AMERICAN
PSYCHIATRIC
ASSOCIATION

ANNUAL MEETING

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Syllabus & Proceedings

#APAAM21

General Sessions

Saturday, May 01, 2021

A New Narrative for Behavioral Health: Eliminating Defects and Promoting Value
Chair: Patrick S. Runnels, M.D.
Presenters: Heather M. Wobbe, D.O., M.B.A., Jeanne M. Lackamp, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Define defect-free behavioral healthcare; 2) Define key leadership principles to promote value in behavioral health; 3) Discuss and debate process and outcome metrics opportunities; 4) Identify Structural Metrics that need to be put into place to capture value; 5) Consider barriers to taking a value-based approach to Behavioral Health.

SUMMARY:
The past ten years has seen significant growth and evolution in value-based payment models, many ushered in by initiatives contained in the Affordable Care Act (ACA) and expanded upon by subsequent legislation and policy at the Federal and State level. Despite the accumulation of evidence supporting a growing number of quality measures, behavioral health care has lagged behind other health disciplines both in utilizing system-wide metrics to guide evidence-based care and in adequately distributing data to frontline clinicians for use in supporting quality improvement and enhancing value. In order to improve value, systems should seek to eliminate defects in behavioral healthcare. A defect framework should have three parts: creating and promoting a vision for defect-free care, designing analytics to guide how care should be delivered, and then making defects that impede expected outcomes visible and improving them. To carry out these tasks, leadership must support culture change across the entire continuum of care to both break down silos and enhance value. At the same time, frontline clinicians must embrace the role of system engineer to shepherd this process. An ideal system should work to not only help people get better from acute illness, but also manage chronic disease effectively (get well) and establish preventative care wherever possible (stay well).

Advancing Ethics and Equity in Psychiatry: Perspectives From the Royal College of Psychiatrists
Chair: Saul Levin, M.D., M.P.A.
Presenters: Adrian James, M.D., Gertrude Seneviratne, M.B.B.S., Wendy Katherine Burn, M.D., Kate Lovett, M.D., Paul Rees

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.; 3) Describe the utility of psychotherapeutic and pharmacological treatment options.; 4) Integrate knowledge of current psychiatry into discussions with patients.; 5) Identify barriers to care, including health service delivery issues..

SUMMARY:
In recent years, examples have occurred of psychiatrists and psychiatric bodies involving themselves with local processes of reconciliation as well as in advocacy for the rights of mental health and psychiatric care users. The RCPsych's Professional Practice and Ethics Committee has developed a guide for psychiatrists, and the Royal College of Psychiatrists is also working with the UK government to change mental health policies in order to improve the rights of mental health patients. Presentations in this session will address psychiatrists' and Psychiatry's role and responsibility in the process of preventing and engaging with current, as well as remembering and reconciling past, human rights abuses in mental health and in the community.

At the Interface of Science and Society: Integrating Neuroscience Into Modern Psychiatry
Chair: David Ross, M.D.
Presenters: Melissa Arbuckle, M.D., Ph.D., Joseph Cooper, M.D., Michael Travis, M.D., Ashley E. Walker, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Appreciate the relevance of

cutting-edge neuroscience to the future of psychiatry; 2) Describe different approaches for integrating neuroscience education into classroom teaching, clinical settings, and for self-study; 3) Describe key neurobiological findings relating to a selected clinical topic.

SUMMARY:

Psychiatry is in the midst of a paradigm shift. While the diseases we treat are increasingly understood in terms of the complex interactions between genetic and environmental factors and the development and regulation of neural circuitry, most psychiatrists have relatively minimal knowledge of neuroscience. This may be due to many factors, including the difficulty of keeping pace with a rapidly advancing field and a relative dearth of accessible educational resources. Nonetheless, it is crucial that practicing clinicians learn to embrace a modern neuroscience perspective. New research is already translating into a range of immediate clinical applications: from improved diagnostic tests (e.g. via chromosomal microarray testing for Autism Spectrum Disorders) to new medications (e.g. brexanolone for post-partum depression) and interventional approaches (e.g. deep brain stimulation for obsessive-compulsive disorder). A neuroscience perspective can also offer insight into some of the most important contemporary societal issues – such as the impact of police violence on communities of color and other forms of structural racism. In this session we will briefly review findings that highlight the importance of integrating a neuroscience perspective into modern clinical care. We will then offer an individualized educational activity that illustrates a contemporary approach to online learning and introduces a framework for ongoing engagement with cutting-edge neuroscience.

Bright Light Therapy for Treatment of Bipolar Disorder

Presenter: Dorothy Sit, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss the known and novel clinical indications of bright light therapy particularly for treatment of SAD, non-seasonal MDD, perinatal depression and sleep/wake phase disorders.; 2) Examine outcome measures of LT response that are relevant to patients with BD, remission rate, depression scores, functioning, sleep quality, chronotype, seasonality, functioning and polarity switch.; 3) Explore putative novel visual and neural biomarkers of response to bright light therapy.; 4) Discuss approaches in the management of antidepressant therapy in perinatal women, given the study findings on changes in antidepressant concentration across pregnancy and postpartum.; 5) Reflections on a rewarding career path in psychiatry: pursuits in research, clinical care, education and the advocacy of women's mental health..

SUMMARY:

Patients with bipolar disorder (BD) often have major depressive episodes and residual symptoms. Antimanic drugs improve depressive symptoms in only one-third of patients. Antidepressant therapy pose risks for hypomania and rapid cycling. Given the limited options, developing new treatments for bipolar depression is a high-priority concern. Bright light therapy (LT) is a circadian based intervention that can improve mood symptoms even in cases in which disruption in circadian rhythms is not the primary cause. We conducted a dose-finding, preliminary safety and efficacy study of morning LT in women with stable bipolar depression. Unexpectedly, morning LT induced hypomania in 3 of 4 patients. A careful literature review and consultation with experts informed our decision to adjust the protocol and implement LT at midday. Three of 5 subsequent patients reported a full response and one responded fully after transitioning to morning light. Building on our findings, we conducted a 6-week placebo controlled RCT to confirm the efficacy of adjunctive midday bright LT for bipolar depression. In the first part of the talk, I will address 3 objectives: 1, Discuss the known and novel clinical indications of bright LT particularly for treatment of SAD, non-seasonal MDD, perinatal depression and sleep/wake phase disorders. 2. Examine outcome measures of LT response that are relevant to patients with BD, remission rate, depression scores, functioning, sleep quality, chronotype, seasonality, functioning and mood polarity switch. 3. Explore putative novel visual and neural biomarkers of response to bright LT. The focus of my research encompasses studies of the

phenomenology, pathophysiology and pharmacologic responses in women across the life cycle. I have contributed studies on changes in antidepressant concentrations across pregnancy. These studies illustrated that the mean plasma concentration-to-dose (C/D) ratios for sertraline, fluoxetine (FLX) and Citalopram / escitalopram (CIT/esCIT) decrease in the second and third trimesters, presumably from hepatic metabolism induction. In pregnant women treated with CIT, the parent drug and metabolite decreased between 20 weeks gestation and delivery and returned to baseline at 12 weeks postpartum. The significant negative relationship between depression scores and dose-corrected S-FLX (P=0.008) and chiral parent drug concentrations (S-FLX + R-FLX; P= 0.021) suggest a need for increased dosing as concentrations diminish in the 2nd half of pregnancy. These findings have shaped recent changes in clinical practice and informed the development of advanced pharmacokinetic studies of antidepressants in pregnancy. Objective 4. Discuss approaches in the management of antidepressant therapy in perinatal women, given our study findings. Objective 5. Reflections on a career path in psychiatry: pursuits in research, clinical care, education and the advocacy of women's mental health.

Cognitive-Behavior Therapy for Reducing Suicide Risk

Chair: Donna Sudak, M.D.

Presenters: Jesse H. Wright, M.D., Judith Beck, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Assess and modify hopelessness and suicidal thinking with CBT principles; 2) Describe research that supports CBT for reducing suicide risk; 3) 3. Implement CBT-oriented safety plans with at-risk patients.

SUMMARY:

CBT approaches to the suicidal patient have been proven to reduce rates of future attempts. 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. Then 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 safety planning in a depressed patient.

Dieting to Win, Be Thin, and Feel Comfortable in My Own Skin: Disordered Eating in Athletes

Chair: Ryley Paul Mancine

Presenters: Samantha F. Kennedy, D.O., Shea D. Repins

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the signs and symptoms of disordered eating, including those of which may be most concerning.; 2) Recognize the epidemiology of disordered eating behaviors in athletes, and subsequently be able to identify patients who are at the highest risk.; 3) Identify methods which can be utilized within the community to recognize and potentially reduce disordered eating behavior.; 4) Describe the developing research from Michigan State University – the Disordered Eating Screen for Athletes (DESA-6) – and know how it can be used to identify disordered eating quickly.; 5) Exercise intervening and providing nutritional counseling to simulated clinical case patients, which can then be implemented into a physicians' practice..

SUMMARY:

Disordered eating (DE), a subclinical spectrum of eating disorders, has a dramatically increased prevalence in athletes. It has been linked to stress fracture, menstrual cycle dysfunction, and mood disturbances and is a major component of both the Female Athlete Triad and Relative Energy Deficiency in Sport (RED-S) syndrome. DE may progress to a clinical eating disorder (ED), which has one of the highest mortality rates of all mental illnesses. An extremely large number of athletes are at risk for the development of DE, including adolescents, young adults, college athletes, and professionals. Individuals participating in lean-type sports may be at an even higher risk. Though many athletes develop disordered eating in an attempt to increase performance within their sport, in reality DE is linked with decreased athletic achievement. DE is

subsequently associated with a prolonged return-to-play duration. Luckily, there are methods to which DE can be identified and strategies which have been shown to be protective against the development of DE. For example, coaches have the opportunity to encourage protective behaviors (such as motivation or enthusiasm) rather than focusing on shape or weight. Nutritional counseling for athletes has also shown to be effective in halting the progression from DE to ED. If mental health professionals and general physicians were able to provide actionable changes, such as nutritional counseling and small environmental modifications, individuals with DE would potentially have a lower risk of progressing to deadly EDs. Additionally, recent research from our lab at Michigan State University has been directed at developing the Disordered Eating Screen for Athletes (DESA-6), which would serve as a much more rapid, easy, and cheap way of identifying DE. In adolescent populations, the DESA-6 has shown an area under the ROC curve (AUC) of 0.892, a sensitivity of 92.00%, and a specificity of 85.96% with a sample size of 308 initial participants. During our session, we will provide participants with an audio-visual infographic regarding the demographics and epidemiology of DE, provide sample cases of individuals struggling with DE behaviors, and engage in small group sessions where we encourage teams to come up with "next steps" regarding nutritional counseling and DE intervention.

Educating and Supporting the Mental Health Workforce

Chairs: Anita Everett, M.D., Humberto Carvalho, M.P.H.

Presenters: Tristan Gorrindo, M.D., Amy Cohen, Ph.D., Heather Gotham, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explore the framework of SAMHSA's current TA and training initiatives, their areas of focus, what they can provide to whom, how they work synergistically, and the organizations that lead them.; 2) Identify resources within these initiatives which can assist clinicians in the implementation of evidence-based practices.; 3) Understand the difference between the current approach and SAMHSA's previous TA approach and the current expansion of TA and training through numerous initiatives..

SUMMARY:

Educating and supporting the mental health workforce is a challenge that has only increased as the workforce shrinks and new methods are required by the "new normal." SAMHSA supports initiatives that provide ongoing, free support of the workforce that can be useful to junior and senior clinicians. The Centers work to accelerate the adoption and implementation of evidence-based practices in mental health services across our nation; foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services; and ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field. This session will provide an overview of the resources available and highlight two Centers: The Mental Health Technology Transfer Centers and SMI Adviser.

Empathy, Therapeutic Rapport, and Military Service: How Our Personal Journey Into Psychiatry Impacts Our Practice

Chair: Jerry Trotter, M.D.

Presenters: Hamid R. Tavakoli, M.D., Eric Luehrs, M.D., Johnathan Heller, M.D., Matthew McGirr, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Appreciate how physician experiences impact therapeutic rapport; 2) Apply psychological principles to engaging with special populations, such as veterans; 3) Gain insight into the impact prior combat exposure has on mental health engagement; 4) Appreciate the role previous military service may play in developing a therapeutic alliance; 5) Develop and incorporate military-specific knowledge to enhance patient buy-in to treatment of patients with military history, effecting improved treatment compliance and quality outcomes..

SUMMARY:

Meet the patient where they are. A common refrain in the discussion of therapeutic interventions, especially in mental health, which takes on special

significance in the treatment of patients with military service history. Psychiatrists, psychologists, and allied providers may perceive their lack of military experience as creating a barrier to providing optimal patient-centered care. Patients report baseline assumptions that their providers will neither understand, nor value their military experiences. At the nexus of these assumptions, building a therapeutic alliance can be difficult and patients may choose not to follow-up despite recommendations for evidence-based care. A hallmark of successful mental health delivery is closing this gap and establishing genuine, intimate communication, underscored by empathy both offered by the provider and recognized by the patient. While a core feature of evidence-based treatment for most psychiatric morbidity includes highly standardized, templated psychotherapy, we must always ask if previous research results are generalizable to our treatment population. In treating military-affiliated patients including their family members, the ability to personally relate to wartime and deployment experiences based on military service prior to becoming a physician provides an inherent sub-cultural keystone to the therapeutic alliance, providing emotional validation through knowledge and experience. The intensity of the military camaraderie assumed by many patients implies a seemingly automatic assumption of meeting the goals of each of Kohut's three identified self-object needs; the prior-military physician in speaking with a veteran assumes the role of an idealized veteran, one who offers kinship while representing a role model, having become a physician as our patients perceive it in spite of, though perhaps actually because of the challenges of military service. Rather than avoiding the unknowns of military-related patient scenarios, participants in this session will learn to more confidently address this subset of patients through a presentation of cases highlighting challenges and accommodating techniques utilized. Participants will further gain improved understanding of their colleagues with military experience, in part to dispel common misconceptions. Additionally, participants will have the opportunity to reflect on their own experiences within a framework of refreshing their motivations for practice and better understanding their approach to patient care. After case highlights and discussion, participants will be afforded an opportunity to speak with wartime veterans who later became mental health professionals to explore specific topics in greater detail. The speaker session will include military psychiatry senior residents with prior combat experience and the lead consult-liaison psychiatrist from one of the military's largest teaching hospitals.

Enhancing Use of the DSM-5 Outline for Cultural Formulation: Linking Social Determinants of Mental Health to Structural Competency Through V Codes
Chair: Francis G. Lu, M.D.
Presenters: Helena Hansen, M.D., Ph.D., Lise Van Susteren, M.D., Merrill Rotter, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand the use of the DSM-5 Outline for Cultural Formulation as a method of scanning for social determinants of mental health (Part C).; 2) Understand the use of the DSM-5 Outline for Cultural Formulation as a method of linking social determinants of mental health to V codes (Part E).; 3) Understand the use of the DSM-5 Outline for Cultural Formulation as a method of using V codes as part of the diagnosis to activate structural competency methods in the treatment plan (Part E).; 4) Understand how a system of care (New York State Office of Mental Health) has begun to influence use of the social determinants of mental health to improve diagnosis and treatment planning..

