramsey, M.D., Umadevi Naidoo, M.D., Madeleine Anne Becker, M.D., M.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Learn the mental and physical benefits of physical activity and learn to incorporate into a comprehensive mental health treatment plan.; 2) Learn nutritional psychiatry interventions and healthy eating can be used as preventive measures to fortify mental well-being.; and 3) Understand the importance and impact of exercise on mental health.

SUMMARY:

Nutritional Psychiatry: Evidence and Practice

Incorporating nutrition into the treatment of mental health disorders is now being called Nutritional Psychiatry. But what is the evidence? Beginning with the SMILES trial in 2017, the robust correlational data regarding food and mental health is now supported by randomized trials. Most recently the AMMEND trial reported a nutritional intervention for young men with depression led to remission in 36% of the sample. Dr. Ramsey will review the recent positive RCTs that utilized a nutrition intervention to treat clinical depression, along with the clinic applications. Conceptually, this evidence is supported by concepts captivating mental health, namely, neuroplasticity, inflammation, and the microbiome. In practice, Dr. Ramsey and team created the first clinical training in Nutritional Psychiatry and launched a virtual Nutritional Psychiatry cooking class, the Mental Fitness Kitchen, featured in the New York Times. Nutritional Psychiatry 101 Dr. Uma Naidoo will review the history of nutritional psychiatry and then review the best nutrients for conditions such as depression and anxiety based on scientific evidence. She will share on recent evidence connecting dietary patterns with psychiatric pathology, the proposed underlying pathways, and the clinical applications regarding dietary patterns. As food choices influence states of inflammation and neurogenesis, the proposed molecular pathways involving brain derived neurotrophic factor (BDNF), omega-3 fats, flavonoid phytonutrients, B-vitamins/methylation, and traditional diets will be presented. The most recent cutting-edge research showing how personalized medicine is key to helping use such interventions will be presented. Implications for psychiatrists regarding new trends such as keto and vegan diets will be reviewed. The Benefits of Exercise for Mental Health What we eat can significantly affect our health. Likewise, so does what we do with the calories. There is strong evidence that physical activity is associated with a lower risk of many chronic illnesses, including mental health disorders. Dr. Becker will review the mechanisms, and findings on the effects of physical activity on brain and mental health. You will learn how to simply incorporate a

nutrition and exercise plan into the usual care of your patients to optimize their mental health.

Sunday, May 21, 2023

**40 Years of the Association of Women Psychiatrists:
A Historical and Contemporary Look at Social
Justice in Psychiatry**

Chair: Christina T. Khan, M.D., Ph.D.

Presenters: Carol C. Nadelson, M.D., Altha J. Stewart, M.D., Nada L. Stotland, M.D., M.P.H., Silvia Olarte, M.D.

Discussant: Patricia Isbell Ordorica, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the history of social justice efforts over the last 40 years led by women in psychiatry.; 2) Identify ongoing challenges for women in psychiatry and in particular intersectional barriers faced by individuals with multiple minoritized identities.; and 3) Propose strategies for continuing to move towards justice, equity, diversity and inclusion in the profession..

SUMMARY:

This panel, a tribute to the 40th year anniversary of the Association of Women Psychiatrists, will review the history of social justice efforts over the last 4 decades and highlight the experiences and perspectives of current and past women leaders in the AWP and the APA. Topics to be addressed include representation and barriers to women in leadership, ethical dilemmas and advancements, specific challenges for Black women psychiatrists, reproductive rights, and intersectional considerations. The panel will review the contributions of the AWP to diversity and inclusion in the profession and address systemic issues that persist. The session will highlight the historic efforts that have brought us to the present landscape and encourage intergenerational mentoring to galvanize ongoing efforts and commitment to justice, equity, diversity, and inclusion.

**Interventional Psychiatry: Advances, Acceptability,
and Access**

Chair: Saydra Wilson

*Presenters: Cristina Cusin, M.D., Sarah Lisanby, M.D.,
Laura Cabrera*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Differentiate between the range of FDA cleared and emerging/experimental interventional psychiatry practices and technologies; 2) Incorporate knowledge of patient's neuroethical concerns about neuromodulation into your consultations and informed consent discussions; 3) Develop a plan for ensuring accessibility to interventional techniques as part of the mental health infrastructure; and 4) Integrate the evidence of utilization disparity, acceptability, and stigma into informed consent discussion and patient care recommendations.

SUMMARY:

Interventional psychiatry continues to expand its techniques for procedural-based treatments to alleviate mental distress. The last few decades have greatly progressed this area beyond electroconvulsive therapy and introduced infusions of antidepressant medications, transcranial magnetic stimulation and vagus nerve stimulation for the treatment of depressive disorders into regular practice. Although these new interventions have become important features of the mental health treatment landscape, the infrastructure that would allow wider availability and coordination of care is often lacking. Accessibility, and equity need to remain centered in our implementation of these interventions, as well as during the development of new technologies, in order to provide the most positive impact on public health. This session will briefly discuss the features and evidence for these interventions as well as addressing current issues of access. Evidence will be reviewed regarding the equity in neuromodulation research participation and the patient identified concerns regarding knowledge, access, and stigma. A discussion of the challenges and potential of technologies in the pipeline of interventional psychiatry will strengthen the goal to bring these interventions safely and equitably to the public.

**Rethinking Core Values: How Medical
“Professionalism” Perpetuates Discrimination
Against Black, Indigenous, and People of Color
(BIPOC)**

Chair: J. Corey Williams, M.D.

*Presenters: Ashley Walker, M.D., Kaosoluchi Enendu,
M.D., M.B.A., David A. Ross, M.D., Ph.D.*

Discussant: Michael John Travis, M.B.B.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe medical professionalism as a fluid, contextual, subjective notion informed by current conceptions of professionalism have been largely based on adhering to white-dominant culture and norms; 2) Recognize that professionalism concerns and citations are disproportionately used to assimilate and “correct” BIPOC individuals, while privileging white cis/heteronormative western values and norms; 3) Demonstrate, through a series of case vignettes, ways in which medical “professionalism” can perpetuate intersectional discrimination; and 4) Reconceptualize medical professionalism towards allowing for diverse and inclusive manners of speech, affect, dress, and unwritten codes of conduct..

SUMMARY:

“Professionalism” has been considered a foundational pillar of American medicine since its inception. As one of the six core competencies set forth by both the LCME and ACGME, medical professionalism is used as a central component of evaluations at all levels of training. Yet despite its pervasive use – and the gravity with which deviations are treated – “professionalism” is an abstract, vague notion that currently has no consensus definition (Birden et al, 2014; Lee, 2017). Furthermore, conceptions of professionalism are differentially operationalized across contexts (e.g., clinical, pedagogical, workplace culture, etc.), and used to encompass a broad set of behaviors, language, affect, styles of dress, and unwritten codes of conduct. Scholars have described – especially in historically white-dominated institutions such as hospitals and universities – how standards of professionalism often encode and reinforce white-dominant culture and marginalize BIPOC (Black,

Indigenous, People of Color) (Gray, 2019; Marom, 2019). Recent literature suggests that professionalism concerns and citations are disproportionately used as “corrective feedback” towards women and BIPOC trainees, which may be contributing to the increased attrition among these groups. One large survey study demonstrated that women and BIPOC, compared to their white male colleagues, tend to experience more infringements on their professional boundaries and have more often considered changing jobs because of others’ unprofessional behaviors (Alexis et al, 2020). The overarching goal of this workshop is for participants to reflect on how current conceptions and subjective evaluations of medical professionalism often perpetuate intersectional discrimination, which disproportionately has a deleterious impact on women and BIPOC physicians. We will present a brief historical overview and literature review on the fluid and contextual nature of professionalism. Participants will engage in active learning and skills-building via small and large group discussions of case vignettes. They will work in small groups to unpack and recognize intersectional discrimination embedded in the current conceptualization of medical professionalism. Participants will leave the workshop with an appreciation for the imperative to re-imagine the concept of professionalism in ways that allow for more diverse and inclusive identities in medicine.