SUMMARY:
Clinicians are increasingly called upon to incorporate social determinants of health/mental health in their formulation and treatment planning to prevent misdiagnosis and mistreatment so as to provide optimal clinical care (Holmes, 2020). This attention is also driven by fiscal and public health priorities as well as considerations of health equity and social justice. This general session equips clinicians to enhance their use of the DSM-5 Outline for Cultural Formulation by linking social determinants of mental health to structural competency in the treatment plan by greater use of V codes that can be part of the medical record. First straw polling will be used at the start of the session to assess participants'

knowledge of these concepts. Second, a didactic lecture will outline how these major concepts can be synergistically linked through the DSM-5 Outline for Cultural Formulation. Brief case presentations involving two social determinants of mental health—discrimination (Hansen, 2018) and climate change (Dumont, 2020)—will illustrate the value of routinely assessing for social determinants of mental health as part of the use of DSM-5 Outline for Cultural Formulation to include appropriate V codes so that structural competency (Hansen, 2018) can be activated as part of the treatment plan. Finally, a brief didactic lecture will present how the New York State Office of Mental Health, one of the most complex in the country, has begun to influence policy and program at the statewide and local level to address social determinants for both individual clients and the community-at-large (Rotter, 2020). Panel discussion with the participants will address questions and comments. The DSM-5 Outline for Cultural Formulation provides clinicians with a clinical tool for assessing information about cultural features of an individual's mental health problems and how it relates to a social and cultural context and history. Part C entitled "Psychosocial stressors and cultural features of vulnerability and resilience" asks the clinician to "Identify key stressors and supports in the individual's social environment (which may include both local and distant events)…" which include the social determinants of mental health. Part E entitled "Overall cultural assessment" asks the clinician to "Summarize the implications of the components of the cultural formulation… for diagnosis and other clinically relevant issues or problems" that are the V codesdescribed in DSM-5 as "other conditions and problems that may be a focus of clinical attention." Relevant to the social determinant of mental health of discrimination is "V62.4 Target of (Perceived) Adverse Discrimination or Persecution" and for climate change, "V62.89 Other Problem Related to Psychosocial Circumstances." Through increased use of these V codes, the social determinants of mental health will be included in the diagnosis so they can be addressed in the treatment plan through structural competency methods.

Equity and Building an Interventional Treatment Decision Tree

Chair: Ramotse Saunders, M.D.
Presenters: Tobias Marton, M.D., Ph.D., Robert Estrada, M.D., Richard A. Bermudes, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe the evidence supporting transcranial magnetic stimulation in the treatment of major depressive disorder; 2) Describe the evidence supporting electroconvulsive therapy in the treatment of major depressive disorder; 3) Describe the evidence supporting ketamine in the treatment of major depressive disorder; 4) Appraise patient-selection criteria, and propose timing of a particular interventional approach; 5) Discuss access limitations to interventional psychiatry treatments.

SUMMARY:
A sizeable proportion of patients with major depressive disorder do not achieve an adequate response with pharmacotherapy. For the Treatment-resistant depression population, a number of FDA-approved/cleared alternatives now exist, including Electroconvulsive therapy (ECT), Transcranial Magnetic Stimulation (TMS), and Ketamine-based treatments. As a result, These options engender clinical dilemmas: While consensus guidelines exist which should ideally be a next-step treatment, and in which patient? Can they be combined? Are there predictive phenotypes? What about clinically-available biomarkers? Are there age and gender considerations? What about response, efficacy and durability? There is also the access dilemma: Which of these treatments can my patient afford? This presentation will begin with concise overviews of these modalities, putative mechanisms of action, and their clinical indications. Short didactics will be used to provide a high-yield review of key publications relevant to each modality. Case examples will highlight clinical phenotypes and treatment 'red flags'. With each of these modalities, there is a compromise between beneficial effects and tolerability. A proposed interventional treatment algorithm (decision tree) will be presented. Combination therapy will be discussed. The faculty will then present data as well as experience-based vignettes on access and access challenges across treatment systems including university-based, VA-based, private sector and public

sector. Models of public/private partnership will be explored. The effects of equity issues on the treatment algorithm will be discussed. This will include multifactorial contributors to disparate access to care, system-of-care barriers, and patient-related concerns. Our faculty bring considerable experience in all of the aforementioned modalities and work in the aforementioned clinical contexts. Additionally there is expertise in clinical, research ethics, and neuroethics. At the conclusion of the session, practitioners will have increased insight into the appropriateness of a particular interventional approach. Attendees will acquire tools with which they can make evidence-based interventional treatment choices for TRD. They will also be conversant with regard to access challenges, and oriented toward potential workarounds.

Equity, Ethics, and Future Directions in Telepsychiatry

Chair: Avrim B. Fishkind, M.D.
Presenters: Avrim B. Fishkind, M.D., Gonzalo J. Perez-Garcia, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize inequities in the delivery of telepsychiatry; 2) Define ethical challenges in telepsychiatry; 3) Identify future areas of expansion in the use of technology in psychiatry.

SUMMARY:

This session will provide an overview of three topics in telepsychiatry in the changing landscape of the Covid Pandemic and growing acceptance of telepsychiatry as the norm. As clinicians seek to more quickly offer remote visits, it is imperative that they be aware of the issues of equity, ethics and technological advancement in the field. Telepsychiatry continues to offer great opportunity for psychiatry to expand it's importance throughout integrative care and geographical territory.

Ethical Dilemmas in Psychiatric Practice

Chair: Rebecca Brendel, M.D., J.D.
Presenters: Charles Dike, Daniel J. Anzia, M.D., Tia Patricia Powell, M.D., Philip Candilis, M.D., Richard P. Martinez, 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 the roles and functions of the APA Ethics Committee.; 2) At the end of this session, participants will understand how to identify and address the ethical issues raised by participant case presentations and questions.; 3) At the end of this session, participants will gain appreciation of central 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 ethics complaints.

Ethnopsychopharmacology

Chair: William Bradford Lawson, M.D., Ph.D.
Presenters: Daniel Y. Cho, M.D., Rahn K. Bailey, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognizing the biologic and social determinants in ethnopsychopharmacology; 2) Understanding there are ethnic differences in psychopharmacologic drug metabolism; 3) Realizing that special care must be taken with side effect profiles when different ethnic groups are considered; 4) Acknowledging the disparity in minority groups in relation to, access to care, and stigma involved in seeking care and psychopharmacologic treatment.

SUMMARY:

In this presentation, we will discuss the factors in which ethnicity plays a role in psychiatric

pharmacological treatment. It is important to be aware of these points as they affect patient outcomes for these specific groups. Today we will be focusing on the biological considerations, as they relate to the pharmacokinetics and pharmacodynamics of various medications. Furthermore, the panel will touch upon the cultural and social factors that contribute to varied clinical outcomes of ethnic populations. The audience will be informed of the mechanisms that underlie dissimilar reactions in different racial groups. For instance, there are Ethnic differences in allele expression of subsets of cytochrome P450. This encompasses enzyme inhibition, induction, genetic polymorphism or duplication in coding regions of these enzymes; both psychotropic and non-psychotropic medications may be metabolized at different rates in different ethnicities. Speakers will explore the different comorbidities that are seen in certain minority populations including African Americans, Hispanic Americans and Asian Americans. These predispositions must be taken into consideration when choosing the optimum antipsychotic to administer to minority groups. The speaker will then consider cultural-economic differences in relation to how mental health and psychopharmacology is viewed. It has been shown that different ethnic groups in the United states have varying attitudes towards seeking psychiatric care and starting psychopharmacologic treatment. In this session we will also highlight the misconceptions and stigma maintained by various minority populations. The panel will speak on access to care and how that contributes to African Americans and Hispanics having longer courses and greater disabilities as a result of their mental illness. We will numerate the current practices that are employed, and how we can continue to rectify some disadvantages that different ethnic populations face in regard to psychopharmacologic treatment.

Harnessing Digital Technology to Bring About Long-Term Recovery in First Episode Psychosis
Chair: Mario Alvarez-Jimenez, Ph.D.
Discussants: Tristan Gorrindo, M.D., John Torous, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Summarize the state of the early psychosis field in terms of effective interventions/services promoting long-term recovery.; 2) 2. Describe new models of digital interventions designed to be linked to clinical services.; 3) 3. Identify the pitfalls of existing online mental health interventions..

SUMMARY:
Sustained social and vocational recovery are the ultimate goals of first episode psychosis (FEP) services and the most valued outcome by young people and their families. Yet, follow-up studies have indicated that treatment benefits of early psychosis services are not sustained and therefore functional and social recovery is often not fully realised. The recognition of these limitations has brought about a renewed focus on treatment approaches focused on improving long-term recovery from early psychosis. Along with studies evaluating psychosocial interventions focused on preventing relapse and fostering social and vocational recovery, three recent clinical trials have evaluated the effects of extending the duration of specialist support, with mixed findings. Recent psychological models have proposed self-efficacy, intrinsic motivation and positive emotions as important targets to promote social functioning in psychosis. Strengths- and mindfulness-based interventions have been put forward as key interventions, with preliminary studies supporting their potential to improve social functioning in psychosis. Similarly, self-determination theory posits that interventions addressing the basic psychological needs of competence, autonomy and relatedness will increase engagement and improve overall functioning. A promising and potentially cost-effective alternative to extending the duration of specialist FEP services is to provide lower intensity, maintenance treatment following the initial 2 years of specialist support. Online, mobile and social media-based interventions provide a novel avenue to offer young people lower intensity, effective, sustainable and scalable support beyond discharge from specialist FEP services. Drawing on our previous interventions in preventing relapse and improving vocational attainment in FEP, combined with novel approaches to social recovery (strengths and

mindfulness-based approaches) and the principles of self-determination theory, our team developed a world-first digital intervention (Horyzons) designed to foster long-term recovery in FEP. Horyzons blends evidence-based models of social functioning, relapse prevention and vocational recovery in a wrap-around social media therapeutic environment supported by peer workers as well as clinical and vocational professionals. The effectiveness of Horyzons has been examined via a single-blind randomised controlled trial (RCT) designed to test whether treatment with both Horyzons and treatment as usual (TAU) for 18 months was more effective than TAU alone. Horyzons was effective in fostering vocational and educational attainment and reducing utilization of emergency services in young people with FEP over 18-month follow-up. Horyzons was appealing for young people, with almost 50% of participants logging on for at least 9 months. The implications for the field will be presented and discussed followed by a roundtable discussion of technology and serious mental illness

John Fryer, M.D. American Civil Rights Icon: How the APA Bent the Arc of Justice
Introduction: Saul Levin, M.D., M.P.A.
Presenter: Malcolm Lazin, J.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.; 3) Describe the utility of psychotherapeutic and pharmacological treatment options.

SUMMARY:
Starting in 1952, DSM-I listed homosexuality as a mental disorder. Treatments included electric shock therapy, mental institutionalization and lobotomies, among others. The designation was used to buttress homophobic statutes and regulations. Most states would not license a homosexual to practice medicine. Homosexual psychiatry residents feared disclosing their sexual orientation to their psychoanalysts. The 1972 Annual Meeting included "Should Homosexuality Be in the APA Nomenclature?". This controversial and well attended panel included John Fryer with the pseudonym Dr. Henry Anonymous, disguised in a mask and using a voice modulator. His riveting testimony started a process that resulted in member approved DSM change. The lecture is a history of one of the most remarkable chapters in psychiatric and American civil rights history

Ketamine for Depression: Is the Hype Holding Up? Mechanisms and Evidence
Presenter: Richard C. Shelton, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Have a deeper understanding of the basic pathophysiology of depression and how this is addressed by ketamine; 2) Articulate a clear understanding of the clinical trial evidence for both ketamine and intranasal esketamine; 3) Understand the risks and side effects of ketamine and esketamine treatment and will be able to describe them accurately and thoroughly to their patients; 4) Understand the place of esketamine therapy among other neuromodulation approaches such as ECT and rTMS; 5) Articulate the limitations of ketamine treatment and controversies surrounding it.

SUMMARY:
At least one third of patients with major depressive disorder do not experience adequate response to several rounds of antidepressant therapy, and a core 20% fail to respond to available antidepressants and evidence-based psychotherapies. Advanced neuromodulation approaches have been developed including repetitive transcranial magnetic stimulation and vagal nerve stimulation, but all have significant limitations. Ketamine, a dissociative anesthetic that has been available in the US since 1970, has been developed as a novel antidepressant for difficult to treat depression (DTD) and major depressive disorder with suicidal ideation (MDDSI) over the last 15 years. Following early studies by Drs. Robert Berman and colleagues at Yale University and Carlos Zarate and collaborators at the intramural program of the NIMH, evidence of the effectiveness of IV ketamine and, later, an intranasal form of the S(+)-enantiomer of ketamine called esketamine has steadily accumulated. This culminated in the approval of esketamine (SpravatoTM) for DTD in 2019 and MDDSI in 2020. Ketamine and esketamine

have been among the most “rationally developed” medications in Psychiatry, in that they target one of the putative underlying pathophysiological mechanisms underlying depression, neuroplasticity. This presentation will review the clinical data in support of the effectiveness of ketamine and esketamine for DTD and MDDSI; the limitations, adverse effects, and controversies surrounding their use; their hypothesized mechanisms of action and how that relates to theoretical causal processes for depression. Participants should understand if and how they might use esketamine in their practice. They should also be able to describe the theoretical mechanisms, benefits and limitations of esketamine to their patients. This should help them make rational decisions about choosing among the available advanced treatment options for depression.

Late Career Physician Cognitive Screening: Policies, Practice, and Perspectives
Chair: James Ellison, M.D., M.P.H.
Presenters: Andrew White, M.D., Kelly Garrett, Ph.D., Karen A. Miotto, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Summarize the issues underlying the spread of late career physician (LCP) cognitive screening programs.; 2) Describe the ethical norms and stakeholder viewpoints that influence the adoption of a late career health care provider screening program; 3) Explain the practical and legal considerations and the process involved in a physician wellbeing committee's response to the referral of a late career physician for perform; 4) Differentiate instruments used for screening and evaluation of cognitive status in a LCP program and appreciate their value and limitations..

SUMMARY:
Among many factors relevant to the performance of clinical duties, the effects of cognitive ageing have become an important focus of public and professional interest. The delivery of health care demands a consistent, high level of cognitive functioning, Learning and recall, complex attention and multitasking, manipulation of familiar and novel detailed information, abstract reasoning, decision making, language skills and social cognition each play important roles in patient care. As a result of professional, economic, and social forces, our current physician work force now includes many professionals actively working into their 70’s and even 80’s. In several countries, public concern about the quality of care delivered by our oldest physicians has led to the development and implementation of age-based “Late Career Physician” screening policies. Such policies are spreading, though not without resistance, among US health care systems. The evidence in favor of LCP screening includes both general findings about cognitive and physical aging as well as specific associations found between age and various physician performance outcome variables. Nonetheless, doubts about the validity of neuropsychological tools as an indicator of clinical performance, concern about professionals’ dignity and legal rights, and fear of succumbing to ageist bias have made LCP screening policies very controversial. Should we as psychiatrists, including our aging members, support or oppose such programs? In this session, we will examine the issue of LCP screening from several different angles. The respected and influential screening approach promulgated by the CPPPH will be discussed by a psychiatrist who participated in its development. A neuropsychologist actively involved in LCP screening will discuss the instruments used for this purpose with a focus on their role in identifying performance issues. Finally, a hospitalist who has explored stakeholder attitudes in focus groups will illustrate the LCP perspective on age-based screening. Attendees will be invited to share their experiences, concerns, and suggestions through discussion of case vignettes and open question and answer period.

Measuring Quality and Equity of Mental Health Care: Existing Challenges and Future Opportunities
Chair: Bonnie T. Zima, M.D., M.P.H.
Presenters: David Kroll, M.D., Juliet Beni Edgcomb, M.D., Ph.D.
Discussant: Grayson Norquist, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Be aware of the health policy context for mandated public reporting of statewide adherence to national quality measures by Medicaid

in 2024; 2) Be familiar with the basic specifications of the national quality measures related to mental health in the 2021 National Core Set; 3) Understand how type of data source (e.g., screening tool, survey, claims, electronic healthcare records) impacts utility and data interpretation of quality measures; 4) Recommend how advances in clinical informatics can be adapted to examine the quality and equity of psychiatric care; 5) Provide one example of a how a recommended care process for psychiatric care can or cannot be easily captured in a quality measure or assessed using an existing administrative data sources.

SUMMARY:
Under the auspices of the Agency for Healthcare Research and Quality, an initial core set of 24 quality measures was submitted to the Secretary of Department of Health and Human Services on January 1, 2010. Every year starting in 2013, the National Core Set is reviewed and measures are considered for addition or removal. Currently, state Medicaid agencies voluntarily report adherence rates on 33 adult quality measures of which 12 are in the behavioral health domain, and 24 child quality measures that include four related to behavioral health. Beginning in 2024, state reporting of all quality measures from the Core Set will be mandatory, as stipulated by the 2018 Bipartisan Budget Act. Nevertheless, statewide capacity to report adherence rates widely varies and of the behavioral health quality measures, only one related to follow-up mental health care after a hospitalization for mental illness is frequently reported. Criteria for removal include significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and Child Health Insurance Program (CHIP) beneficiaries. Criteria for addition include a high bar; namely, at least half the states should be able to produce the measure for FFY 2021 or FFY 2022, and all the states should be able to produce the measure by FFY 2024. Within this context, our session will engage participants by introducing a brief health policy context underlying the urgency to be aware of the need to interpret publicly reported rates of mental health quality cautiously. The basic specifications of the national quality measures will be reviewed in light of the implications for data interpretation. The session will then pivot towards the future by providing examples of potential selection bias of measures in the 2024 Core Set that may negatively influence measures utilizing screening tools or patient experience surveys. The remaining presentations will introduce advances in federated electronic health care record systems with common data elements. Participants will be introduced to the Accural to Clinical Trials Network (ACT) and PCORNet®, and how these resources may be applied to track quality of care and disparities. To counter balance, overview of these innovations will be followed by a brief critical assessment of advances made and challenges ahead for utilizing large-scale common element data sources to report quality of care and disparities over time. Together, our session will engage participants through interspersed questions that stimulate self-inquiry on how quality measures for mental health can be improved, how reporting on quality measure adherence should be refined to interpret results within clinically relevant contexts (i.e., social determinants), and how data infrastructure can be improved to build greater capacity to measure and report quality of care and disparities that is meaningful.

Medical Mimics of Psychiatric Disorders After TBI
Chair: Gregory John O'Shanick, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify questions and exam procedures to differentiate agoraphobia from vestibular disorders;; 2) Identify questions and exam procedures to differentiate social phobia from oculomotor and vergence disorders;; 3) Identify questions and exam procedures to differentiate attention deficit disorder from auditory processing disorder;; 4) Identify questions and exam procedures to differentiate post-traumatic neuroendocrine disorders from primary affective disorders;; 5) Identify vulnerabilities of psychometric instruments (eg. MMPI) in misdiagnosing psychopathology after TBI..

SUMMARY:

While psychiatrists are licensed as Doctors of Medicine or Osteopathy, conducting any form of physical or neurological examination on one's patient is unfortunately not a common practice. This oversight results in the possibility of critical misdiagnosis and engagement in unnecessary treatment especially when one is evaluating an individual who has sustained a concussion or any other form of traumatic brain injury. This lecture will provide essential training and clinical tips for identifying neurosensory abnormalities that can imitate commonly encountered anxiety, mood and attentional disorders using a combination of case material, audience participation and didactics. The origins of balance dysfunction and the interplay of environment and conditioning will be discussed as it pertains to post-TBI behaviors. Impairments of binocularity and near point convergence will be discussed as triggers of interpersonal anxiety. Auditory processing and sound localization abnormalities similarly may present as distractibility and attentional deficiencies, only to fail when treated with standard courses of stimulant medications. Impairments in interhemispheric transfer of spoken communication will be reviewed as distinct from those defects in global attention. Post-traumatic neuroendocrine disorders will be reviewed with specific attention to those involving the anterior pituitary and mimicking primary depressive disorders. Finally, the challenge of overreliance on traditional psychometric instruments in the assessment of those with TBI will be addressed with reference to those instruments that may falsely identify psychopathology rather than neurological dysfunction

Mental Health Research in the Era of Competing Crises
Chair: Joshua A. Gordon, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe what is known from prior research on disasters, racism, and economic distress on mental health;; 2) Detail research findings on the mental health impacts of the events of 2020;; 3) Compare and contrast alternative interventions to reduce the mental health impacts of disasters, and economic distress.

SUMMARY:
The year 2020 saw simultaneous nationwide crises that posed significant threats to mental health. The combined effects of an unprecedented pandemic, mitigation measures and economic distress, and a national crisis and reckoning over racism, had widespread effects on our economy and society. It is crucial that we understand the mental health impacts of these events, and implement mitigation measures to help reduce these impacts. I will detail the research approach taken by the National Institute of Mental Health, in collaboration with other NIH institutes, in response to the events of 2020 that will inform the mental health response over the coming months.

Psychotherapeutic Approaches to Sexual Problems
Chair: Stephen B. Levine, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Increase clinical interest in learning about patients' sexual lives/concerns; 2) Encourage clinicians in their ability to assist patients with their problems; 3) Appreciate the differences between DSM-5 sexual diagnoses and what patient present with; 4) Recognize the abilities and limitations of prosexual medications; 5) Perceive the two-way relationships between anxiety/depression and sexual dilemmas.

SUMMARY:
There is no single therapy for the broad range of sexual problems. Instead, psychiatrists are challenged to develop comfort with and interest in the diverse symptomatic ways that satisfying sexual lives are thwarted. Some of these sex/love predicaments are helped by our knowledge of personality development, interpersonal relationships, and mental and physical disorders and their medication treatments. It is our psychotherapeutic skills, however, that enable some patients to overcome their obstacles to more satisfying sexual experiences, more relationship stability, and better mental health. This session will provide an overview of the forms of suffering mediated through sexual identity issues and sexual dysfunction. These problems are very private,

subjective, and interpersonal matters that patients want to discuss in a safe psychotherapeutic context. The psychiatrists' ideology, from behavior therapy through psychoanalysis, ethnicity, or gender are far less important than the professionals' comfort, knowledge, and integrity. A new interest in clinical sexuality can reinvigorate psychiatrists who are growing tired what they have been doing and who wish to continue developing their psychotherapeutic means of helping.

Religion, Psychiatry, and Mental Health: Past, Present, Future
Chair: Driss Moussaoui, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Recognize the importance of Religion in Psychiatry and Mental Health by all mental health professionals; 2) Recognize and implement 'Religion sensitivity' within cultural sensitivity every psychiatrist should have; 3) Use for diagnosis and psychotherapeutic techniques that take into account the socio-religious background, but adapt them to each individual.

SUMMARY:
There is no human society without religion. Belief systems seem to be universal to respond to all kind of anxieties, especially the one of death, and the inextinguishable search for meanings of life. Directly or indirectly, every human being deals with some form of relationship with religious beliefs and practices. This is also the case when the person is physically or mentally ill. In "Western" countries, mental health workers have great difficulties addressing this domain, as it is considered to be the intimate intimacy of the person's life. It is not the case in other parts of the world, and traditional practices contain part of the religious beliefs of a community. In this presentation, historical, social and anthropological aspects of the main religions in the world will be addressed, with a psychological and/or psychiatric perspective. The work of various committees on religion and psychiatry will be mentioned, included the one of the WPA Section on Religion and Psychiatry. Personal experience of the speaker and research studies conducted in his department in Casablanca, Morocco, during his tenure as chairman from 1979 till 2013, will be presented.

Scope of Practice: The Evolution of Physician-Only Paradigm in Psychiatry
Chair: Michelle Riba, M.D., M.S.
Presenters: Kamalika Roy, M.D., Varma Penumetcha, M.D., Vishal Madaan, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Explore the status of non-physicians' practice authority across the states; 2) Understand the differences in education and training among physicians and advanced practice nurse practitioners; 3) Explore the differences in practice pattern among physicians and nurse practitioners; 4) Understand and balance the needs and effects of non-physicians' practice privileges.

SUMMARY:
Expanding advanced practice nurses' (APRN) scope of practice has been proposed to solve many deficits in the current healthcare delivery system. The initial argument was that the mid-level providers could help the stark discrepancy in primary care physicians' geographical distribution across the underserved and urban areas. The expanded scope of practice was proposed to be helpful in better cost-effectiveness in medical care. In this workshop, speakers will dissect some of the effects of this expansion of independent practice scope. Speaker one will discuss the current status of the scope of practice in different states in the US. At least 28 states allow the statutory authority to APRNs to practice independently without any physician oversight or collaboration. It is unclear whether all the APRNs are actually practicing independently in these states, as there is no method to track their employment information. The availability and the extent of supervision varies. Speaker will describe specific authorities in different states in terms of independent diagnosis, treatment planning, and prescribing. He will also inform the audience of resources for county-specific data on APRN practice. Speaker two will discuss the differences in training and education, highlighting the duration, rigor, and the nature of knowledge and clinical exposure in training between physicians and APRNs, including

psychiatry specific comparison in training. The post-training licensing requirements and continuing education requirements will be discussed, as well. These requirements vary from state-to-state. The implications of the lack of a national board requirement will also be explored. Speaker three will compare the expected outcomes and evidence-based realities between physicians and APRNs practice. Though APRNs were expected to relieve the healthcare workforce shortage in rural and underserved areas, only 18% of them practice in those places. A recent Graduate Nursing Education report revealed a $179 million grant funded project yielded 75% of APRN graduates practicing in already adequately served places. This section will include a rapid review of available data comparing opioid prescription patterns between physicians and APRNs. Though opioid overdose is associated with overprescription, the difference in prescribing patterns is strikingly unexplored. Despite the Centers for Disease Control and Prevention (CDC) published a guideline on the use of opioid medications for non-cancer pain, a significant number of Medicare Part D patients continue receiving a higher dose than recommended for non-cancer indications. The association between independent practice authority and overprescription of opioid medication is shown in a recent study. In the end, the Chair will invite the audience to an interactive poll regarding benefits vs. risks of expanding the scope of practice for APRNs. After the survey, there is a question-answer session for 20 minutes, moderated by the Chair.

Structural Racism in Psychiatry: The Past Is Driving the Present

Chair: William Bradford Lawson, M.D., Ph.D.
Presenters: King Davis, Ph.D., Cynthia Turner-Graham
Discussant: John McIntyre

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Gain knowledge about racist practices that emerged in early America dictated present policies and directions that persist today; 2) Understand how historical beliefs about African Americans continue to persist through scientific racism; 3) Learn to develop strategies that counteract current practices and policies created by structural racism.

SUMMARY:

Despite advances in understanding the mind and brain structural racism has historically impact psychiatry and continues to influence psychiatric practice and policy. In turn the larger public is impacted by implicit racism that affects the knowledge base of mental disorders for the general public. Historically African Americans have been misdiagnosed, are less likely to receive optimal treatment if they are treated at all and more likely to be impacted by incarceration, homelessness, and other punitive outcomes. Despite extensive research on diagnostic development, African Americans continue to be misdiagnosed. Despite evidence to the contrary substance abuse is thought to be more common than other ethnic groups. Violence is thought to be more common, while suicide is thought to be rare. As a consequence, specialized mental health services is less available and when provided tends to be inpatient and involuntary. More punitive approaches such as incarceration and the consequence of lack of treatment such as homelessness is more likely. We will explore how structural racism contribute to these disparities and how the historical treatment of African Americans promotes the persistence of beliefs reinforced by scientific racism. Historically African Americans during the antebellum period were thought to lack the affective and cognitive apparatus for genuine feelings and intellect and were thought to be impulse driven, intellectually incapable, and tend to be violent to others but not to self. This session will explore how such beliefs persist and impact current psychiatric research, treatment, and mental health policy. We will explore the extent to which these misconceptions still persist, impact the research literature and contribute to present day disparities in care. We will also explore strategies that may minimize disparities and reduce implicit bias.

The #MeToo Movement: Implications for Psychiatrists

Chair: Renee M. Sorrentino, M.D.
Presenters: Ryan Hall, Susan Joy Hatters-Friedman, M.D., Michelle Riba, M.D., M.S.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify the influence of the #MeToo movement in the psychiatric setting as well as describe a novel approach to discussing #MeToo issues; 2) Identify resources for policies and training to address gender bias and harassment; 3) Become familiar with some of the barriers to the #MeToo movement in medicine.

SUMMARY:
Despite the well-documented prevalence of sexual misconduct by physicians and sexual harassment in academic medicine, the #MeToo Movement has not permeated the medical profession. The absence of complaints and training to address such behaviors, as seen in other settings which appear to have responded to the #MeToo era of no tolerance, suggest the medical profession is immune to such behaviors. Renewed attention to the issue of sexual misconduct presents an opportunity to address problematic sexual behaviors and attitudes in physicians. In the first segment, panelists will review the prevalence of sexual harassment and misconduct in medicine, identifying strategies to address such behaviors and attitudes. In the second segment, panelists will discuss the related consequences and role of the #MeToo Movement in psychiatric care. Has the #MeToo Movement validated patients' perspectives? Pressured others to report harassment or abuse? As psychiatrists integrate the #MeToo movement into their clinical care, it is imperative that professionals and institutions consider what roles best serve our patients. The panel will conclude with a novel approach that addresses these timely, politically fraught topics with broad psychiatric implications.

The Benefits and Challenges of Assuming Leadership Roles: A Workshop for Residents, Fellows and Early Career Psychiatrists
Chair: Tobias Diamond Wasser, M.D.
Presenters: Luming Li, M.D., James Rachal, Victor J.A. Buwalda, M.D., Ph.D., Manish Sapra

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify relevant variables to consider when assessing potential leadership roles and administrative career opportunities.; 2) Demonstrate an understanding of the benefits and challenges of assuming leadership roles within organizations; 3) Synthesize this information with their own personal goals and values in assessing potential career opportunities.

SUMMARY:
As new psychiatrists enter the workforce, they are frequently offered leadership opportunities within clinical institutions shortly out of training. However, many lack the knowledge and tools to assess the value of such leadership opportunities in administrative and academic roles in the context of their professional and personal goals. Further, few are prepared for the benefits and challenges of assuming such roles within complex organizations. In this interactive workshop, the presenters will first introduce components of career opportunities in leadership/administrative roles that are important to consider. They will also engage in a conversation about when in the career path should someone seek out leadership opportunities and how to approach administration about these opportunities. Further, presenters will provide nationally representative data about salary, productivity, and other relevant metrics. Presenters will then describe several hypothetical career options which incorporate leadership roles. In small groups, participants will identify personally salient career considerations and determine what additional information they would require to assess each option and how this information would influence their decision-making. Finally, the presenters will discuss various benefits and challenges of assuming leadership roles, particularly early in one's career.

The Caravan Moves on: From Solomon Carter Fuller to Psychiatry in the 21st Century
Presenter: Altha J. Stewart, 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.; 3) Integrate knowledge of current psychiatry into discussions with patients..

SUMMARY:
When Solomon Carter Fuller was born in 1872, America was recovering from the Civil War and entering a period of racial oppression that extended slavery without the obvious chains, but with real consequences for generations of African Americans to come. His entry into medicine and later psychiatry is a story of an accomplished man who achieved in the face of adversity and hoped for better for generations to come. We know little of much of his work life in his early years, although he conducted some of the seminal work that went on to make the man he worked with a household name. His life and achievements have been discussed recently in the context of recent conversations on structural racism in psychiatry and a new recognition for his contributions to medicine and psychiatry is being acknowledged. The Mary Kaplan biography, "Where My Caravan Has Rested" chronicles the life of a man of excellence in his profession as well as in his personal life. Many of the challenges he faced in the early 20th century as a Black psychiatrist are still faced by Black psychiatrists today. Where Fuller sometimes had to remain silent in the face of obvious racists acts, in his work and actions he often acted in a manner of "protest" against the mores of the day. His professional trajectory will be reviewed to demonstrate some of these acts. And today's psychiatrists may recognize a type of protest behavior that is reminiscent of more contemporary psychiatrists, including Pierce, Greer, and Bell. A review of his life and work and comparison to issues occurring today will be a focus of this lecture and the presenter will articulate how his tactics might serve today's Black psychiatrists well.

The Politics of Health Policy: Integrating Racial Justice Into Health Care and Clinical Research
Chair: Rebecca Brendel, M.D., J.D.
Presenters: Daniel Dawes, J.D., Rueben C. Warren, D.D.S., D.P.H., M.P.H.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Provide culturally competent care for diverse populations; 2) Identify barriers to care, including health service delivery issues; 3) Apply quality improvement strategies to improve clinical care; 4) Integrate knowledge of current psychiatry into discussions with patients.