**The Evolving Canadian Mental Health System:
Challenges and Opportunities for Psychiatrists**

*Presenters: Gary A. Chaimowitz, M.D., Alison
Freeland, M.D.*

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate the impact of health system transformation and COVID-19 on the role of Canadian psychiatrists;; 2) Understand the rapid acceleration of change to psychiatric practice as a result of the COVID pandemic; and 3) Be aware of the need to evolve and redefine the role of psychiatrists within the future Canadian health care landscape.

SUMMARY:

The Canadian Mental Health system, like the rest of the world, has faced a number of challenges over the past few years in response to the rapid changes brought by COVID. This shifted the method of care delivery from in person to virtual, impeded mental health promotion and illness prevention, and highlighted many of the barriers to accessing care for vulnerable populations practice within a publically funded system. Additionally, ethical issues such as legalization of cannabis and medical assistance in dying for patients with mental disorder have fuelled considerable debate and division among mental health professionals. As Canada slowly emerges from the pandemic, delivery of mental health treatment and care continues to change. Psychiatrists have at times felt marginalized within a system where there can be ambiguity and tension regarding the roles and responsibilities of different mental health care providers, and where, at times, they have experienced their own expertise and training as being undervalued. In response to this, psychiatrists must adapt their skills and competencies to an altered health care landscape to ensure their essential role within mental health care teams. This evolution should include a conceptual understanding of quality improvement and alignment with standardized approaches to evidence based care; awareness of the rapidly evolving role of innovation and artificial intelligence in mental health treatment; the role of population health and big data in health services methodology; comfort and competence in using health technologies; competence in health system co-design with patients and families; and an unwavering commitment to the principles of equity, diversity, inclusion, indigeneity and accessibility within their practices. This presentation will review the impacts of both health system change and the COVID pandemic on the mental health system in Canada. Lessons learned and challenges ahead which significantly impact psychiatric practice will be highlighted. Finally, new skills and opportunities essential to psychiatrists remaining relevant in a rapidly evolving health care system will be discussed.

Update on the Psychiatric Bed Crisis: Real-World Problems and Potential Virtual-World Solutions

Chairs: Sandra M. DeJong, M.D., Anita Everett, M.D.

Presenters: Steven Samuel Sharfstein, M.D., Robert L. Trestman, M.D., Ph.D., Kristen Hassmiller Lich, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) empathize with the kinds of obstacles that patients and their families currently encounter in navigating the psychiatric system for acute care;; 2) outline the history and current crisis of psychiatric beds in the US and the work of APA's Presidential Taskforce, including the concept of simulated modeling;; 3) enumerate financial incentives that underlie current inpatient psychiatric services and conceptualize a new model based on patient outcomes;; 4) name some of the population, community, and system factors involved in developing a simulated model of bed need, including the unique needs of youth;; and 5) describe how a simulated model might be applied in practice.

SUMMARY:

Psychiatric inpatient beds meet a critical need for patients facing new onset or exacerbations of mental illness and acute crises in safety. They represent the most acute level of care in what is ideally a care continuum from community-based support groups through psychiatric outpatient services all the way to residential services for rehabilitation and recovery. However, the number of psychiatric beds across private and public sectors has fluctuated and dropped significantly in the past 60 years. At the same time, the level of mental health disorders, particularly in youth, has been increasing in recent decades; the COVID pandemic catalyzed this increase to the point of crisis, or what some have called "the second pandemic." The decrease in bed supply and the increase in demand for inpatient treatment resulted in an access crisis for inpatient psychiatry. The number of psychiatric "boarders," patients waiting in emergency rooms and medical units for transfer to inpatient psychiatry, has soared. The American Psychiatric Association (APA) Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States was created in 2020 by then APA President Jeffrey Geller, M.D., M.P.H. and was led by APA Past President Anita Everett, M.D. The Task Force members included APA leaders, other mental health professionals, experts in child and adolescent

psychiatry, and decision-analytic modelers. It was charged with reviewing the historical and current context of access to inpatient psychiatric care and undertook an effort to research and assess the current capacity of outpatient and inpatient psychiatric care in the U.S. The taskforce was asked to address the question: Could a simulated computer model of a catchment area's psychiatric services and population, community, and system factors help determine what an ideal number of psychiatric beds would be for that community? Could artificial intelligence (AI) aid us in solving this crisis? With the help of volunteers from the University of North Carolina, the taskforce worked to develop such a model, which is currently being applied to a system in Michigan. A similar model for youth has also been developed. This effort aims to determine how modeling can be most useful to assessing real-life mental health service needs, and what kind of data is needed to provide the optimal model. The ultimate goal is to assist communities across the country determine what kind of continuum of psychiatric care, including number of psychiatric inpatient beds, will best meet the needs of their population. This session will update participants on the work of the taskforce and provide information on recent efforts to apply the simulated model in practice.

Monday, May 22, 2023

Finding Healing for Ourselves and Nation: A Prescription

Chair: Cynthia Turner-Graham, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) ? Attendees will identify 2 major forces that drive polarization in the US; 2) ? Describe 3 public mental health strategies that facilitate development of emotional intelligence, and builds capacity for community building; and 3) ? Identify one interpersonal and one intrapersonal change yet unexplored in our own lives that will positively impact my community.

SUMMARY:

Between January and March of 2023, there were 100 mass shootings in America. Calls for a civil war are becoming more strident in response to fears of a

"hostile takeover" by the identified "other." Killings of citizens by police occur with sufficient frequency that these occurrences are becoming "normative." A sense of community and shared destiny is diminishing, replaced by hypervigilance, distrust, isolation, and fear of fellow Americans. These and other social trends have caused the social fabric upon which our democracy is woven to become frayed. As psychiatrists, we are responsible for addressing our patient's needs and the quality of life in the communities they (and we) inhabit. The principles underlying successful public health campaigns can inform these current challenges in identifying strategies to modify the behavior of individuals within a community in a direction that supports healthier emotional and relational functioning. Black Psychiatrists of America, Inc., in its effort to assist Memphians in addressing the emotional trauma of Tyree Nichol's murder by police, has developed a tool to provide tools to manage the individual symptoms of trauma and grief. In addition, general education about increasing healthy individual and communal functioning is provided. The outcome measures of this intervention will inform the refinement of this tool over the next year.

Food, Music, and Novelas: A Roadmap for Psychiatry at the Intersections of Culture, Resilience and Mental Health Equity

Chair: Lisa Fortuna, M.D., M.P.H.

Presenters: German E. Velez, M.D., Brenda Cartujano Barrera, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Articulate a framework of cultural resilience as a protective and adaptive concept, for addressing both individual and collective adversity; 2) Learn about ways that culture has helped foster resilience, and overcome and resist structural inequities in mental health through examples in Music, Sports, and Media; 3) Describe examples and opportunities for psychiatrists to incorporate the concept of cultural resilience into their practice; and 4) Describe ways to engage in critical community resilience praxis to promote mental health equity and public health.

SUMMARY:

The resilience of youth, families, and communities is achieved through understanding and optimizing the social determinants that promote a healthy life. Resilience is not static; it is a dynamic process that can be a function of development and an individual's interaction with their environment. Many factors have been explored and named as contributors to resilience, including but not limited to biological factors, genomics, socioeconomic status, stability in childhood, social support, and culture. Culture shapes the experience and expression of mental health problems, modes of coping, pathways to care, and the effectiveness of interventions and the processes of resilience and recovery. Systematic attention to culture and culturally-based resources in the provision of mental health services can improve access, utilization, and health outcomes. We'll start with a discussion on how music, food, sports, and media are examples of how culture as part of social movements can promote resilience tailored to the needs of communities. Some examples are "Cancion sin Miedo" a protest anthem by Mon Laferte sung by women globally in their protest against femicide, collective trauma, and a symbol of Feminism in Latin America; the impact of sports on education and equity gaps in the running community of Iten, Kenya; and the impact of the telenovela "La Rosa de Guadalupe" on LGBTQ+ stigma. We will share the origin and influence that each of these has had on collective resilience. We then offer illustrative examples from our clinical work and research that consolidate and demonstrate the ways in which psychiatrists can work at the intersection between culture and resilience in their clinical and academic practice. "La Valentía de Pancho", a children's book authored by a CAP fellow for the Hispanic community addressing PTSD; and "Somos Esenciales", a participatory action research project that emerged from the Latinx essential worker and arts community of San Francisco, working with UCSF to identify community-led and culturally centered solutions to mental health stress. The field of psychiatry cannot place the burden of resilience on culture alone but can cultivate practices that support individuals and communities in promoting community mental health. We can engage with communities through culturally-based

resources to promote health equity and address root causes that perpetuate mental health inequity and injustices. We end with practical tips and tools that are feasible and accessible for psychiatrists in any setting, and an open interactive discussion about cultural resilience as an important part of a roadmap for the future of psychiatry.

Getting Serious About Equality, Diversity, and Inclusion

Chair: Adrian James, M.B.B.S.

Presenters: Paul Rees, John Crichton, Subodh Dave, Shubulade Smith

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of the session, the participant will be able to understand the moral, legal and performance imperative of addressing equality, diversity and inclusion; 2) At the conclusion of the session, the participant will be able to reach an understanding of one leading global mental health organisation's journey around addressing equality, diversity and inclusion; and 3) At the conclusion of the session, the participant will be able to understand how to carry out meaningful actions around equality, diversity and inclusion and how to review and monitor progress.

SUMMARY:

Giving a first-hand perspective, the Officers of the Royal College of Psychiatrists will explore their journey to promote equality, diversity, and inclusion. In January 2021, the College published their Equality Action Plan, setting out how they planned to promote equality and equitable outcomes for College members, staff, mental health staff, patients, and carers. With the College values of Courage, Innovation, Respect, Collaboration, Learning and Innovation at its heart, the College implemented a process and a system that puts the issue of equality centre-stage. Their clear actions are helping them to achieve traction and momentum, and become an organisation that celebrates diversity, and delivers equality, ensures fairness, and allows everyone to give their best. Two years since its publication, the College has had much success on its journey. It won a Memcom award for best Equality, Diversity, and

Inclusion Campaign in 2022 and has become a true leader in the Medical Royal College sector. The Officers will explore some fantastic initiatives that the College has sought to promote and lead on, including its Advancing Mental Health Equality Quality Improvement Collaborative and its approach to addressing equality, diversity and inclusion in training and workforce. As an organisation working internationally and across the four nations of the UK, they will also show how they have employed respect and mutual leaning to support its diverse 20,000 strong membership.

Law, Ethics, and Practice in Medical Aid-in-Dying

Chair: Richard P. Martinez, M.D.

Presenters: Elliott Crigger, Ph.D., Charles Dike, M.D., Thomas Benjamin Strouse, M.D., Alison Freeland, M.D., Gary A. Chaimowitz, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the key provisions of laws in the US and Canada related to physician participation in aiding death; 2) Appreciate the clinical, legal, and ethical complexity of medical aid in dying; and 3) Identify resources to address requests for medical-aid-in-dying in their practice.

SUMMARY:

Over the past two decades in the United States and Canada, considerable debate has emerged about the ethically permissible extent of physician participation in assisting patients' death. In the United States, a growing minority of states have enacted laws permitting medical aid in dying for terminally ill patients, whereas in Canada, federal law allows clinician- or self-administered medical assistance in dying (MAID) for eligible people including those whose natural death is not reasonably foreseeable. Tension has emerged within the psychiatric profession, in particular, regarding the moral permissibility of medical aid in dying for mental illness, especially given the strong link between suicide and mental illness. This panel will bring together experts from the APA Ethics Committee, the AMA Council on Ethical and Judicial Affairs, and leaders from the Canadian Psychiatric Association, to

provide their respective approaches to medical aid in dying.

Presidential Work Group on the Future of Psychiatry

Chair: Robert L. Trestman, M.D., Ph.D.

Presenters: Erik Rudolph Vanderlip, M.D., M.P.H., Carol Alter, M.D., Shabana Khan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Examine the recommendations made for APA's strategic direction for the next decade; 2) Compare where we are as a field to where we aim to be as the leaders of psychiatric diagnosis and treatment; 3) Evaluate the core elements and major strategies proposed for the APA; 4) Distinguish the opportunities for the APA to build on our existing strengths; and 5) Examine the potential impact on the practicing psychiatrist in the decade ahead.

SUMMARY:

The APA Presidential Taskforce on the Future of Psychiatry was given the charge to create a road map of recommendations to lead APA's strategic direction for psychiatric practice and research over the next decade. The work group, with broad representation, met repeatedly to develop a document that would serve this purpose. The two broad strategic initiatives targeted: 1) Core components that establish and maintain the APA as the thought, evidence-based knowledge, and practice leader in quality mental health diagnosis and treatment; and 2) address APA's policy development and advocacy agenda for finance/reimbursement, equity and access, public health, primary prevention, and social determinants of mental health to position the APA as the leading voice in advocating for quality patient care. The first initiative comprises integral elements that, taken together, support the APA's second strategic initiative to influence and shape policy, the impact of psychiatry, and the ability of psychiatrists to thrive in the coming decade.

Psychiatry Around the Globe: Needs and Opportunities

Introduction: Saul Levin, M.D., M.P.A.

Chair: Afzal Javed, M.B.B.S.

Presenters: Danuta Wasserman, M.D., Ph.D., Paul Summergrad, M.D., Edmond H. Pi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Highlight the needs in global psychiatry with a special emphasis on developing programmes; 2) 2. Understand how to achieve several of the UN's Sustainable goals and the role of leadership in psychiatry and in public mental Health.; 3) 3. Understand the importance of lifestyle behaviors such as physical activity, dietary habits, and sleep hygiene for mental health; 4) 4. Realize the importance of Including psychiatry staff in performing physical activities with patients for the improvement of mental health; and 5) 5. Understand the influence of environment and art on mental health and the tools that can be used to incorporate into patients' activities..