SUMMARY:
What are political determinants of health? How have they driven inequities in the U.S. health care system? Daniel Dawes, JD, director of the Satcher Health Leadership Institute Morehouse School of Medicine, and Rueben C. Warren, DDS, director of the Tuskegee University National Center for Bioethics in Research and Health Care, in conversation with Dr. Rebecca Brendel and Dr. Regina James, share an inclusive approach to addressing health issues impacting the most vulnerable populations in an increasingly complex health care system and political environment.

The Time for Justice Is Always Now! Engaging in Advocacy as an Early Career Psychiatrist
Chairs: Mary C. Vance, M.D., M.Sc., Katherine Gershman Kennedy, M.D.
Presenters: Ilse R. Wiechers, M.D., M.H.S., M.P.P., Uchenna Barbara Okoye, M.D., M.P.H., J. Corey Williams, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand physician advocacy as a core professional responsibility, distinct from activism, and essential for advancing social justice in the context of a structurally oppressive healthcare system; 2) Describe how advocacy helps patients, especially those from under-represented and marginalized groups, to equitably access care, improve health outcomes, and mitigate social determinants of health; 3) Recognize a framework for advocacy that psychiatrists can use to address a range of issues across diverse patient populations, especially at the intersection of social justice and mental health; 4) Identify types and levels of physician advocacy and provide specific examples; 5) Describe the specific rewards and challenges of advocacy as an early career psychiatrist.

SUMMARY:
The healthcare disparities laid bare by COVID-19 have solidified the notion that, for physicians especially, advocacy is a core professional responsibility. Many physicians act as advocates

routinely during their day-to-day work, including at the patient level (e.g., calling an insurer for authorization of care that has been unfairly denied to a patient) and the organizational level (e.g., joining a hospital task force focused on improving equitable access to health services). Some physicians take even greater steps to engage in advocacy outside of the clinical arena--for example, through legislative advocacy (e.g., interfacing with state or federal policymakers on bills that impact social determinants of health) and by engaging the popular media (e.g., writing an op-ed about the impact of racism on mental health). Psychiatry is especially in need of physician-advocates to address major social justice problems facing our patients and our society, including structural and systemic racism, the stigma associated with seeking mental health care, and the lack of parity enforcement for mental health services across the US. Recently, COVID-19 has further exacerbated the need for advocacy in psychiatry, as individuals with mental health and substance use diagnoses, especially those from under-represented and marginalized groups, are often "left behind" as our fragmented health care system strains under the weight of the pandemic. Despite its importance, advocacy skills are not traditionally taught during either undergraduate or graduate medical education. Current as well as aspiring physician-advocates often find a lack of resources, support, and mentorship to aid their advocacy work. This is particularly true for early career psychiatrists, who have recently left the structure of training and have yet to become established in their careers and professional networks. *A Psychiatrist's Guide to Advocacy* is the first book on physician advocacy geared specifically for psychiatrists. This book provides a comprehensive, step-by-step guide to advocacy in psychiatry, across multiple levels and across a variety of patient populations. In this workshop, the editors of the guide (Dr. Vance, Dr. Kennedy, and Dr. Wiechers) as well as early-career advocates (Dr. Okoye, Dr. Williams, and Dr. Vance) will walk participants through the nuts and bolts of engaging in advocacy as psychiatrists, especially as it pertains to advancing social justice for marginalized communities. They will describe ways to advocate through clinical care, teaching, research, community engagement, and communications via the popular media. Case examples will be provided for how psychiatrists, early in their careers, can incorporate social justice advocacy into their professional lives. Principles and strategies that underlie successful advocacy efforts will be highlighted.

Unprecedented Access to Psychiatry: Expand Your Impact to Infinity and Beyond! Collaborative Care, eConsults, and ECHO Models

Chair: Shannon Kinnan, M.D.
Presenters: Lori Raney, M.D., Mark Duncan, Christopher Benitez, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe solutions to access to care in psychiatry; 2) Summarize strategies to support productive interaction between primary care and psychiatric consultants; 3) Formulate a helpful response to an electronic question about patient care from a primary care provider; 4) Identify shortcomings and reasons for underutilization of these indirect consultation methods; 5) Locate resources to support the ongoing education of integrated care for primary care and mental health providers.

SUMMARY:

The shortage of psychiatrists in the US is well documented and contributes to limitations in access to care, poor outcomes, increased cost of overall care, as well as continued suffering. As a result, several alternative models that leverage psychiatric expertise across larger populations have been developed. These models require psychiatrists to rely on different skill sets in the management of patients and communication with referring providers. The Collaborative Care model of integrated care is an approach to extending psychiatric expertise by incorporating psychiatric consultation through a weekly systematic caseload review. Project ECHO Psych uses a hub and spoke model to provide consultation in adult, child, addictions, geriatrics, and other areas. E-consult is an approach that offers "remote," rapid access to psychiatric consultation for primary care providers (PCPs). These in-direct care models have tremendous promise to improve health equity by expanding psychiatric expertise to geographically remote regions and larger groups of people.

Psychiatrists engaged in these programs have learned to rely on specific principles to maximize their impact, including providing quick access to affirm support for referring providers, cultivating personal relationships to develop trust, and structuring consultation to facilitate case-based learning during practice. This session will include national experts in each approach who will discuss the promise and shortcomings of these models followed by a discussion of real-world strategies and lessons learned. Participants will have the opportunity to practice consultations during the presentation.

We're So Anxious!! Challenges Faced and Lessons Learned in the Management of Anxiety in Older Adults

Chair: Tawny Smith, Pharm.D.
Presenters: Alba Lara, Nicole Scott, Victoria Nettles, Victor Gonzalez, Erica C. Garcia-Pittman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Explore the similarities and differences between uncomplicated anxiety and a mixed episode of bipolar disorder.; 2) Review options for safely tapering benzodiazepines in geriatric patients while still managing anxiety; 3) Discuss complications and subsequent pharmacological management of anxiety and PTSD symptoms in older adults with major neurocognitive disorder.; 4) Review and recognize a presentation of major depressive disorder mimicking new-onset anxiety disorder..

SUMMARY:

This session will highlight several challenging and complicated cases of anxiety treated in an interdisciplinary geriatric outpatient clinic and nursing home settings. We will share our lessons learned from these clinical encounters with the assistance of Dr. Tawny Smith, a clinical psychiatric pharmacist. Dr. Lara will discuss a case of a patient with major depressive disorder with psychosis which mimicked new onset anxiety disorder. She will review the diagnostic challenges associated with anxiety disorders masking and exacerbating major depressive disorder and the treatment approach for this patient. In addition, Dr. Scott will discuss a case of a patient distressed by anxiety who was found to be most appropriately diagnosed with mixed features of a bipolar II disorder. She will review the overlap between uncomplicated anxiety and mixed features, and clinical pearlsfor distinguishing between the two. She will also discuss medication choices for treatment of a mixed episode. Dr. Nettles will discuss a case of a patient with Generalized Anxiety Disorder and Panic Disorder who had been managed long term with increasingly high dose benzodiazepines. She will review clinical pearls and challenges of managing this complicated patient and safely tapering high dose benzodiazepines while still managing anxiety. Lastly, Dr. Gonzalez will discuss the pharmacologic management of anxiety in a patient in a nursing home with co-morbid major neurocognitive disorder. Specifically, he will highlight the challenges of utilizing medications that address anxiety and underlying PTSD symptoms, while being mindful of medication side effects that can worsen neurocognitive symptoms. Dr. Smith will review clinical pearls related to the cases presented. In addition, we will share knowledge regarding literature updates, as well as guidelines for treatment of the aging patient with anxiety.

What to Do With the Rest of My Life? Career Tips for Launching Psychiatrists

Chair: Jessica L.W. Mayer, M.D.
Presenters: Margo Christiane Funk, M.D., M.A., James Shore, Eric Williams, Maryland Pao

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe a diverse range of psychiatric career options to consider.; 2) Understand the importance of when, how, and why to consider transitions between positions.; 3) Appreciate the pros and cons and opportunities for maintaining a healthy work-life balance in various psychiatric careers and positions..

SUMMARY:

Early career psychiatrists completing training can be at a loss for knowing the range of career opportunities available to them. Nationally prominent psychiatrists with a diverse range of backgrounds and career paths will gather to share their insights, experiences, and perspectives on

career choices today and the paths they took along the way. They will share "what I would advise my younger self today if I were just starting out again." By sharing their journey, speakers will share the hardest lessons learned, mentoring tidbits including where and how to look for a job, when to consider a transition between positions, and three take-home pearls.

Why Blaming Violence on Mental Illness Is Misleading: A Call for Multifaceted and Evidence-Based Strategies to Reduce Gun Violence
Chair: Ahmar Mannan Butt, M.D.
Presenters: Dhruv R. Gupta, M.D., Alisa R. Gutman, M.D., Ph.D., Muhammad Hassan Majeed, M.D., Jessica S. Bayner, M.D.

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 motivations leading to escalating mass shootings over the past decade.; 2) Identify prevalent misconceptions relating to mental illness and gun violence while understanding the consequences of further stigmatizing an already vulnerable population.; 3) Understand the history of gun legislation, red flag laws and proposed interventions for psychiatrists to avert such incidents with some clinical scenarios pertaining to gun laws..

SUMMARY:
The United States has one of the highest rates of deaths from firearms (Schultz, 2013). In 2018 alone, there were almost 40,000 fatalities due to gun violence in the United States (CDC, 2020). The majority of these deaths (almost 60%) were by suicide, which have been increasing for several years. As described by the Centers for Disease Control and Prevention, 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. Examples of such reactions were seen with the shootings that occurred in El Paso, Dayton and West Texas, which were followed by media commentaries on gun violence and mental health. Both the media and politicians portray mental health as a “critical ingredient” in these tragedies (Shabad, 2017). However, a closer inspection of the data reveals that mass shootings by mentally ill individuals accounts for less than 1% of gun-related homicides. Moreover, only 3% of violent crime involves those who suffer from a serious mental illness (Fazel, 2006). In fact, in the U.S., a person is fifteen times more likely to be struck by lightning than to be killed by someone with a chronic mental illness (Knoll, 2016). Apart from mental illness though, other sociocultural factors have also been implicated in explaining “mass shootings.” Among these are: history of violent behavior (including domestic violence), gender expectations for males in society that emphasize aggressive pride, perceived injustice, a general pathological sense of self (narcissism), deterioration of spirituality, isolation, difficulty achieving success, breaking down of family system, revenge fantasies and violence in the entertainment industry, insecurities, easy availability of intoxicants and access to firearms, and glamorization of mass killing by the press, 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. For our patients already struggling with symptoms of serious mental illness, this adds state-level stigma to an already cumbersome burden. Prevention of violence is multifactorial and needs to begin in childhood by helping parents, schools, and communities raise emotionally healthy beings. 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.

“Why Can’t They Just Go to Psychiatry?” Changing Attitudes Toward Patients With Challenging Behaviors on an Inpatient Pediatrics Unit
Chair: Hannah Marie Gamble, M.D.

Presenters: Danica Kozek, M.D., Fariya Ali, M.D., Megan Zappitelli, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify essential elements required to develop a Challenging Behaviors Action Team (CBAT); 2) Conduct a SWOT analysis of their home institution to develop a personalized strategy for building a multi-disciplinary challenging behaviors team; 3) Discuss methods for measuring meaningful change within the institution; 4) Describe and demonstrate developmentally sensitive and trauma-informed de-escalation techniques for patients of all ages.

SUMMARY:
In many hospitals, more psychiatric patients with challenging and dangerous behaviors are being admitted to the general pediatric or adult inpatient wards while awaiting placement in a psychiatric facility. Perceived distress amongst hospital staff treating these patients has correspondingly increased. Though caring for patients with challenging or dangerous behaviors is often high risk, resulting in frequent staff and patient injuries, hospital damage, and staff burnout, there is a paucity of literature on this topic (Malas et al, 2017). Through our work on the child and adolescent psychiatry consultation-liaison service, we have addressed the treatment complexities surrounding these challenging and vulnerable patients by implementing a new task force called the Challenging Behavior Action Team (CBAT). During this session, we will discuss the development of the CBAT at Prisma Health Children's Hospital, review our process for identifying essential elements required to construct a multi-disciplinary team, and provide an overview of the results of this initiative. This could include results from our survey designed to assess changes in pediatric providers' job satisfaction, perception of the workplace environment, and attitudes toward caring for patients with challenging behaviors. Participants will be guided through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis exercise that will allow them to design a plan for building a multi-disciplinary team to improve the treatment of challenging behaviors within their home institutions. Participants will be divided into pairs to create an actionable plan with group discussion following to facilitate creative thought and peer-directed learning. Following the SWOT exercise, participants will perform a role play demonstration of developmentally sensitive, trauma-informed de-escalation techniques. Participants will be divided into groups of 2-3 and provided a case-based scenario for technique practice. We will also review methods for communicating and teaching such techniques to other multi-disciplinary team members. Finally, the session will conclude with time set aside for questions and answers. We are hopeful that this session will allow participants to learn how to identify essential elements required to build a multi-disciplinary team for safely treating patients with challenging and dangerous behaviors. We also hope that participants will have developed an individualized plan of action to help improve treatment outcomes and safety within their home institutions. Additionally, we hope that participants will be able to demonstrate developmentally sensitive and trauma-informed de-escalation techniques for patients of all ages. In summary, we hope that participants will leave our session with the tools to implement simple, affordable, and generalizable solutions to providing safe, equitable care for the treatment of one of our most vulnerable and challenging patient populations.

Window to the Mind: Clinical Implications of Visual System Impairment in Psychosis
Chair: Steven Silverstein, Ph.D.
Presenters: Halide Bilge Turkozer, M.D., Paulo Leonel Lizano, M.D., Ph.D., Deepthi Bannai, M.Sc., Steven Silverstein, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify changes in various visual perceptual functions in psychosis and their potential contribution to the formation of psychotic experiences; 2) Identify retinal changes in psychosis and its potential clinical applications; 3) Identify brain structural changes in the visual system in psychosis; 4) Recognize the potential clinical use of visual assessments as biomarkers of psychosis vulnerability in individuals at high risk for psychosis;

5) Recognize the potential clinical use of visual remediation in psychosis and their clinical benefits.

SUMMARY:

The visual system is recognized as an important site of pathology in psychotic disorders. The abnormalities in the visual system range from basic visual symptoms, to visual perceptual impairments, retinal and structural abnormalities, and electrophysiological changes. Recent studies suggest that these changes precede the emergence of psychotic symptoms and may be predictors of future development of psychosis. Furthermore, studies suggest that impairments in the visual system may contribute to the formation of psychotic experiences by providing higher cognitive processing streams with inaccurate or ambiguous sensory information. In this workshop, our goal is to introduce this critical, but under-discussed site of pathology in psychotic disorders to clinicians and trainees using an interactive teaching approach. Our session will start with a vignette on an individual who presents with paranoid delusions, disorganization, basic visual symptoms, and visual hallucinations. There will be interactive small-group discussions of the potential sites of pathology that may lead to the symptoms. After discussion, the second part of the vignette will be distributed, where the character in the vignette participates in a research study and undergoes several biomarker assessments including retinal imaging, structural MRI, and visual perceptual assessments. The results of the assessments will be shared with the participants and there will be small-group discussions on the results and their relationship with the clinical presentation. This part will be followed by brief presentations on visual perceptual, structural, and retinal abnormalities in psychotic disorders and their potential role in the formation of psychotic experiences. The last part of the workshop will include an interactive discussion on the potential clinical use of assessments of the visual system, followed by a presentation on the current state of evidence on visual biomarkers as risk indicators for psychosis and clinical benefits of visual perceptual remediation in patients with psychosis.

Sunday, May 02, 2021

A Simple Method to Ensure Creative Problem Solving in Healthcare Service Delivery

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

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Employ a simple method to develop and test creative solutions to healthcare service design.; 2) Recite the process of design thinking and apply it to healthcare service delivery.; 3) Increase their organizational focus on the; 4) Crosswalk recovery models of mental health with design-thinking..