SUMMARY:

The World Psychiatric Association (WPA) is an association of national psychiatric societies aimed to increase knowledge and skills necessary for work in the field of mental health and the care for the mentally ill. Its member societies are presently 145, spanning 121 different countries and representing around 250,000 psychiatrists from all over the globe. WPA's core mission is to promote the advancement of psychiatry and mental health for all people of the world. This mission is achieved by increasing knowledge and skills about mental disorders, encouraging the highest possible standards of clinical practice, advocating for the dignity and human rights of the patients and their families, and to uphold the rights of psychiatrists through facilitating communication and assistance especially to societies who are isolated or whose members work in impoverished circumstances. WPA achieves these objectives by organising meetings, arranging special discussion groups, and formulating guidelines, position statement and issuing professional directions for its membership. This presentation gives an overview of the vision, mission, and

philosophy of WPA work with a special emphasis on the current action plan (2020-23). Salient features of current plans will be discussed giving further details of the current work of different WPA components. The presentation will also provide a general framework of WPA functioning and would argue for promoting and strengthening the current initiatives getting further support from psychiatrist community. Major activities are needed to transform psychiatric and mental healthcare as well as public mental health to deliver on the UN Sustainable Development Goals. There needs to be a shift towards sustainable and inclusive prevention, early intervention, treatment, care, and rehabilitation, keeping in mind social changes and threats while also fostering transparency and continuity. In addition to existing psychological and pharmacological treatments, we need to increase the awareness of healthy lifestyles such as physical activity, eating habits, behavioural changes, intellectual stimuli, workplace satisfaction, and sleep hygiene in improving mental health. Despite the plethora of evidence, the role of healthy lifestyles and behavioural changes to improve mental health is under-prioritized. It will be an important platform for dissemination and for the collection of regional experiences together between the WPA and the APA. Global development of mental health care requires an understanding of the epidemiology of these conditions, resources available for their care and barriers financial and otherwise to achieve appropriate treatment and support. Achieving these ends requires a coordinated strategy involving academic clinical and the global development community much as occurred in the United States in the 1920's and 30's. Options for this development and planning will be outlined

Relevance of Disaster to People's Mental Health: Studies in the States and Japan

Chairs: Petros Levounis, M.D., M.A., Shigenobu Kanba

Presenters: Naoki Takamatsu, Masaharu Maeda

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the significance of psychological first aid tele-responsive mental health

to deal with a disaster situation; 2) Understand the role of tele-responsive mental health in dealing with a disaster situation; 3) Understand the relationship between addictive processes and a disaster situation; 4) Understand how best to deal with addictive processes; and 5) Understand the grave consequence of nuclear plant disaster.

SUMMARY:

Human science and technology have been rapidly progressing. However, it still can not prevent disasters in most areas, and in areas such as global warming, progress may have heightened the risk of catastrophe. Therefore, the importance of disaster psychiatry will rise and not diminish in the near future. In this symposium, the presenter will reflect on the efforts in the States and Japan. The audience will learn the principle of disaster psychiatry and how they can cope with the patients affected by disasters. Dr. Takamatsu will cover mental health issues arising from the COVID-19 pandemic and discuss the similarities between these issues and the phenomenology observed in general disaster psychiatry. The presentation will touch on the intervention techniques used in disaster psychiatry, such as the Psychological First Aid (PFA) and the RAPID PFA, and report findings of the online mental health care system (KOKOROBO), which was developed to provide services for people suffering from issues during the pandemic in Japan. Dr. Petros Levounis will discuss the implications of the disaster on addiction. We will explore our most updated understanding of the addictive process from a neurobiological perspective, developing substance use and behavioral addictions, new psychopharmacological innovations, and new psychosocial interventions with mindfulness and digital therapeutics emerging as promising alternatives to traditional psychotherapies. Dr. Masaharu Maeda will report the grave consequences of the 2011 Fukushima nuclear disaster, which caused more severe and long-lasting effects than the tsunami disaster. Dr. Maeda's report will include a range of evidence on the seriousness of Fukushima survivors' mental health situation, what kind of care has been provided, and what challenges remain today. The presentation will also explain what care is provided and what challenges remain.

Resilience and Wellbeing in Older Adults With Neuropsychiatric Disorders

Chair: Helen Lavretsky, M.D.

Presenters: Dilip V. Jeste, M.D., Feng Lin, Ph.D., R.N.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of the session, the participants will learn about cross-species models of emotional resilience and brain aging; 2) During this session participants will learn about neural substrates underlying emotional wellbeing and cognitive reserve in older adults; 3) The participants will learn to use mind-body therapies as resilience-enhancing interventions for mood and cognitive disorders in older adults; and 4) At the conclusion of this session, the participants will be able to apply their knowledge of assessment and enhancement of resilience and well-being at family and community levels.

SUMMARY:

Global population aging and the increasing burden and cost of physical and mental disorders in older adult underscore the need for more effective approaches for treatment and prevention of mental disorders, which could promote healthy and positive aging and independence in older adults. This session will focus on basic, translational, clinical, and community models of resilience and wellbeing in aging adults with neuropsychiatric disorders. Health promotion of emotional wellbeing and cognitive reserve can improve outcomes of mental and physical illnesses in older adults, and reduce the burden and cost of disease and disability for patients, caregivers, and the society. Recent mechanistic insights of neural emotional resilience networks from cross-species studies can promote understanding of the the targets for the interventions, as well as opportunities and challenges in research focused on emotional wellbeing and brain aging, presented by Dr Vankee Lin. Next, Dr. Helen Lavretsky will discuss the recent advances in the understanding of resilience and wellbeing in the context of aging, and will provide an update on resilience-building interventions using mind-body therapies in older adults with mood and cognitive disorders. Positive social determinants of

mental health such as resilience, compassion, and wisdom at family and community levels play an important role in improving well-being as well as overall health of older adults. Yet, these factors have received relatively little attention in clinical care. Dr. Dilip Jeste will present data-based information on assessment and promotion of these positive determinants, with recommendations for practice at both individual and public health levels. The final panel discussion will outline the directions for future translational research on wellbeing and resilience relevant for the clinical populations and for the implementation in the community-dwelling older adults.

Social Determinants, Public Policy, and Population Mental Health

Chair: Alexander Chung-Yu Tsai, M.D.

Presenters: Aderonke Olufunlola Pederson, M.D., Kevin Mauclair Simon, M.D., Anthony J. Carino, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Name specific structural and social determinants of population mental health in the U.S.; 2) Describe ways in which health, social, and economic policies can be deployed to protect the most vulnerable; and 3) Identify ways that individual clinicians can link their knowledge of structural and social determinants to improve the care of individual patients.

SUMMARY:

The United States is currently in the midst of a 40-year population health and mental health crisis, having long ago diverged from the population health trajectories of other high-income countries. Unprecedented socioeconomic and racial/ethnic disparities in population health and mental health decline are occurring in tandem with stagnating economic outcomes as well as spiking income and wealth inequality. The acute derangements brought about by the COVID-19 pandemic, and by the policy responses (and ineffective policy responses) to the pandemic, have been overlaid upon these chronic erosions of well-being. In many communities, these large-scale social forces have resulted in co-occurring epidemics of mental illness, infectious disease, and

psychosocial problems (also termed “syndemics”). The mental health trajectories of children, adolescents, and young people have followed a similar course. This symposium will explore the ‘upstream’ social and economic issues driving these trends in population mental health, including social policy, stigma, discrimination, racism, the housing crisis, and more. In discussing these manifold health crises, the speakers will draw from their clinical, research, programmatic, and policy work.

Technology-Assisted Treatment Interventions for Substance Use Disorders

Chair: Larissa J. Mooney, M.D.

Presenters: Lewei Lin, M.D., Aimee Campbell, Ph.D., Dawn Sugarman, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of this session, participants will be able to describe key changes in federal policies in the setting of COVID-19 and their impacts on SUD care utilization; 2) At the conclusion of this session, participants will be able to identify two barriers to substance use disorder treatment access in rural communities that may be addressed using telemedicine.; 3) At the conclusion of this session, participants will be able to describe adaptations in delivery of evidence-based behavioral treatment interventions for substance use disorders using smartphone apps.; and 4) At the conclusion of this session, participants will be able to recognize how digital interventions can be integrated into treatment to address the needs of women with substance use disorders..

SUMMARY:

Telehealth is a promising tool for treating substance use disorders (SUDs) and supporting recovery. Innovations in digital health, telemedicine, and other technology-assisted interventions have rapidly altered the SUD treatment landscape. Telehealth applied to SUD care has reduced barriers to services among individuals with limited access to traditionally delivered healthcare, increased efficiency of healthcare resource allocation, and extended care to communities that previously lacked specialty care resources. For example, smartphone apps have

proliferated in the SUD arena, some with research-based evidence for their ability to deliver services, including contingency management, cognitive behavioral therapy, and interactive therapeutic components. Disparities in access to telehealth remain, however; problems such as insufficient broadband, high cost of devices, discomfort with technology, and variations in regulations and reimbursement may hinder implementation and adoption of technology-based SUD services within communities that could benefit from these services. This symposium presents the scope of telehealth-based SUD treatments and describes their potential to augment existing evidence-based behavioral and pharmacological treatment interventions. Recent developments in technology-delivered SUD services, current gaps in the field, and areas for further research will be explored. Specifically, (1) Dr. Larissa Mooney will provide an introduction and overview of telehealth in SUD treatment and will describe barriers and implementation of telemedicine in rural settings as a means to expand access to medication treatment for opioid use disorder. (2) Dr. Lewei (Allison) Lin will review impacts of COVID-19 on SUD treatment via telehealth, regulatory and policy implications, and common clinical adaptations utilized during COVID-19 to deliver OUD and other SUD care via telemedicine. (3) Dr. Aimee Campbell will review use of digital technology in the treatment of SUDs and will describe findings from recent studies using smartphone- and tablet-based delivery of contingency management and adaptations to improve patient engagement. (4) Dr. Dawn Sugarman will then describe research that adapts digital interventions and integrates them into SUD treatment to tailor treatment and address the unique needs of women in SUD treatment.

Zoomers in Mind: Engaging the Youth Mental Health Crisis

Chair: Aaron J. Krasner, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At conclusion of this session, the participant will be able to characterize the proliferation of traumatic stresses for teens driven by macro level changes (e.g. technology/screens/social

media, s; 2) At conclusion of this session, the participant will be able to characterize define the impact of increasing adolescent stress as reflected in changing psychiatric epidemiological patterns, fragmen; and 3) At conclusion of this session, the participant will be able define a systematic approach to confronting the proliferation of adolescent stress and its sequelae including the expansion of the adol.

SUMMARY:

Adolescence is an inherently stressful epoch in which rapid maturational changes and related changes in roles, identity, and competencies challenge high functioning families under the best of circumstances. The COVID 19 pandemic, associated public policies limiting social engagement, and downstream effects on individual, family, and community function reflect the impact of isolation and sickness on the well being of teens in particular. This talk will first identify and characterize the complex amalgam of micro and macro societal changes that have increased adolescent stress before delving deeply into its impact on adolescent mental health, broken down according to specific disorders, syndromes, and outcomes. Careful consideration regarding the interplay between adolescent stress and family function affords greater insight into a trans-diagnostic, trans-theoretical construct, engagement, as an organizing principle behind systematic efforts to confront, and heal, the growing mental health crisis faced by Generation Z teens (Zoomers).

Tuesday, May 23, 2023

A Model for Carrying Out Low Cost Multicentric Studies: A Unique Research Model From India

Presenters: Vinay Kumar, M.D., Sandeep Grover, M.D., Om Prakash Singh, M.D., M.B.B.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To present a model of carrying out multicentric studies in a resource poor country like India.; 2) To present the information about the multicentric studies arising out of the low cost research model.; 3) To discuss the challenges faced and implications of carrying out the low cost multicentric studies.; and 4) At the end of the presentation, the participants can learn how to

develop research consortium of likeminded people to further research in mental health..

SUMMARY:

India is a resource poor country, both in terms of the funding and trained manpower to carry out mental health research. Due to this research is usually limited to few centres in the country and there is a dearth of studies in psychiatry involving multiple centres. The emerging research is usually of small sample size and due to which it is difficult to generalize the findings. Keeping this in mind Indian Psychiatric Society took the initiative of carrying out the multicentric studies. It constituted a research, education and training foundation with the aim of carrying out multicentric studies that would involve many researchers from the different parts of the country to generate large data sets that could be generalizable to the whole country and also with the aim of research capacity building. These studies were started with a low level of funding (total budget of 2000 to 6000 dollars). These multicentric studies have focused on various clinical and psychosocial aspects of different psychiatric disorders. However, conducting these multicentric studies has been challenging. The challenges involved selection of research questions that could be easily implemented across the different sites, selection of different study sites, issues related to the ethical clearance from the ethics committees of different sites, adaptation and translation of instruments in local languages to ensure consistency of data collection, coding and analysing the data. Over the years close to 15 studies have been supported by the Indian Psychiatric Society, results of which have been published in various journals. The whole experience of conducting such studies has been enriching and this can act as a model for other countries to adapt, to improve the mental health research.

Advancing Diversity, Equity and Inclusion in Psychiatry Research

Chairs: Jonathan E. Alpert, M.D., Ph.D., Carolyn Rodriguez, M.D., Ph.D.

Presenters: Christina Mangurian, M.D., M.A.S., Helena Hansen, M.D., Ph.D., Ayana Jordan, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the structural factors that have contributed to the under-representation of racial and ethnic minoritized investigators, other key stakeholders, and participants in psychiatry research; 2) Characterize the under-representation of racial and ethnic minoritized investigators, other key stakeholders and participants and its impact on psychiatry research.; and 3) Identify current and potential future approaches to advancing diversity, equity and inclusion in psychiatry research.

SUMMARY:

The status of the pipeline into psychiatric research of historically excluded investigators from racial and ethnic minoritized groups is dire and needs attention. The proportion of individuals from racial and ethnic minoritized groups entering academic psychiatry is widely divergent from the diversity of the communities we serve; the proportion of those who initiate and continue to pursue careers in psychiatric research is far smaller. Multiple factors are likely to contribute to the relative lack of diversity in the psychiatric research workforce including structural racism as evidenced by diminished access to early research training and opportunities, decreased access to federal funding, a lack of peer and senior mentors who are culturally informed, and interpersonal factors such as stereotype threats and microaggressions, along with community financial considerations. The relative paucity of psychiatry investigators from racial and ethnic minoritized groups is mirrored by the substantial under-representation of diverse participants and community stakeholder involvement in most psychiatric research, ranging from studies on biomarkers to those on the acceptability and effectiveness of most therapies. Awareness of a history of exploitation in biomedical research together with typically little or no involvement by community stakeholders and participants in the design phase of research and the formulation of meaningful research questions have often instilled skepticism and reluctance to participate. Stigma about mental health or psychiatric treatments within historically excluded communities may reinforce barriers to engagement along with deficits in the social determinants -- including financial, housing

and transportation barriers -- that impede access to health care more broadly. The lack of investigators who understand participants lived experiences, speak their language, or look like them further reinforces discomfort about research participation. As in other areas of society and academic medicine, greater focus on advancing diversity, equity, and inclusion in psychiatry research is crucial to ensuring the quality and relevance of our work and its potential for advancing the health and well-being of all communities. It is also critical to shedding light on the contributions of racism, differential access to healthcare, and other social, political, and economic factors when interpreting data related to race and ethnicity. In this session, we will focus on how the structural factors that contribute to under-representation of racial and ethnic minoritized investigators, other key stakeholders, and participants in psychiatric research have been perpetuated as well as the profoundly deleterious consequences of this under-representation. We will discuss promising avenues for advancing diversity, equity, and inclusion in our field.