SUMMARY:

Healthcare is confused. Too often we are designing systems and services that serve the provider in order to serve the population in need, but the problems of the provider are not always synonymous with the problems of the person seeking help. As a result, the system is opaque, not patient-centered (though we claim it may be) and full of awkward policies and procedures that stand in the way of efficiency, add costs and reduce the chances of a full recovery and sustained improvement in health outcomes. In this session, workshop participants will review a case study of design thinking applied to clinical service delivery. They will then be divided into small groups and tasked with rapidly ideating solutions to real or hypothetical healthcare service delivery problems. Afterwards, they will share their proposed solutions with the other attendees and a small panel of judges will award the winner candy.

Advocacy for Health Equity in Diverse Populations

Chair: Patrice A. Harris, M.D.
Presenters: Steven Starks, M.D., Altha J. Stewart, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand factors underlying social determinants of health from both an historical and contemporary perspective; 2) Identify racial and ethnic disparities as they exist in health care and society and the dangers they pose; 3) Assess the efforts underway by the American Medical Association and other institutions to fight disparities

and create greater health equity for diverse populations.

SUMMARY:
There is a national movement underway to better understand and recognize how systems of power and oppression, including bias, racism, sexism and other forms of discrimination, result in devastating health consequences for Black, Brown and Indigenous communities. Too often and for too long, our health system has failed to recognize these root causes, with many physicians feeling ill-equipped to tackle the structural and social drivers of health in the communities they serve. As we have witnessed throughout the COVID-19 pandemic, without system-level and structural change, health inequities will persist, marginalized communities will be disproportionately impacted, and the health of our nation will continue to suffer. Through advocacy, partnership and action, the American Medical Association is committed to ensuring that all people and all communities have the opportunities, conditions, resources, and power to reach their full health potential. To advance this goal, AMA is leading an aggressive effort to eliminate longstanding inequities within our health system, remove barriers to care, and improve outcomes for historically marginalized and minoritized populations. As the physicians' powerful ally in patient care and a leading national voice on health policy, the AMA has placed equity at the center of its work to shape the future of medicine. This includes equipping physicians with the consciousness, tools, and resources to confront health inequities and advance equity in their communities and across our health system. It also includes proactive steps such as speaking out against police brutality, raising awareness about the detrimental effects of racism, and calling for systemic changes in our criminal justice and health systems. In 2019, the AMA established a Center for Health Equity to elevate and sustain our equity efforts to address system level changes that can improve health and well-being. Through this work, we strive to: 1) Embed health equity in practice, process, action, innovation, and outcomes. 2) Build alliances and share power via meaningful engagement. 3) Ensure equitable opportunities and conditions in innovation for marginalized people and communities. 4) Push upstream (including into medical education) to address all determinants of health. 5) Create pathways for truth, reconciliation, and healing. In carrying out this work, the AMA Center for Health Equity envisions a nation in which all people live in thriving communities where resources work well, systems are equitable and create no harm, and everyone has the power, resources, and opportunities to achieve optimal health.

Asian American Mental Health and Racism During and Post COVID-19
Chair: Edmond H. Pi, M.D.
Presenters: Geetha Jayaram, M.D., M.B.A., Joan Han, D.O., Francis Sanchez, M.D., Dora-Linda Wang, M.D., M.A., Clayton Chau, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Discuss the COVID-19 impact on Asian Americans: anticipated and experienced discrimination. Recognize unique set of challenges in patient care facing Asian American mental health providers; 2) Promote understanding and empathy for Asian Americans in a nation with a long history of anti-Asian laws and attitudes. Put the epidemic of anti-Asian activity amid the pandemic in historical context; 3) Recognize Asian American under-testing for COVID-19 is a real problem across the States and identify some of the reasons including stigma toward COVID-19 and anti-Asian discrimination; 4) Understand the Filipino American's development of identity and promotes rapport building including a humanistic approach to establishing an alliance as well as acclimate to the "new abnormal"; 5) Acknowledge the importance of engaging trainees in conversations of social justice, racial equality, diversity and inclusion and discuss why this is important as a trainee.

SUMMARY:
The Covid-19 pandemic has fundamentally changed nearly all aspects of individuals' personal and professional lives. Since March 2020, work, movement in social arenas, daily schedules, and communication with others have been impacted in unprecedented ways. As of October 2020, data showed COVID-19 had a disproportionate effect on the mortality rate among Asian Americans: From

January to July 2020, deaths increased 35 percent over the 2015-19 average, compared to a nine percent rise for whites. However, COVID-19 positivity rate for Asian Americans remains low. Asian American under-testing for COVID-19 is a real problem across the States. Some of the reasons includes stigma towards COVID-19 and also anti-Asian discrimination fostering distrust of reporting and contact tracing. Moreover, racial discrimination has shown to correlate with an increase stress, anxiety and depression. There are many faces of stigma during COVID-19, stigmatization surrounding the pandemic has presented extreme challenges for frontline workers as for those suffering from COVID-19 infection. High proportions of Asian Americans have been working in essential healthcare roles but have been vilified. Challenging times like this also highlights the importance of psychiatric residency education on understanding racial inequality, diversity and inclusion but structured training on this topic varies across the country. This presentation will focus on the Asian American experience of both anticipated and experienced discrimination in personal and social encounters, cultural adaptation to COVID-19, and the positive attributes of the Asian culture helping to work through obstacles during and post COVID-19 pandemic. The blaming of Asians for the pandemic will be discussed in historical context. A review of anti-Asian activity will be presented, including the slavery of Asian women in California, the Chinese Exclusion Act of 1882, laws excluding Asians from owning land, hate-ful portrayals in Hollywood films, and the current epidemic of anti-Asian violence during the COVID-19 pandemic. Ethnic discrimination towards Filipinos in the US has a long tumultuous history dating back centuries. How to identify the specific microaggressions to form strong therapeutic relationships to properly address various mental and physical health concerns will be discussed. How a County has created the COVID-19 Testing Strike Team led by a collaborative of community-based organizations to provide testing and other services for Asian American at non-traditional community venues will be presented. The importance of engaging trainees in conversations of social justice, racial equality, diversity and inclusion will also be presented. Presenters and participants will culminate the session by determining future strategies and activities to provide mental health care to Asian Americans and dismantling anti-Asian discrimination during and post COVID-19 era.

Cannabis: Clearing the Smoke on Cannabis Use Disorder

Chair: Smita Das, M.D., Ph.D., M.P.H.
Presenters: Anees Bahji, M.D., Oscar Gary Bukstein, M.D., Thomas J. Riordan, M.D., Andrew John Saxon, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Learners will understand the impacts and implications of cannabis as it relates to children/adolescents; 2) Learners will be introduced to cannabis use disorder and the DSMV criteria; 3) Learners will be introduced to novel treatment methods for cannabis use disorder; 4) Learners will quantify how state laws on cannabis affect use and other substance use disorders; 5) Learners will access APA position statements on cannabis which review the current evidence base for cannabis use as it relates to psychiatry.

SUMMARY:

With more states legalizing cannabis and changing public perception of cannabis, there is considerable confusion around its safety and uses as it relates to psychiatry. Psychiatrists are not sure how to assess for cannabis use, what sort of information to give their patients or the clinical implications of cannabis use. This is also very relevant for child and adolescent psychiatrists. Furthermore, there is confusion on what cannabis is, versus components including cannabidiol or tetrahydrocannabinol. Finally, there is limited understanding of cannabis and the risks of addiction; many psychiatrists are surprised to learn that in research, 9-30% of those who use marijuana develop some degree of marijuana use disorder. There has also been recent conflicting evidence on whether cannabis legalization affects other timely topics such as opioid use and overdose. This expert panel will present brief presentations on these topics and following the presentations, the audience will be able to participate in what we anticipate will be a lively question and answer session. We also hope to provide the audience with resources such as APA

position statements and resource documents that they can use in practice.

Collision of the Opioid Crisis and the COVID-19 Pandemic
Chair: Nora D. Volkow, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe the current state of the opioid crisis in the U.S.; 2) Appreciate the added social challenges facing those with substance use disorders during the COVID-19 pandemic; 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 how NIH 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 communities).

COVID-19 Pandemic and After: What Social Psychiatry Can Offer?
Chair: Eliot Sorel, M.D.
Presenters: Rakesh Kumar Chadda, M.D., Roy Abraham Kallivayalil, M.D., Andrew Molodynski
Discussant: Rachid Bennegadi

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) To understand how the Covid-19 has affected the social life of the communities across the world; 2) To understand the impact of Covid-19 pandemic on mental health; 3) To understand the strategies used across the world to deal with the psychosocial consequences of the Covid19 pandemic; 4) To understand how to plan an effective approach in dealing with psychosocial consequences of a pandemic in future.

SUMMARY:
Covid-19 pandemic had had an unprecedented social impact on all over the world and has affected developed, developing and underdeveloped countries without any distinction. The pandemic has been associated with very high infectivity and varying mortality across the world with a widespread community fear of infection. A large number of countries had to declare countrywide lockdowns to prevent the spread of infection, which had widespread economic consequences because to a large population put into unemployment and economic hardships. Closure of educational institutions has affected the academic careers of a large population of school and college going students, though online classes have been started at most of the places. Economy of the most of the countries including those in the high-income countries has been affected. Covid-19 due to its highly infectious nature and lack of an effective treatment and vaccine has been associated with high levels of fear of infection in the community, mental health problems and social stigma. Industrial shutdown, economic hardships, unemployment, closure of social and cultural events, closure of various avenues of entertainments and outdoor sports, all have their effect on mental health. Social distancing has led to lack of emotional warmth in the relationships. In this background, social psychiatry can have an important role to play in instituting strategies of reducing stigma, psychosocial interventions for common mental health problems, and group approaches at helping the communities in coming back to the pre Covid era. The World Association of Social Psychiatry (WASP) issued a

position statement in May 2020 expressing concerns at the worldwide psychosocial consequences of the pandemic and suggesting need for a multicountry, multisectoral and multimodal approach. Faculty comprises of leaders in social psychiatry from different parts of the world, who would share their experiences at dealing with the psychosocial issues, and reach a consensus to how to deal with such situations in future.

Crisis Coordination With Law Enforcement: To CIT and Beyond!

Chair: Tony Thrasher, D.O.
Presenters: Debra A. Pinals, M.D., Charles Browning, M.D., Christina Terrell, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Process the need for psychiatric leadership/involvement with law enforcement collaboratives.; 2) Discuss how the field of psychiatry can assist not only patients in crisis but also with the law enforcement officers tasked to care for them in the community; 3) Educate upon how the field in question has evolved over time, including early expansions into what is now known as CIT.; 4) Proffer unique new programming that builds upon CIT tenets while also showing more adherence to the evidence base of trauma informed care and recovery models.; 5) Examine how the slate of presenters are handling this in unique geographical settings (all four practicing in different venues across the country)..

SUMMARY:

Patients with mental illness often find themselves at an intersection with law enforcement due to a myriad of reasons. These include but are not limited to: geography of the crisis, local civil commitment laws, lack of mental health community capacity, acuity of illness, and/or the ideas behind specific modes of access or crisis resolution. Improving these interactions have been a long-standing goal of mental health professionals, as noted by differing approaches and curricula, manifesting with Crisis Intervention Training (CIT) and similar modules. While this modality has proven to be of assistance to both patients and community stakeholders, there has been a great deal of evolution of these processes. Hence, this discussion is intended to cover such advances with subject matter experts focused on expanding the skill set of those in the audience! This talk will focus on not only the rationale behind these innovations but also the history of the metrics and outcomes that benefit this relationship. To best educate on this topic includes the need to examine both the medical stakeholders in these processes (health systems, physicians, emergency rooms, patients) as well as the non-medical stakeholders (law enforcement, advocates, family members, peer support, payors, policy makers). Once covering current state, the presenters will then speak to future plans on this topic including grassroots change, educational curriculum, and policy initiation. These advancements will be covered at the state, federal, and local governmental levels. Additionally, there will be discussion of how this topic (and its synergy between mental health and law enforcement) can assist in germane items as of late focused on police adverse outcomes with patients as well as advocacy to benefit the patients, their families, and those that provide care for them (both medical and otherwise). A notable strength of the program will be the diverse backgrounds of the presenters. While all four physicians have led CIT programs and developed training curricula, each individual also practices in a different area of the country facing their own unique challenges…….. thus the need to process items at the programmatic level as well as larger products via SAMSHA and Crisis Now. Hence, we look forward to presenting on this complex, yet very germane topic in today's society. The audience will be actively engaged in discussions and case examples looking at both current and future state. Additionally, the diversity of the presenters' respective backgrounds will allow any participant to find information of relevance to their practice……whether that be at the local level or for those looking to collaborate on larger projects. The more that physicians are active with the law enforcement community, the greater the positive outcomes for our patients and our communities.

Delivering HIV Prevention and Care to Transgender People: An Update

Chair: Kenneth Bryan Ashley, M.D.
Presenters: Carmen Casasnovas, Kenneth Bryan Ashley, M.D., Luis Filipe Gomes Pereira, M.D., M.S., Max Lichtenstein, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) understand the prevalence of HIV in the transgender population; 2) identify transgender individuals at high risk of HIV infection; 3) identify how stigma can affect both HIV and psychiatric treatment adherence; 4) understand the use of PrEP in the transgender population.

SUMMARY:
Worldwide, according to UNAIDS, individuals identifying as transgender remain among the most heavily affected by HIV and are considered a key population. Within this group, transgender women are the most vulnerable. In 2018, the risk of contracting HIV was 12 times higher for transgender women than for adults aged 15 to 49. Risk factors for HIV infection include engaging in condomless sex, lower perceived risk of HIV, multiple sex partners, and sharing equipment to inject hormones or drugs. Stigma may be the largest barrier to access to care for HIV+ transgender people. Transgender people face discrimination from both their HIV status and gender identity/expression, but also are more likely to be involved in the underground economy (sex work, illegal drug dealing), which presents unique challenges in risk management. This population is also more likely to have mood and anxiety disorders, substance use and trauma. Taking a trauma informed approach to treat this population will be key to rapport building, good therapy outcomes, as well as to identify root causes of what is often seen as problematic patient behavior. Pre-Exposure Prophylaxis with FDA approved medication is a valuable HIV prevention tool in this population with increased risk for HIV infection. Overall knowledge of risk for HIV infection, stigma and its effect on health outcomes, as well as the use PrEP when taking care of patients identifying as transgender is a necessary step in reducing the incidence of new HIV infections. Dr. Casasnovas will start this session by reviewing the epidemiologic data and risk of HIV infection in individuals identifying as transgender, including individual perceived risk and its effect on health outcomes Using the stigma-sickness slope theory, Dr. Lichtenstein will explore issues of stigma, access to care, and discrimination. He will discuss how compounding layers of stigma adversely affect health outcomes and increase morbidity and mortality. Dr. Ashley will review the indications for the use of PrEP and its role in HIV prevention in the transgender community, including potential barriers. Finally, Dr. Pereira will discuss recent data pertaining possible risk compensation behavior in PrEP users, uptake, and future pharmacological preventive methods.

Depression in Families: Clinical Opportunities for Breaking the Cycle of Transmission
Presenter: Myrna Weissman, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) To understand the long-term risks on functioning of major depression that is familial; 2) To understand the critical ages of onset of major depression for early interventions; 3) To understand potential targets of interventions for the individual and the family member to break the cycle of transmission; 4) To learn the status of one brief evidence-based psychotherapy: interpersonal psychotherapy; 5) At the conclusion of this session, participants will understand the potential of screening and interventions for persons at high depression risk..