**American Society of Hispanic Psychiatry:
Community Activities and Addressing the
Underrepresentation of Hispanic/Latinx Clinicians
and Investigators**

Chair: Juan Andres Gallego, M.D., M.S.

Presenters: Bernardo Ng, M.D., Ruby C. Castilla Puentes, M.D., Dr.P.H., Juan Andres Gallego, M.D., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe highlights in the history of ASHP; 2) Describe well-established ASHP initiatives aiming to educate Hispanic/Latinx communities in topics of mental health; and 3) Describe past and current efforts conducted by the ASHP to train early career Hispanic/Latinx investigators..

SUMMARY:

In the opening talk of this section, Dr. Bernardo Ng will describe the history of the The American Society of Hispanic Psychiatry (ASHP), It was founded in 1982, with Moises Gaviria as the first president

leading a group of Hispanic researchers, clinicians, and professors that worked across the nation, and remained in touch with colleagues in various countries of Latin America. This group set the society's tradition of creating a space for Hispanic psychiatry in the United States of America while staying connected with colleagues in the rest of the continent. Importantly, some of the past ASHP presidents have also been leaders at other societies, such as Carlos Zarate (ACNP), Maria Oquendo (APA), Mauricio Tohen (ISBD), Roberto Lewis Fernandez (WACP), among others. One of the goals of the society since its inception, has been to nurture the new generation of Hispanic psychiatrists. To accomplish this, the Don Quixote award was created under Dr. Ng's tenure to recognize young Hispanic/Latinx researchers in the field. Dr. Castilla-Puentes will be the second speaker in this session. In her role as immediate past President of the ASHP, she will describe well-stablished initiatives such as the the Lifetime Achievement Award and the book Quijotes de la Psiquiatria, which aims to recognize distinguished Hispanic/Latino professionals for their outstanding contributions to the field of Psychiatry and Mental Health. She will then describe important Community Activities and Initiatives. One of those, in partnership with La Casa de Don Pedro and the Hispanic Organization for Leadership and Achievement, an employee resource group of employees in Johnson and Johnson, seeks to educate Latinx/Hispanic communities in topics of Mental Health and to improve access and quality of mental health care for Latinxs. In the third talk of the session, Dr. Gallego will describe the current efforts being conducted by the society to train early career Hispanic/Latinx investigators to increase their representation in the research workforce. Dr. Gallego will start by describing the success of a prior mentoring program called Critical Research Issues in Latino Mental Health (CRH-LMH), which ran between 2002 and 2013. Dr. Gallego will then describe a new training program that utilizes the knowledge obtained from the CRI-LMH and the infrastructure provided by the AHSP annual meeting. This new meeting will be called: Critical Research issues in Latinx Mental Health/American Society of Hispanic Psychiatry (CRI-LMH/ASHP) and will be funded by NIMH and NIDA. The goal of this comprehensive program is to support 12 early career investigators

who will receive a stipend for travel and accommodations to attend the annual ASHP meeting, present their work and receive research mentoring from senior and accomplished investigators. Importantly, this program will be available not only to psychiatrists, but also to psychologists, social workers, neuroscientists, and other mental health disciplines.

Sounding the Alarm for Children's Mental Health

Presenters: Warren Y. K. Ng, M.D., Tami D. Benton, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the social determinants of mental health for youth and disparities among communities of color; 2) Acknowledge the most important elements of the current crisis in child and adolescent mental health; and 3) Identify the strategies in response to the youth mental health crisis.

SUMMARY:

The American Academy of Child and Adolescent Psychiatry in partnership with AAP and CHA declared a national state of emergency in child and adolescent mental health in October 2021. The COVID-19 pandemic worsened the past decade's silent youth mental health pandemic. With 1/5 children and adolescents living with behavioral and/or developmental disorders and fewer than half receiving any treatment, many youth suffered in silence. Suicide was already the second leading cause of death for youth 10-24 years of age. There has also been a disproportionate increase in black children dying from suicide at alarming rates. The COVID-19 pandemic exacerbated the social determinants of mental health and risk factors including family mental health and substance use issues, adverse childhood experiences, racial disparities, social isolation, trauma, food and housing insecurity, economic stress, and poverty. Youth and families of color are disproportionately impacted by the systemic and structural racism and inequities embedded within the systems of care meant to serve them. The syndemics of racism, COVID-19 and mental health created the perfect storm. During the

COVID-19 pandemic, children and adolescents went to emergency rooms in crisis. There was a 24% increase in emergency department visits for mental health conditions for children aged 5-11 and 31% increase for youth aged 12-17 years old. There was a 51% increase in adolescent females going to the emergency department with suspected suicidal behaviors. Youth arriving in crisis within emergency departments were presenting with increased severity, complexity and comorbidities. The existing system of care for youth mental health could not meet the rapidly increasing demands of the crisis. AACAP joined other organizations in endorsing the Child and Adolescent Mental and Behavioral Health Principles including: Prevention, Early Intervention, and Early Intervention; School Based Mental Health; Integration of Mental and Behavioral Health into Pediatric Primary Care; Child and Adolescent Mental and Behavioral Health Workforce; Insurance Coverage and Payment; Mental Health Parity; Telehealth; Infants, Children and Adolescents in Crisis; and Justice-involved Youth. Within each principle, the experience of ethnic minority, underserved, LGBTQ, justice-involved, child welfare-involved, and disabled youth should be highlighted. Working in partnership with government, communities and professional organizations, AACAP's child and adolescent psychiatrists have contributed to strategies such as integrated mental health services with pediatric providers, enhanced school based mental health, and coordinated crisis response services. Collaborations with youth, families and communities in advocacy has been key to continue transforming systems of care to serve all youth, families and communities with health equity and justice.

The Role of Community Psychiatry in Mental Health Systems of the Future

Presenter: Altha J. Stewart, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review history of psychiatry in US and understand how current care delivery systems evolved in an environment dominated by eurocentric models and a foundation of structural racism; 2) Demonstrate awareness of how

institutions can make changes to achieve health equity; and 3) Identify and address challenges in clinical care, education and research for increasingly diverse population.

SUMMARY:

The significant challenges facing mental health systems in the future include policy, funding and regulatory issues, workforce capacity and diversity, and achieving health equity and structural competency. These challenges will be met most effectively by reimagining how and where services are delivered and who will deliver them. As the nation becomes increasingly more dependent on publicly funded services, we are seeing that even those with income or private insurance find themselves relying on the public mental health system at some point. Families with members who are seriously mentally ill, young adults experiencing their first episode of psychiatric illness and dependent on their families for assistance and support, those unemployed or homeless, and dependent children all may find the only available help is in what we call the “public mental health” system. And while historically these were often considered substandard services, today they provide some of the most cutting-edge, patient-centered services available for many of these groups. The American Association for Community Psychiatry (AACP) and its members have been in the forefront of developing, testing, and promoting recovery-oriented services, inclusion of patient and family engagement and peer support in treatment models, and the use of consultation and collaboration strategies in working with communities and stakeholders on system transformation. Individually and collectively, we have advocated for system changes, integrating trauma-informed practices, and a commitment to a social just and an equitable mental health care delivery system. And as has been the case with previous significant changes in the mental health system, community psychiatry and those who identify as community psychiatrists will be at the forefront of this next wave of reform. This session will describe the work underway in AACP and our plans to assure that a comprehensive continuum of services will be available to meet the goal of a “mentally healthy nation for all”. Attendees will learn to learn effective strategies to navigate and lead

healthcare systems struggling with issues such as structural competency, mental health inequity, lack of workforce diversity, and effective community engagement as they work to provide the highest quality care for those persons from diverse backgrounds that present with psychiatric disorders, across multiple treatment and practice settings.

The War in Ukraine: Searching for Hope in the Ashes

Chair: Bennett L Leventhal, M.D.

Presenters: Afzal Javed, M.B.B.S., Robert van Voren, Ph.D., Irina Pinchuk, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Demonstrate how the Russian war in Ukraine is precipitating a global crisis affecting mental health and mental health systems in other countries; 2) Identify lessons that can be learned from this global medical, economic, political and moral crisis; 3) What are the roles of the PA as we face these moral and medical challenges?; 4) Help to understand the consequences of conflicts, traumas and war for mental health care services in Ukraine; and 5) Providing information to attendees about the war, efforts to support the professionals and services in Ukraine and Europe, as well as what other can do to help in this crisis.

SUMMARY:

Professor Leventhal will begin the session with a brief introduction about Ukraine, especially as it pertains to refugees, trauma, and access to mental health services. This will be followed by Professor Irina Pinchuk who will discuss the mental health impact of the Russian War in Ukraine and how this applies to conflicts around the world, including issues such as forced migration, disruption of energy and food resources, nuclear dangers, worldwide economic disruption and a moral and environmental

crisis. All of these contribute to unique experiences in Ukraine that lead to knowledge that is the foundation for working structures and curricula to educate the next generation of mental health professionals and support joint Initiatives to develop mental health systems in the Ukraine and around the world.

Professor Javed will speak for the World Psychiatric Association (WPA) which has condemned the Russian invasion of Ukraine, and expressed profound concerns about the current situation in Ukraine, especially attacks on civilian facilities, private residences, schools, and hospitals,

causing civilian casualties, including children, women, older persons, and persons with disabilities.

WPA is also planning training programmes for the Ukrainian mental health professionals

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elp from member societies, while also providing a program

for Ukrainian mental health professionals.

Finally, Professor van Voren will address the problems associated with the Russian's targeted disruption of health and mental health services in Ukraine that impact care and displace care of the refugees in Ukraine and those evacuees in Europe and beyond. While the psychological consequences of the Russian war will probably last for generations the "Human Rights in Mental Health - Federation Global Initiative on Psychiatry" (FGIP) is providing material aid to mental health care institutions (including generators, and other necessities) and offering psychological support

to the Ukrainian population, along with free counseling to First Line Responders, and the operation of a psychotrauma crisis center in Vilnius for the 70,000 Ukrainian refugees in Lithuania. These oral presentations will be supplemented by videos.

Wednesday, May 24, 2023

Collaborating With Compassion in Contemporary Medical Spaces: A Psychodynamic Seminar

Chair: Joanna E. Chambers, M.D.

Presenters: Joseph Rasimas, M.D., Danielle Patterson, M.D., Jeffrey W. Katzman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Recognize how collaborative care has changed in the field of medicine and the important role that psychiatry plays.; 2) 2. Understand how psychodynamic principles are useful in the collaboration with other providers to sustain more compassionate and patient-centered care.; 3) 3. Describe how psychodynamically informed care can help prevent burnout in all providers.; and 4) 4. Identify the psychodynamic concepts which are most useful in collaborative work with other providers..

SUMMARY:

Collaborative Care with other providers has increasingly become the way of the future for our field. The recent pandemic has further intensified the importance of the role of psychiatry as a collaborator with and advisor to the medical team. The ability to support other clinicians while providing compassionate care to patients is paramount. Furthermore, the demand for psychiatric expertise in a variety of settings, including inpatient medical settings, primary care clinics, outpatient specialty clinics has grown exponentially. The ability to provide psychiatric expertise is significantly enhanced through the understanding of psychodynamic principles by allowing the patient to be understood on a deeper level. Understanding patients through a psychodynamic lens allows treaters to establish a deeper and more meaningful connection with their patients, leading to improved outcomes and lower burnout. In this session, we will give three specific examples of collaborative care settings where

psychodynamics can be used to improve the care of patients and the overall experience of the treatment team.

Education: An Essential Component of Consultation-Liaison Psychiatry

Chair: Philip Aaron Bialer

Presenters: Scott Beach, Sandra Rackley, Nancy Byatt, D.O., M.B.A., M.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the conclusion of the session the participant will be able to identify the pros and cons of a CL Psychiatry rotation based in the intern year; 2) At the conclusion of the session the participant will be able to identify benefits of incorporating outpatient CL experiences in residency training.; 3) At the conclusion of the session the participant will be able to describe the impact of the COVID-19 pandemic on fellowship training and CME.; 4) At the conclusion of the session the participant will be able to identify how perinatal mood and anxiety disorders impact adverse maternal, infant and child outcomes.; and 5) At the conclusion of the session, the participant will be able to describe the effectiveness of a training program to improve the effectiveness of clinician communication with oncology patients.

SUMMARY:

Education plays an important role in Consultation-Liaison (C-L) Psychiatry. Whether it is educating medical students, residents, and fellows at our academic institutions, educating our non-psychiatrist colleagues, or educating the public about the neuropsychiatric manifestations of medical illness, education is integral to field of C-L Psychiatry. This symposium will look at the state of C-L training in Psychiatry Residency training by presenting the results of a large national survey. The survey found that, while overall time in CLP is increasing, nearly 20% of programs have moved CLP training earlier in residency. As a result, only 43.7% programs remain compliant with the 2014 ACLP recommendation to include some core CL training in the second half of residency, as compared with 61.4% programs in 2010, and over 1/5 of programs that participated in

the survey have some core CLP experiences in PGY-1. The popularity of outpatient CLP experiences has also increased, with over 20% of programs including an outpatient CLP experience for residents during training, and a variety of clinic types represented. Scott Beach, former Program Director of the MGH/McLean Adult Psychiatry Program and lead investigator on the survey, will provide an overview of the survey results. The COVID-19 pandemic markedly changed the training experience for many of our current residents and fellows, often with significant impacts on their skills and learning needs. Sandy Rackley will review what we know about how Psychiatry training was (and continues to be) impacted, and the implications for more effective fellowship and CME training in the coming years. Nancy Byatt will discuss how to build the capacity of obstetric settings to address perinatal mood and anxiety disorders. Perinatal mood and anxiety disorders affect one in five women. They increase the risk of adverse maternal, infant, and child outcomes and are a leading cause of maternal mortality in the United States. Recognizing that perinatal care providers are in an ideal position to intervene, professional societies, and policy makers recommend that mental health care be integrated into perinatal care. The presentation will review 1) how to build the capacity of obstetric practice settings to detect, assess, and treat perinatal mood and anxiety disorders, and 2) scalable models and tools for doing so. She will also provide actionable information, algorithms, and clinical pearls for how to support our obstetric colleagues in successfully integrating mental health care into perinatal care. Finally, Philip Bialer will present the work and effectiveness of a Communication Skills Training Program for oncology trainees at a major cancer center.