SUMMARY:
I will use the honor of this award to give clinical highlights of my research that may be of interest to those who treated depressed patients and who look for opportunities to intervene early. I will begin with a summary of 38 years studying the offspring at high risk for depression but virtue of having a parent with moderate or severe depression. These offspring will be compared to those with a parent who has never been depressed (low risk). These findings show a long-term increased risk of depression, anxiety, substance abuse in the high-risk offspring, an early age of onset, poor functioning over the years, and an astonishingly high rate of deaths for unnatural causes of suicides and overdoses. In a second line of research looking for interventions, we showed that by successfully treating the depressed parent to remission, we could reduce the symptoms of the untreated child, and these symptoms remained in remission for at least a year. Our two studies used medication to treat the mother, a third study by

another group had similar effects using interpersonal psychotherapy with the mother. The final part of my talk will touch on psychotherapy. I will briefly describe interpersonal psychotherapy (IPT), an evidence-based treatment with over 130 clinical trials recommended in a number of guidelines, most recently the US Preventative Task Forces for treatment of depression during pregnancy. IPT is not the only good treatment for depression or the only evidence-based psychotherapy. I talk about IPT because I invented it with my late husband, Gerald Klerman, M.D., a psychiatrist. I know it well, and some features of its global reach are relevant for the current treatment of depression, especially the need for brief effective treatment with the COVID epidemic. IPT has helped with the eruption of depressive symptoms in the context of interpersonal problems of grief, life changes, disputes, and loneliness and isolation. These are problems highly associated with depression and now the COVID. Globally, hundreds of community health workers in primary care have been trained to carry out IPT individually and in groups providing a large and trained workforce to treat mild to moderate depression. These efforts are relevant today in the U.S.

Dialectical Behavioral Therapy With Adolescents: Fostering a Ninja Mindset

Chair: Robert D. Friedberg, Ph.D.
Presenters: Erica Rozmid, Ph.D., Micaela A. Thordarson, Ph.D., Rebecca La Prade, Ph.D., Anaid Atasuntseva, Ph.D.
Discussant: Alec Miller, Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the elements of a Ninja mindset and the ways DBT can facilitate this perspective; 2) Learn how DBT may be delivered via telehealth platforms to develop flexibility and adaptive coping; 3) Recognize how to optimize DBT phone coaching with adolescents; 4) Identify the way adolescents can walk the middle path and practice emotional regulation regulation strategies through family based DBT; 5) Appreciate the role of mindfulness in DBT with adolescents.

SUMMARY:

The COVID-19 pandemic is covering the world with a cloud of uncertainty. Not surprisingly, anxiety, depression, irritation, and anger is increasing especially in individuals who are intolerant of uncertainty and emotional distress. The need for effective emotional regulation strategies and methods to promote psychological flexibility is undeniable. Fortunately, Dialectical Behavior Therapy (DBT) is an empirically supported psychosocial intervention for adolescents challenged by multiple psychiatric challenges. Characterized by a synergistic combination of the biopsychosocial model, behaviorism, and the notion of dialectics, DBT surfaced at the crest of the third wave of behavioral therapies. Currently, the approach is practiced in outpatient settings, inpatient units, partial hospitalization programs/IOPs, forensic centers, and integrated pediatric clinics. DBT balances acceptance and change strategies that increase motivation, distress tolerance skills, mindfulness, psychological flexibility, and adaptive perspective taking. The Ninja mindset is marked by acknowledging the wisdom of patience, the necessity of challenging one's fears, choosing a path of justice for the self and others, delaying gratification and resisting impulses, tolerating emotional distress, and maintaining equilibrium in life. Achieving a Ninja mindset and DBT's clinical objectives are well-matched. This clinician-friendly presentation brings together five experts (Drs. Rozmid, Thordarson, La Prade, Atasuntseva, and Miller) working in different settings (outpatient, inpatient, IOPs, etc) that deliver DBT via various platforms (live, remote, phone, etc). Each presentation highlights the ways DBT fosters a nimble Ninja mindset. Rozmid (UCLA) will explain the rudiments involved in delivering DBT via telehealth platforms in order to facilitate the Ninja mindset. La Prade (McLean Hospital/Harvard SOM) will present how DBT skills are taught in a family context to help individuals walk the middle path and practice emotional regulation. Atasuntseva (Stanford SOM) will discuss ways to integrate mindfulness practices into DBT with adolescents. Thordarson (Children's Hospital of Orange County) will highlight the role of phone coaching in DBT with young patients. The noted DBT expert and pioneer in applying the approach to adolescents, Dr .Alec Miller (Cognitive Behavioral Consultants), the pioneer in

applying DBT to adolescents, serves as the discussant and will add remarks that synthesize the four presentations. In sum, this presentation is precisely aligned with the 2021 APA convention theme, by providing clinical portable information to practitioners so they can equitably care for a diverse population.

Evidence-Based Treatment Approaches for Suicidal Adolescents
Chair: Michele Berk, Ph.D.
Presenter: Claudia Avina

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Learn evidence-based safety practices for youth at risk for suicide.; 2) Become familiar with existing evidence-based treatment approaches for youth at risk for suicide.; 3) Learn the basic components and interventions used in Dialectical Behavior Therapy with adolescents at risk for suicide.; 4) Understanding the difference between non-suicidal self-injury and suicide attempts in youth..

SUMMARY:
Suicide is the 2nd leading cause of death among 10-34 year-olds in the United States (CDC, 2017). According to the Youth Risk Behavior Survey, a biannual national survey of high school students in the United States, just under 1 in 5 high school students have reported seriously considering attempting suicide (17.7%) and just under 1 in 10 reported attempting suicide in the past year (8.6%; Kann et al. 2016). Suicide rates have continued to rise across age groups in the United States over the last 15 years, with females aged 10–14 showing the greatest increase (200%; Curtin, Warner, and Hedegaard 2016). Given the magnitude of the problem, it is critical that mental health professionals who treat adolescents are familiar with evidence-based strategies for reducing suicide risk in youth. In this general session focusing on evidence-based approaches for working with youth at risk for suicide, we will provide 1) an overview of the epidemiology of suicidal and self-harm behavior in adolescents; 2) review known predictors and risk factors for suicidal behavior in youth; 3) review evidence-based safety interventions for reducing suicide risk; 4) review extant evidence-based treatment approaches and 5) review Dialectical Behavior Therapy (DBT) with adolescents. DBT is currently the only "well-established" evidence-based treatment for reducing self-harm in youth. In order to provide audience members with practical tools for utilizing the techniques we describe in their clinical practices, we will include didactic presentation as well as experiential techniques, such as role plays, demonstrations and case examples.

Excited Delirium Syndrome: An Excuse or a Diagnosis?
Chair: Julie Owen, M.D., M.B.A.
Presenter: Sarah Elizabeth Slocum, M.D.
Discussants: Leslie Zun, M.D., M.B.A., Thom Dunn, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Highlight the existing literature surrounding “excited delirium syndrome” (ExDS) and patient morbidity/mortality; 2) Propose a centralized criterion for a diagnosis of “excited delirium”; 3) Identify the challenges with making this diagnosis in field settings; 4) Identify the overlap of this diagnosis with other disorders, including substance intoxication; 5) Review the evidence on pharmacological treatment approaches, including ketamine.

SUMMARY:
As our country and our world have become more reliant on daily technologies, the ability of bystanders to record people’s behaviors has cast a critical eye on public events. In particular, the recent murders of George Floyd and Elijah McClain while in police custody share concern for a diagnosis of excited delirium in the popular media, with available recordings for review. However, there is no formal criteria-based consensus for "excited delirium” as a diagnosis, nor universal protocols for what treatment is indicated. Additionally, little is reported regarding the fact that it is often diagnosed and treated “in the field,” sometimes by police officers with minimal medical training. We assembled a panel of physicians (representing Emergency Medicine and Psychiatry) and a clinical psychologist who is also a paramedic to discuss excited delirium.

We will present a brief didactic (approximately 30 minutes) focusing on the most commonly accepted features of the syndrome of excited delirium, the overlap of this diagnosis with other conditions (especially substance intoxication), challenges with management in the field and within emergency medicine, currently utilized treatments (focusing both on Project BETA as well as the current literature on ketamine) in the field and the acute care setting, and use of the diagnosis as a cause of death. We intend to further discuss recent instances in the news, including what has been released regarding presentation, attempted management, and aftermath. We will analyze various EMS protocols for management of excited delirium, including what is recommended for restraint and sedation for safety. A pre-hospital patient scenario will be presented and discussed. Lastly, our panel will provide their own experiences with excited delirium, as well as their opinions on the particular complications of this diagnosis from a variety of professional lenses. We will then allow a Q&A for audience participation.

Expanding Access to Measurement Based Care: Evidence and Policy Initiatives That Incentivize Quality Care and Health Equity

Chair: Carol L. Alter, M.D.
Presenters: Henry T. Harbin, M.D., Michael Schoenbaum, Glenda Louise Wrenn Gordon, M.D., Shawn Griffin, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the policy landscape and opportunities encouraging measurement based care (MBC); 2) Understand the evidence for managing care at the population level using MBC; 3) Understand the role MBC plays in addressing care equity; 4) Understand accreditation organizations recognition of the value of MBC that is routinely used in clinical care settings.

SUMMARY:

Measurement Based Care (MBC) is a set of standard processes used to support engagement, diagnosis, condition monitoring, treatment adjustment, and the evaluation of outcomes. MBC is considered a core component of numerous evidence-based practices and seeks to balance the optimization of care with economic, patient, and clinician burdens. Of note, MBC is a core aspect of non-behavioral health medical care (e.g. use of blood pressure to manage hypertension) and has long been understood as a critical driver of improved outcomes. Implementation of behavioral health MBC with regular use of standardized assessment tools is linked to improved outcomes, such as improved symptoms, lower readmission rates and better quality of life. The known variations in depression treatment outcomes are evidenced by poor performance on quality measures and are the basis for existing depression measures used in national programs such as the CMS Quality Payment Program and HEDIS. Recentlythe Joint Commission and URAC have implemented new elements in accreditation programs that focus on use of MBC in care for behavioral health disorders. Despite the customary use of MBC in medical disease management and recent increase in implementation of MBC in the mental health field, only 17.9% of psychiatrists and 11.1% of psychologists routinely administer standardized tools for assessing symptoms. Even fewer clinicians routinely use these tools for assessing functioning or recovery. Further, although the use of standardized assessments has been shown to significantly improve outcomes compared to usual care, are feasible to implement on a large scale, and are highly acceptable to patients there is still low and variable implementation of MBC among behavioral healthcare clinicians and across settings. Importantly, use of MBC provides an opportunity to address health equity, by allowing for greater objectivity of assessments that MBC allows. Finally, while there is compelling clinical evidence to support use by providers, recent changes in accreditation standards and performance payments that are tied to use of MBC create important incentives for providers to deliver MBC. Presenters will provide an overview of ongoing policy objectives, highlight the evidence supporting the use of the Measurement Based Care and the positive impact this evidence-based process has on outcomes across patient populations. The session will include information on recent actions of standard setting organizations to encourage adoption of MBC.

Getting Animated in a Queer New World: Steven Universe as a Socially Conscious Cartoon for Exploring and Understanding Sexuality and Gender Diversity

Chairs: Diana M. Mujalli, M.D., Amy Elizabeth Curtis, M.D.
Presenter: Mamatha Challa, M.D.
Discussants: Myo Thwin Myint, M.D., Christy Duan, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discover the groundbreaking series Steven Universe, a socially conscious cartoon that explores themes of social justice, gender & sexual diversity, mental health, and complex family dynamics; 2) Demonstrate understanding of the psychosocial impact of queer-affirming media, with emphasis on use of animated formats to serve the needs of the LGBTQ community and others with diverse identities; 3) Examine intersecting themes related to mental health, gender, and sexuality, using active engagement techniques such as live participation and interactive audience discussion; 4) Incorporate relevant themes into clinical practice with focus on supporting the mental health and wellbeing of gender and sexual minority patients.

SUMMARY:

Steven Universe, an animated television series which aired on Cartoon Network, has stood out as a show that pushes the boundaries of queer representation in the media. The session will highlight the significance of representative television for minority groups, with emphasis on the ability of animated media to uniquely serve the needs of LGBTQ youth. Using active engagement tools, presenters will facilitate discussion on the intersections between mental health, media, and diverse identities with use of screening a carefully selected episode of the show, projection of live audience commentary in the Zoom chat, and interactive audience dialogue. Viewers will gain familiarity with relevant pop culture and be inspired to incorporate diverse themes into clinical practice to better meet the mental health needs of individuals with diverse identities. By creatively depicting narratives on gender, race, and diverse relationships, the show explores important themes that were previously nonexistent in popular media. Gathering a large, cult-like following of youth and adults alike, the show has earned an Emmy and a GLAAD nomination, with growth into spin-off shows and a feature-length film. Steven Universe is also the first major animated series created by an individual who does not identify as male, Rebecca Sugar, who has more recently come out as a bisexual non-binary woman. The show itself is a humorous, whimsical, sci-fi adventure series using colorful storyboards and catchy musical numbers to explore both the comedy and the complexity inherent to exploring our unique identities. In contrast to cartoons from earlier decades where less than one third of all characters were female and of those characters nearly all had underdeveloped narratives, Steven Universe depicts a cast of feminoid, gender-ambiguous characters diverse in sound, appearance, age, and personality. The series has been celebrated for its representation of LGBTQ themes and identities, with inclusion of queer and nonbinary characters helping to embrace universal emotions and individuality. The clinical utility of introducing media elements to facilitate discussion and skill-building has been well-established, as recently highlighted with use of the animated film Inside Out to enhance emotional intelligence in youth therapy settings. The selected episode will be screened to provide insight into the show and spark discussion surrounding mental health and diversity. Several active engagement techniques will be used throughout. Presenters will synopsize commentary during the episode airing. Selected themes from viewer commentary will be highlighted after the episode is viewed, culminating in a discussant-facilitated, audience-driven dialogue.

Health Policy and LGBTQ Mental Health

Chair: Amir Ahuja, M.D.
Presenters: Amir Ahuja, M.D., Cathy Renna, Jack Drescher, M.D.
Discussant: Saul Levin, M.D., M.P.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) By the end of this Symposium, the audience will be able to identify policies and laws that affect LGBTQ mental health.; 2) By the end of this Symposium, the audience will be able to define conversion therapy and identify its negative

impact on LGBTQ people.; 3) By the end of this Symposium, the audience will be able to identify three ways religious liberty laws could impact the lives of LGBTQ Americans.; 4) By the end of this Symposium, the audience will be able to identify Section 1557 of the Affordable Care Act and discuss mental health parity's impact on LGBTQ mental health.; 5) By the end of this Symposium, the audience will be able to discuss the marriage quality timeline and its impact on LGBTQ mental health..

SUMMARY:

It feels like there has never been as much focus on health policy as there is now. We are in a very fraught political state, with uncertainty in our courts, a dangerous rise in mental health symptoms, and a pandemic raging throughout the country (and the world). This symposium addresses multiple areas where health policy and the law intersect with mental health in general, and specifcally, the mental health of LGBTQ people. It is well known that there are health disparities for LGBTQ people, and that is very true with mental health. This is partly due to Minority Stress, and is greatly influenced by laws and institutions in a society. We will begin this symposium discussing Religious Liberty Laws. There has been a lot of movement in the past few decades to assert religious liberty in various aspects of life in America. Increasingly, this issue is being fought in the courts. There are various ways of looking at this, though for LGBTQ people, this can be dangerous and limit the ability of this group to live their lives fully and openly. Dr. Jack Drescher will discuss the impacts of these laws on LGBTQ mental health, which include increased stress, but also encompass limits in ability to get health care and equal access to providers and procedures. After this, Dr. Saul Levin will discuss the Affordable Care Act. In particular, he will focus on the Mental Health Parity and Sexual Orientation and Gender Identity protections within the Act. These have greatly aided LGBTQ people in obtaining quality mental healthcare and better mental health outcomes. It has also lifted the importance and coverage for mental health in general. Cathy Renna, Communications Director for the National LGBTQ+ Task Force, will discuss how religion is being used to promote anti-LGBTQ legislation and the efforts being taken to counter this message. She will emphasize the Task Force's effort to have laws based on science, and not opinion or religious belief. Finally, Dr. Amir Ahuja will be presenting on Marriage Equality. This was decided with a Supreme Court case in 2015, but there are continual challenges to that ruling. The importance of these equal rights cannot be overstated, as marriage in the USA comes with over 1,000 legal rights. These include hospital visitation and inheritance rights, and in many ways, marriage for LGBTQ people has improved and sustained better mental health outcomes. All of these connected issues will be dissected from a health perspective, legal perspective, and civil rights perspective. This symposium will inform the audience of the latest developments with this, and how the law can influence mental health more generally. It will conclude with a discussion about the role of Psychiatry in policy.