Late Breaking Advances in Research for Treatment-Resistant Depression

Chair: Madhukar H. Trivedi, M.D.

Presenters: Amit Anand, M.D., George Papakostas, M.D., Daphne Voineskos, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explain the comparative

effectiveness of ECT and ketamine for treatment-resistant depression.; 2) Describe a recently completed study comparing TMS and Abilify augmentation for adults with treatment-resistant depression.; and 3) Identify putative pathophysiological mechanisms of treatment-resistant depression..

SUMMARY:

This session will explore three late-breaking advances in research for treatment-resistant depression (TRD). **The ELEKT-D Trial Results – Dr. Amit Anand** We conducted the largest study to date to compare real-world effectiveness of Electroconvulsive therapy (ECT) vs. subanesthetic intravenous ketamine (KET) for Treatment Resistant Depression (TRD). **Method:** This study used a non-inferiority, open-label randomized design and enrolled N = 403 subjects from ECT clinic referrals across 5 sites. Patients received 3 weeks of treatment with either ECT (starting as right unilateral ultra-brief pulse with flexibility to change to bilateral) three times/week or KET (0.05 mg/kg over 40 minutes) two times week. Primary outcome measure was response to treatment (>50% decrease in the patient rated 16-item Quick Depression Inventory (QIDS-SR-16) score). After acute treatment, responders had a naturalistic follow-up over 6 months. **Results:** A total of 403 subjects were recruited (203 for ECT and 200 for KET). Results will be presented for the first time at the APA symposium. **Recent Findings From TRD Clinical Trials – Dr. Daphne Voineskos** There is substantial evidence that aberrant neurotransmission associated with glutamate and GABA underscores the pathophysiology of Major Depressive Disorder (MDD). Both GABA and glutamate appear to be more extensively dysfunctional in patients with treatment resistant depression (TRD). The aberrant activity in proportion to the level of refractory illness may represent an endophenotype of individuals with TRD. GABA, glutamate and their related cortical processes (inhibition and excitation) lend themselves to investigation as biomarkers of TRD and potentially to biomarkers of response of effective treatments. One powerful method of investigation is TMS-EEG, which can assess cortical inhibition, excitability, connectivity and plasticity in non-motor cortical regions, including the dorsolateral prefrontal cortex

(DLPFC). **The ASCERTAIN TRD Study – Dr. George Papakostas** Treatment-resistant depression (TRD) typically refers to the occurrence of an inadequate response following at least two adequate antidepressant treatments among patients with major depressive disorder (MDD). A particularly critical decision in everyday practice is choosing what to do next after antidepressant treatments have failed, and a large evidence gap exists with respect to this common clinical scenario. To date, aside from the atypical antipsychotic agents, repetitive transcranial magnetic stimulation (rTMS) represents the only other modality approved for use in MDD patients who have not responded to antidepressant therapy. The ASCERTAIN TRD study was designed to address these critical evidence gaps by comparing two popular treatments for patients with TRD: augmentation with atypical antipsychotics versus augmentation with rTMS, with switching to serotonin-norepinephrine reuptake inhibitors (SNRI). During this session, the results of this trial will be presented. Dr. Madhukar Trivedi will chair the session and serve as the discussant.

Psych Bites

Saturday, May 20, 2023

The Metastasis of Obesity to the Brain: Implications for Brain Health

Chair: Roger McIntyre

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To discuss the association between obesity and mental disorders; 2) To review and be familiar with a minimum of three mediators linking obesity to mental disorders; 3) To identify domains of psychopathology most associated with obesity; and 4) To discuss the effect of obesity treatments and management on brain function and mental disorders.

SUMMARY:

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glucagon-like peptide 1 (GLP-1) receptor systems as possibly therapeutic interventions in obesity as well as brain-based disorders such as depression and bipolar disorder.

Sunday, May 21, 2023

Chatbots and AI Oh My!

Presenter: Steven Richard Chan, M.D., M.B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify barriers to care, including health service delivery issues; 2) Apply quality improvement strategies to improve clinical care; and 3) Provide culturally competent care for diverse populations.

SUMMARY:

Chatbots and artificial intelligence applications are transforming the way we live and work. How can we harness these to help those with mental health conditions — and empower psychiatrists and mental health clinicians? And what issues should we be concerned about — including ethics, privacy, and safety? Steven Chan MD, a Stanford Medicine faculty and psychiatrist who subspecializes in clinical informatics and addiction medicine, discusses the implications of these technologies on the way we practice psychiatry.

Monday, May 22, 2023

Leadership Is a Journey: Reflections on the Road to APA's Presidency

Presenter: Rebecca Brendel, M.D., J.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Develop unique skills psychiatrists bring to leadership positions; 2) Apply quality improvement strategies to improve clinical care; and 3) Provide culturally competent care for diverse populations.

SUMMARY:

What does it take to lead a national organization like APA? In this Psych Bites talk, APA President Dr.

Rebecca Brendel will reflect on her own leadership journey, including some key developmental challenges, why she decided to become active in organized psychiatry and medicine, lessons learned along the way, and some of the unique skills psychiatrists bring to leadership. If you have ever wondered what it is like to be president of APA, now is your chance to find out!

Tuesday, May 23, 2023

e-Professionalism: Technology as a Double Edged Sword

Chair: Sandra M. DeJong, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Briefly describe the rise of technology use in psychiatry and why e-professionalism became a concern.; 2) Identify potential professionalism pitfalls in the use of technology and how to avoid them.; 3) Identify ways in which technology may enhance psychiatric practice when used professionally.; and 4) Outline some overarching ethical questions relevant to working with patients in the digital age..

SUMMARY:

The digital revolution has transformed psychiatric practice resulting in new “e-professionalism” concerns. Professionalism breaches by physicians online have resulted in multiple bad outcomes, including loss of license for the provider. No single set of standards exists to guide psychiatrists in how to conduct themselves professionally when using digital technology. In the United States, physicians have been expected to monitor their own profession.

The digital revolution has transformed psychiatric practice resulting in new “e-professionalism” concerns. Professionalism breaches by physicians online have resulted in multiple bad outcomes, including loss of license for the provider. No single set of standards exists to guide psychiatrists in how to conduct themselves professionally when using digital technology. In the United States, physicians have been expected to monitor their own profession.

This session will briefly outline the history of how technology has been integrated into psychiatric practice, emphasizing both the benefits and the risks of doing so. Drawing upon the work of the AADPRT Professionalism and the Internet Taskforce and a professionalism/legal/ethical framework, it will illustrate the types of e-professionalism concerns that can arise in practice and offer an approach for mitigating and avoiding them. Compliance with professionalism standards and competence in using technology will both be emphasized.

Finally, the overarching ethical issues and unintended consequences around technology will be explored with an eye to a more intentional use of technology, including Artificial Intelligence, in the future.

Wednesday, May 24, 2023

Psych Bites: Physician Ratings

Chair: John Luo, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) recognize the impact of physician ratings on professional reputation; 2) mitigate negative reviews with appropriate

strategies; and 3) incorporate strategies to enhance privacy of information which impacts reputation.

SUMMARY:

Online physician reviews have opened up the proverbial 'can of worms' with regards to professional reputation. In this Psych Bites, strategies for mitigating the impact of negative reviews will be discussed and debated. Similarly, professional and personal information online have a serious impact on privacy. Tactics to restore some privacy online will be reviewed with session participants.