Here's Your Hat, What's Your Hurry: Career Transitions in Academic Psychiatry

Chair: Philip R. Muskin, M.D., M.A.
Presenters: Sherry P. Katz-Bearnot, M.D., Linda Worley, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Review career paths of clinician/educators; 2) Understand sought after and involuntary career transitions; 3) Experience how work-life balance can be disrupted by career transitions; 4) Explore how COVID has caused career transitions for psychiatrists.

SUMMARY:

The twists and turns of an academic career can bring great joy, adventure and opportunity as well as crushing anguish, frustration and misery. Three clinician/educator psychiatrists with experience in senior management positions, including leadership in national psychiatric organizations come together to offer personal perspectives, insights and lessons learned. The session will include an interactive discussion period for participants to seek informal mentoring and feedback from the group. The goals of the session are to engage participants in the process of discovering what gives them the greatest satisfaction professionally and how that satisfaction can be preserved, albeit modified, through the

lifespan of the physician. Career transitions are important and complicated. A perfect position is rare and knowing when it is time to move on isn't always straight forward. What is most important is honoring one's values and contributing to the field in meaningful ways. Each speaker will share "lessons I wish I could have told my younger self" with 3 take home truths: · You can love an institution, but it won't love you back. · Negotiate & ask for help before you're barely hanging on for dear life. · Have the courage to set out for new seas when the one you're in is filled with pirates. The world may be calling for you! · Your value is NOT your position. · Your friends and national colleagues are your life-line to survive the rough times. · Some institutional decisions aren't personal. · Festering anger and resentment saps your energy. Forgiveness and letting go to move on is empowering. · The best revenge is thriving, living your values and being genuinely happy. What are the risk factors for anger/sense of helplessness/depression when career changes are caused by decisions not under the control of the individual? How can we be alert to signals that such things are likely to occur, even though they cannot be avoided? How can psychiatrists in academic settings "take stock," i.e., figure out what you are really good at, what you really like to do? How does a clinician/educator cobble that together with what might already be available programmatically (rather than having to invent a place for yourself)? What are the mechanisms to decide how much responsibility you want to carry and how does one align all of that with financial needs and goals and personal needs/goals for travel and time off? No one likes to become superannuated, but in psychiatry in particular there are the terrible stories of teachers who have stayed too long at the fair. How do we remain self-aware to allow ourselves to make changes when they are necessary?

Improving Sexual Safety in Inpatient Psychiatric Facilities

Chair: Holly Betterly, M.D.

Presenters: Divya Patel, M.D., Jamie Karasin, M.D., Brian Scott Barnett, M.D., Meghan Musselman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize that sexual assault in inpatient psychiatric facilities is a widespread and likely underreported problem presenting unique medical, ethical, and legal challenges for providers; 2) Identify factors placing patients at greater risk for sexual assault during inpatient psychiatric hospitalization; 3) Understand the importance of implementing a clearly defined policy for addressing allegations of sexually inappropriate behaviors in inpatient psychiatric facilities; 4) Describe strategies for managing sexual assault allegations in inpatient psychiatric facilities.

SUMMARY:

Sexual assault is a widespread and underrecognized issue that has been subject to increasing national attention in recent years. Despite growing dialogue surrounding this issue and calls to action throughout American society, research on sexual violence in inpatient psychiatric facilities and discussions about it are surprisingly scarce in the psychiatric literature. This is unfortunate, since sexual assault is a serious patient safety issue with detrimental and lasting consequences for both patients and providers. Existing data indicate that, as in the community, the prevalence of inappropriate sexual behaviors in inpatient psychiatric settings is likely underreported. As providers, it is our responsibility to not only educate and prepare ourselves to respond when these scenarios arise, but to also facilitate much needed conversation in our field about identifying and addressing barriers to both preventing and detecting inappropriate sexual behaviors in inpatient facilities. During this presentation, we will review relevant epidemiological data, with particular emphasis on factors that may place some patients at increased risk of experiencing sexual victimization and others at higher risk of perpetrating it. We will also discuss policies and procedures for managing sexually inappropriate behaviors in inpatient psychiatric settings. In doing so, we hope to educate and empower audience members to implement strategies within their own facilities to reduce the occurrence of sexual violence and effectively respond to the physical and psychological needs of survivors when it cannot be prevented. Examples of actual patient sexual assault cases will be used to

provide perspective into the consequences of such incidents, particularly their legal ramifications. Audience members will be encouraged to participate via a case-based discussion centered around brief clinical vignettes representative of scenarios that providers may encounter in their practice. This open-ended discussion aims to engage participants in applying the strategies and skills presented throughout the workshop, as well as elicit perspectives from providers around the country.

In an Insecure World Breath-Based Practices Promote Secure Attachment, Social/Emotional Development, and Stress Resilience
Chair: Patricia Lynn Gerbarg, M.D.
Presenter: Marilyn R. Sanders, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) List three biologic/physiologic processes modulated by social connectedness.; 2) List three evolutionarily determined mammalian autonomic states based on perception of environmental safety or threat.; 3) Describe two effects of Coherent Breathing on the autonomic nervous system.; 4) Identify populations that could benefit from using voluntarily controlled breathing practices to reduce adverse effects of stress..

SUMMARY:
Stress from the COVID-19 pandemic exacerbates health inequities and compounds adverse childhood events (ACEs). Stress-reducing breath-based mind-body treatments that decrease sympathetic overactivity and increase parasympathetic underactivity characteristic of chronic stress states, could play a major role in prevention and recovery. Neonatologist, Dr. Sanders discusses Polyvagal theory, emotion co-regulation and self-regulation within close relationships. When babies and young children are connected to loving, attuned caregivers, their autonomic nervous system sends signals of safety and security reflecting enhanced parasympathetic ventral vagal tone. Over time, safe dyadic relationships lead to secure attachment with improved physical and social-emotional well-being. However, if disruptions of connectedness become chronic, the infant or child senses danger, leading to either sympathetic over activation or dorsal vagal despair. ACEs including physical, emotional or sexual abuse; domestic violence; parental severe mental illness or substance use disorder, and divorce. Current ACEs include forced separation of families at the border, unaccompanied minors, increased parental incarceration, childhood medical trauma and hospitalization, and the stress of Covid-19. Evolving ACEs call for new models of care. Parents' stress profoundly impacts fetal and infant development (prematurity, low birth-weight, immune and metabolic functions, cognitive/language/psychomotor development). Teaching parents to use breathing practices helps them feel competent in calming their babies. Parents observe that babies are better able to feed (stop regurgitating). They watch monitors showing (increased oxygen saturation) as their baby becomes calmer, less agitated. Breathing methods help parents feel calm and confident with their baby, supporting attachment and healthy development. A case of breath work with a high-risk mother is presented. Dr. Gerbarg will discuss neurophysiological mechanisms thought to underlie the effects of voluntarily regulated breathing practices (VRBPs) on psychophysiological states. Changing the pattern of breathing, changes the messages sent to the brain from the respiratory system, messages that have widespread, effects on thoughts, emotions, perceptions, and behaviors. Slow gentle breathing (4-6 bpm), such as Coherent (Resonant) Breathing shifts autonomic balance, reducing defensive reactions (fear, anger, mistrust) and supporting activation of the social engagement network, necessary for healthy communication, cooperation, compassion, and empathy. These practices can be taught in-person or online.

Individual and Community Trauma: Impact, Risk, and Interventions
Chair: Joshua C. Morganstein, M.D.
Presenter: Gary H. Wynn, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Review the adverse psychological and behavioral responses to trauma for individuals and communities.; 2) Describe

individuals and event-related characteristics of trauma that influence risk for adverse outcomes.; 3) Understand the neurobiology underpinning the development of trauma response.; 4) Discuss the framework for early interventions developed to mitigate negative effects of trauma.; 5) List the existing and emerging treatments for trauma and stressor disorders..

SUMMARY:
Trauma affects millions of people every year. Whether from interpersonal violence or far-reaching disasters, the impacts of violence can ripple across a community. Our presentation, "Individual and Community Trauma: Impact, Risk, and Interventions" seeks to provide an overview of this important topic. This presentation will draw heavily from the vast experience of the Center for the Study of Traumatic Stress, one of the nation's oldest and most highly regarded academic-based organizations dedicated to advancing trauma-informed knowledge, leadership and methodologies. Beginning with the psychological and behavioral responses to trauma, the audience will be provided with a review of the adverse effects of individual and community trauma followed by a description of factors that influence overall risk for negative outcomes. Beyond these fundamental concepts, this presentation will cover the current understanding of the neurobiological underpinnings of trauma response. After this review of the impact and risk of trauma we will discuss principles of early interventions to mitigate adverse effects of trauma as well as existing and emerging treatments for trauma and stressor related disorders. Throughout this review we will strive to provide key scientific findings as well as ensure clinical relevance for attendees providing direct care to those who have suffered from trauma.

International Research Collaborations in Global Psychiatry and Mental Health: The World Early Career Psychiatrists' Think Tank
Chairs: Zargham Abbass, M.D., Victor Pereira-Sanchez, M.D.
Presenters: Laura Orsolini, M.D., Lamiaa Essam Hamed Ahmad, Ruta Karaliuniene, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Acknowledge the power of international collaborations among colleagues to conduct research in relevant topics of global psychiatry and mental health.; 2) Realize the importance of cultural humility when seeking to understand mental health and psychiatric practice across disparate and diverse countries.; 3) Be motivated to foster collaborations in psychiatry practice and research with international colleagues, acknowledging the challenges and opportunities of such online-based, transcultural endeavors..

SUMMARY:
Around the time when COVID-19 was declared a global pandemic, a group of early career psychiatrists (ECPs) across the world, connected through the World Psychiatric Association (WPA) ECP section, joined forces with other colleagues and eventually established a global research 'think tank' to understand the effects of COVID-19 on public mental health worldwide and propose new perspectives and solutions. The group, connected through the internet, brought to its members not only co-authorship of scientific publications, but also a borderless space for friendship and further collaboration. It also eventually expanded its research scope beyond COVID-19. This session, chaired by two members of the APA Global Mental Health Caucus, and with its support, will count on five ECPs and trainees involved in this endeavor. Our goal is to show an example of international collaborations in psychiatric research to address questions of current concern from a global perspective, presenting our published and ongoing work. The session will be chaired by Dr. Pereira-Sanchez, a psychiatrist in New York. He joined the group of ECPs during its early formation and helped it expand to a large and open 'think tank', which he coordinates. He has been encouraging members to bring new ideas and transform them into successful research collaborations. Dr. Essam, neuropsychiatry resident at the General Secretariat of Mental Health & Addiction Treatment of the Ministry Of Health & Population in Egypt, and international member of APA and WPA, will present on our original study assessing the phenomenon of psychosis-like episodes in adolescents and older adults during the pandemic. Dr. Orsolini is a clinical researcher and

early career addiction and forensic psychiatrist working in Ancona, Italy, secretary of the section on Telemental Health of the European Psychiatric Association (EPA) and ECP Committee regional coordinator of the Italian Society of Psychiatry (SIP). She will talk about multifaceted aspects of COVID-19 outbreak on mental health, discussing the topics of telepsychiatry, the emergence of addictive disorders and COVID-19-related stigma behaviors. Dr. Karaliuniene, PhD student and resident in adult psychiatry at the Academic Hospital - Technical University Dresden, will talk about the global impact of COVID-19 on the practice, training and research of ECPs. Dr. Abbass, a resident psychiatrist in Kansas City, MO, will co-chair the session. He joined the 'think tank' during the spring of 2020 and has led the first project beyond COVID-19, bringing global perspectives on the effects of systemic racism on the mental health of children and adolescents from ethnic minorities worldwide. A discussion with the audience will follow. We seek to attract a wide audience, especially inviting younger and senior colleagues with expertise or interest in international psychiatry and global mental health research.

Latinx 2021: Solving the Dilemma
Chair: Bernardo Ng, M.D.
Presenters: Eugenio M. Rothe, M.D., Renato Daniel Alarcon, M.D., Theresa M. Miskimen, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) • Recognize the phenomenon of migration and race in the US; 2) • Appreciate the disproportionate rates of disease among Latinos in the US; 3) • Understand cultural aspects behind these Latinx disparities; 4) • Realize how mentorship programs have contributed to the presence of Latinx in leadership positions.

SUMMARY:
Latinx represent the largest minority in the US since 2003, and after almost two decades, continue to be underrepresented in the academic, corporate, and political environments. Latinx represent the highest group of all immigrants into the US (25-30%). This ethnic group, also has the highest prevalence (22.1%) of type 2 diabetes mellitus in the country, compared to non-Hispanic white (12.1%), African-American (20.4%), and Asian-American (19.1%) adults ($p<0.001$); which is increasingly recognized as a risk factor for major mental illness, such as schizophrenia, depression, and dementia. It is also well established that Latinx hold a lower educational level in the US compared to other ethnic groups. As per the US Census, in 2019, 40.1% of non-Hispanic whites age 25 and older had a bachelor's degree or higher, up from 33.2% in 2010. During the same periods, the percentage of African-Americans age 25 and older with a bachelor's degree or higher scaled from 19.8% to 26.1%; Asians from 52.4% to 58.1%; and Hispanics from 13.9% to 18.8%. Disproportionate effects during the COVID-19 pandemic, have not been the exception. While Latinx counties, defined as those with over 17.8% of their population represented by Latinos, only account for 11% of counties in the Northeast, 4% of counties in the Midwest, and 33% of counties in the West, there has been a dissimilar proportion of COVID-19 cases in each region with 63.4% of cases and 66.1% of deaths in the Northeast, 31.9% of cases and 22.6% of deaths in the Midwest, and 75.4% of cases and 73.7% of deaths in the in the West. Such disproportion was greater in counties with more monolingual Spanish speakers, higher employment, heart disease deaths, and less social distancing. This presentation will discuss how these factors impact the mental health of migrant and non-migrant Latinx, their idioms of distress during the current disaster and beyond, and the areas of opportunity to enhance health literacy, adherence to preventive measures, and early access to treatment. During this presentation, these adverse and persistent features will be contrasted with efforts to increase the opportunities of Latinx professionals to join the ranks of researchers and leaders in our field. Programs to mentor and recruit minority medical students and residents, will be presented, in the attempt to understand why we have not been able to solve the dilemma of being the largest minority, yet remain underrepresented among the stakeholders in mental health policy and planning.

Physician Well-Being: 'Good Stuff' During COVID-19
Chair: Peter M. Yellowlees, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Describe the role of a psychiatrist as a Chief Wellness Officer and change agent; 2) 2. Be aware of a number of preventive and educational approaches that enable physicians to maintain their health and avoid burnout; 3) 3. Understand the importance of messaging and communication on physician wellbeing as exemplified by weekly "Good Stuff" during Covid-19.

SUMMARY:

The profession of medicine is historically exemplified by denial of the personal needs of physicians, and self-sacrifice to the greater good of patients. This is shown in the Hippocratic Oath, where there is no mention of the importance of physicians maintaining their own well-being. The author of this invited session will summarize and discuss the rationale for writing two books on physician health, "Physician Well-being: Cases and Solutions" and "Physician Suicide: Cases and Commentaries" and will broadly discuss their content, and relevance in changing and improving the culture of medicine, especially during a pandemic. The books are used as core texts for a six month Fellowship in Clinician Well-being which has been taught to a total of 45 Fellows (including 40 physicians) in the first two cohorts, and cover much of the essential curriculum in physician well-being.The second cohort during Covid (April – Oct 2020) was entirely virtual. He will then review the role of Chief Wellness Officer which he occupies at UC Davis, a role that is becoming increasingly popular in US health systems, and argue that the main objective of the role is to be a change agent, focused on improving the culture of medicine, and healthcare more generally. The position description for his role starts with the following statemement: "The CWO's main responsibility is to develop a work culture in which physicians have the opportunity to not only show up and perform, but to thrive." There are many possible approaches to this role, and the seminar will focus specifically on one of the "cases" used at UC Davis during Covid-19. These are "Good Stuff" messages written by the presenter sent weekly, and sometimes bi-weekly, to all physicians, and weekly or monthly to all staff. The messages will be the focus of this presentation, demonstrating the importance of continuous honest and open communications and messaging. The audience will be given several exercises in brief writing and messaging during the session that will be reviewed by the group, and compared with messages sent out by the presenter during Covid-19.

Prediction of Disease Vulnerability and Treatment Response in Mood Disorders and PTSD: Personalized Medicine in Psychiatry

Introduction: Saul Levin, M.D., M.P.A.
Presenter: Charles Barnet Nemeroff, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To understand the principles of personalized medicine as applied to mood and anxiety disorders; 2) To understand the role of Genome Wide Association Studies, candidate gene approaches, transcriptomics, epigenetics, and proteomics in predicting disease treatment response in mood and anxiety; 3) To understand the role of gene-environment interactions, particularly early life trauma, in predicting treatment response in mood disorders.

SUMMARY:

Over the last quarter century, remarkable advances have been accomplished in biology and medicine in general and in neuroscience in particular. These landmark findings, particularly in molecular biology, genomics and brain imaging have not yet been translated into breakthroughs in either diagnosis or treatment of the major psychiatric disorders. This presentation will focus on several of the major neuroscientific advances that have occurred and how they will very likely result in the attainment of the "holy grail" in psychiatry, namely the realization of true personalized or precision medicine. More specifically, how advances in neuroscience and genomics will help identify the "at risk" population and moreover will help identify the optimal treatment for an individual patient will be described. The interaction of genetic vulnerability and environmental stressors as exemplified by the effects of childhood maltreatment on the diathesis for mood disorders and PTSD will be described. The role of genetic variability and epigenetic mechanisms in predicting vulnerability vs resilience in response to trauma will be explored with a focus on recent GWAS studies. The emerging role of non-coding RNA

in regulation of gene expression will be discussed. The extant data on prediction of treatment response in major depression will be described in detail including the currently available pharmacogenomic tools which have not lived up to their claims. However the future of pharmacogenomics is likely quite bright in predicting treatment response, as is other biomarkers that characterize significant subtypes of depression. The role of inflammation in the pathophysiology of a sizeable minority of depressed patients and its treatment implications will be discussed. Clearly a far better understanding of the underlying pathogenesis/pathophysiology of psychiatric disorders is required to develop validated biomarkers and most importantly novel treatments. With 100 million neurons and countless more glial cells and innumerable cell types, the human brain is far more biologically complex than any other organ. No wonder its secrets are so much harder to uncover than, for example, those of the liver with its two cell types.

Psychedelic-Assisted Psychotherapy for PTSD: Theory, Technique and Context
Chair: Harold Stephen Kudler, M.D.
Presenters: Robert Koffman, M.D., Mark Bates, Rachel Yehuda, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify the leading forms of psychedelic-assisted psychotherapy currently under study and describe their technical application.; 2) Assess the evidence for the relative contributions of biological and psychological aspects of psychedelic-assisted psychotherapy for PTSD.; 3) Assess the role which psychedelic-assisted psychotherapy may play within your own theoretical approach to psychological trauma and your clinical practice..

SUMMARY:
Psychedelics have long been employed by traditional healers to promote physical and mental recovery. The US Food and Drug Administration recently granted MDMA and psilocybin Breakthrough Therapy designation to accelerate study of their efficacy in psychiatric disorders while ketamine clinics multiply apace. Less obvious is the role which psychotherapy plays in the application and effectiveness of these compounds. This panel, designed to engage researchers, clinicians and policy makers, features Robert Koffman, M.D., CAPT, USN (Ret), first Senior Consultant for Integrative Medicine & Behavioral Health at the National Intrepid Center of Excellence, Mark Bates, PhD, LtCol, USAF (Ret), former branch chief, Psychological Health Promotion, DoD Psychological Health Center of Excellence, Rachel Yehuda, PhD, Director, Center for Psychedelic Psychotherapy and Trauma at the Icahn School of Medicine, Mount Sinai, and Harold Kudler, M.D., past Mental Health policy lead, U.S. Department of Veterans Affairs, who will review the pharmacological and psychological evidence base for psychedelic-assisted psychotherapy for PTSD, describe its clinical application and consider the role which altered states (sweat lodges, Mesmerism, hypnosis, sodium amytal and psychedelics) have played over the centuries in clinical and cultural efforts to transcend psychological trauma.

Psychotherapy for Psychosis: Perspectives on Current Interventions and Future Directions
Chair: Robert Osterman Cotes, M.D.
Presenters: Sarah Kopelovich, Michael Garrett, Kim Mueser, Eric Granholm

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Recall and describe three evidence-based psychosocial interventions for people with psychosis.; 2) Identify a common theme of how different psychotherapeutic interventions advance recovery for people with psychotic disorders.; 3) List two ways the current evidence-based interventions could be more widely deployed throughout community mental health..

SUMMARY:
The needs of people who experience psychosis extend beyond medication alone. The recently updated American Psychiatric Association practice guidelines for the treatment of patients with schizophrenia recommends or suggests that patients with schizophrenia receive the following psychosocial interventions: cognitive behavioral therapy for psychosis, psychoeducation, supportive psychotherapy, illness self-management skills, cognitive remediation, social skills training,

supported employment services, and family interventions. Other beneficial approaches include psychodynamic therapy, and third wave cognitive behavioral therapies like acceptance and commitment therapy, dialectical behavior therapy, compassion focused therapy, and dialogic practice. These interventions can play a key role in helping people rebuild their lives after an episode of psychosis and can help individuals to accomplish their interpersonal, educational, and vocational goals. Even if not practicing them directly, psychiatrists should view these treatments as standard of care, rather than ancillary to care. Yet the field faces challenges, as many evidence-based psychotherapeutic options are not widely available in community settings. Coordination of care with the various disciplines of treaters in a busy clinic setting can also be difficult. This session brings together a group of distinguished practitioners from different theoretical orientations to discuss their perspectives on the state of the science for psychotherapy for psychosis, as well as future directions.

Refining Translational Medicine Efforts in Neurodevelopmental Disorders
Presenter: Craig Erickson, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand the presentation of and targets of treatments in fragile X syndrome.; 2) Describe new non invasive means to characterize brain physiology utilized in clinical trial settings.; 3) Understand how as a field we need to parse heterogeneity even in single gene neurodevelopmental disorders to enhance treatment development..

SUMMARY:
Over the last 20 years significant efforts have focused on targeted treatment development in neurodevelopmental disorders. While this followed successful approvals of aripiprazole and risperidone as treatments of irritability in youth with autism, success has not followed from these early accomplishments. I will review how translational treatment development in neurodevelopmental disorders has re-tooled and learned from many past clinical trial failures. These developments include enhancing our understanding of small molecule target engagement with brain pathophysiology in persons with neurodevelopmental disability. To do this, our lab and collaborators around the country have focused on evaluating brain function and activity in ways that are amenable to use in clinical trial treatment development settings. This includes focus on modalities including, but not limited to, high density research EEG, computer based performance based testing, and quantitative measure of eye gaze and pupil response. In doing this we have also careful worked to synchronize our human measures with preclinical animal measures to heighten the chance of translational medicine success by using evaluations that in sync across species. This journey has allowed our lab to appreciate significant variation in even single gene disorders such as fragile X syndrome (FXS). In FXS we are defining molecular and neurophysiologic variation across individuals in a way that allows for subgroup selection and treatment matching in ways previously not utilized in our field. We are hopeful that our ability to better parse variation even in single gene neurodevelopmental disorders will results in the personalization of medicine in this field leading to success in treatment development.

Supporting ECPs and RFMs in Their Careers and Beyond
Chair: Saul Levin, M.D., M.P.A.
Presenters: Tristan Gorrindo, M.D., Nitin Gogtay, M.D., Regina James, 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.; 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, 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 leadership development.

The Challenge of Clinical Pharmacology and Pharmacogenetics in Later Life
Presenter: Bruce Godfrey Pollock, M.D., 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 have a greater understanding of the complex pharmacokinetic and pharmacodynamic factors that may affect drug response and predisposition to adve; 2) The participant will be able to identify the major P450 drug metabolizing polymorphisms and their role in drug-drug interactions.; 3) The participant will have an improved understanding of findings relevant to the safety of antidepressants and antipsychotics in older patients..

SUMMARY:
Psychotropics have been identified as the major class of medications causing drug-induced adverse events in older patients. The susceptibility of older patients to adverse events may be a result of pharmacokinetic and pharmacodynamic changes associated with aging, such as diminished glomerular filtration, reduced hepatic blood flow, and changes in neurotransmitter activity. Illnesses affecting many elderly persons leads to polypharmacy adding another level of complexity to psychopharmacological treatment. In this lecture, thirty years of the author's work in applying first, drug metabolic phenotyping with debrisoquine and mephenytoin for CYP2D6 and CYP2C19, respectively (prior to the advent of genotyping) and then genotyping for these two major polymorphisms as well as for 5-HTTLPR and CYP3A4 will be discussed. The author found an age-associated impact on the CYP2C19 polymorphism but not on CYP2D6. Polymorphism of CYP2D6 was demonstrated to be important in prospectively identifying poor metabolizers of nortriptyline and perphenazine. The CYP2C19 polymorphism and age effect on clearance subsequently was shown to be of consequence for citalopram induced QTc prolongation. Further analysis in our laboratory showed that this was mainly related to the citalopram's. The 5-HTTLPR polymorphism was found to influence antidepressant and amygdalar response. The apparent effect of age on CYP3A4-metabolized medications is through reduction of hepatic blood flow. Additional methods assessing serum anticholinergicity and population pharmacokinetics were employed to help understand and improve individual drug response. For example, population pharmacokinetics determined that higher 9-hydroxy risperidone concentrations led to diminished effectiveness in older patients in the CATIE trial. Population pharmacokinetics and CYP2C19 genotyping were able to identify additional variables affecting escitalopram clearance. A newly developed serum anticholinergic assay based on cultured M1 receptor cells was recently deployed in a study of 311 subjects with Mild Cognitive Impairment and was related to impairment in executive function. Older subjects have generally been excluded from regulatory trials for new medications. Following the release of the SSRIs, the author was amongst the first to discover their effect on platelet aggregation, inhibition of nitric oxide synthase, hyponatremia and impairment of postural sway. In a trial of patients recovered from depression with residual cognitive impairment, donepezil, contrary to expectations, did not improve cognition but significantly increased the likelihood of depression recurrence. The author has also worked for many years to reduce the prescription of antipsychotics to patients suffering from dementia accompanied by agitation. In the course of this talk the major drug metabolizing polymorphisms will be reviewed, emphasizing their potential for understanding drug-drug interactions and inter-individual pharmacokinetics.

The Clinical High Risk Syndrome for Psychosis: Past, Present, and Future
Presenter: Scott W. Woods, 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 recognize typical clinical features of the Clinical High Risk (CHR) syndrome for psychosis.; 2) At the conclusion of this session, the participant will be able to consider the

balance of benefits and risks to diagnose a patient with CHR.; 3) At the conclusion of this session, the participant will be able to develop an informed opinion as yo whether CHR should be included in DSM/ICD..

SUMMARY:
The Clinical High Risk (CHR) syndrome for psychosis offers hope for preventing schizophrenia and other psychotic illnesses, among the most disabling disorders in psychiatry and over the past 25 years may have stood the test of time. This presentation will touch upon the past, present, and future of CHR. Topics will include precursor movements to for the prevention of psychosis before CHR, the origins of the CHR concept, and the accumulating epidemiologic, clinical, biological, and therapeutic evidence for the syndrome's validity. A number of controversies surrounding CHR will be discussed as well: What should the entity be called? Should it emphasize risk or current illness? Is it a state or a syndrome? A diagnosis or an arbitrary point on a continuum? Are its outcomes pluripotential? Does it precede all cases of psychosis? Is there effective treatment? Should antipsychotics be used? Are patients harmfully stigmatized by the CHR 'label?' Should it be listed in DSM/ICD? and If these patients are so important, why is it so hard to find them? Recent developments in the expansion of clinical practice in CHR and in the development process for novel safe and specific treatments will also be discussed.

The IMG Journey: Snapshots Across the Professional Lifespan
Chair: Muhammad Zeshan, M.D.
Presenters: Ahmad Hameed, M.D., Manal Farrukh Khan, M.D., Souparno Mitra, M.D.
Discussant: 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.; 3) Discuss various practical strategies for programs 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 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.

The Physician Leadership Journey: Roadmaps and Potholes
Presenter: Kenneth C. Nash, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Establish their informal network; 2) Apply guidance to their own career trajectory; 3) Avoid various barriers to being an effective physician leader.

SUMMARY:
Not only is the role of "physician leader" attractive, but it's also imperative in the field of medicine. Physicians need to take active, administrative leadership roles to better serve their patients, their colleagues, and their health system. Unlike medicine, leadership does not come with a degree and therefore the path to leadership can be convoluted, unique, and just flat out tricky. Participants should be interested in growing their role from "physician" to "physician leader". Dr. Nash will present on his own unique journey while offering guidance, hindsight, and discussing potential pitfalls for current and future physician leaders.

The Self-Assessment for Modification of Anti-Racism Tool (SMART): Addressing Structural Racism in Community Mental Health
Chair: Rachel Melissa Talley, M.D.
Presenters: Kenneth Minkoff, M.D., Sosunmolu Shoyinka

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe how the Self-Assessment for Modification of Anti-Racism Tool (SMART) builds on prior existing health inequity frameworks; 2) Describe the components of the Self-Assessment for Modification of Anti-Racism Tool (SMART) and the key issues of mental health inequity that it aims to address in using these components; 3) Understand the process for using the Self-Assessment for Modification of Anti-Racism Tool (SMART) to facilitate organizational change in the community mental health setting.

SUMMARY:
In response to a reinvigorated national dialogue around structural racism, the American Association for Community Psychiatry (AACP) aimed to create a tool or roadmap for community behavioral health providers that would (1) provide metrics specific to disparity and inequity issues in community behavioral health; (2) extend beyond culture competency and linguistic appropriateness to incorporate structural inequity; and (3) promote a stepwise, concrete quality improvement process than could be adapted for self-directed use in community behavioral health settings. There are multiple prior examples of organizing principles and frameworks to address inequity and racism in healthcare (Spitzer-Shohat & Chin, 2019; Metzl & Hansen, 2014; Gomez et al, 2016). Despite the rich array of content to draw from in guiding equity-focused, anti-racist work in health care, none of these existing resources fully address the three key elements relevant to the AACP's goal. Here, we introduce the Self-assessment for Modification of Anti-Racism Tool (SMART), a quality improvement tool that aims to meet the AACP's needs in facilitating organizational change in community behavioral healthcare. In this session, we will review previously described health inequity frameworks, highlighting their strengths and their limitations as relates to addressing structural racism in community behavioral health practice. We will then introduce the key components of the SMART, describing our process in developing this organizational tool based on key inequity issues that are most relevant to community mental health practice. Lastly, we will use a case example to illustrate the process for using the SMART, and describe future directions for piloting this framework.

The Suicidal Physician: Narratives From a Physician Who Survived and the Physician Widow of One Who Did Not
Chair: Michael Myers, M.D.
Presenters: William Lynes, M.D., Linda Seaman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) 1. Appreciate the diversity of biopsychosocial factors that drive suicidal behavior in physicians.; 2) 2. Know how to conduct a suicide risk assessment when your patient is a physician.; 3) 3. Gain tips and insights from physicians who have "been there.".

SUMMARY:

Research is murky (or dated) on how many physicians die by suicide each year in the United States. There are even fewer data on physicians who attempt suicide, in part rooted in non-disclosure, shame and denial. In this session, Dr Michael Myers, a specialist in physician health will give a brief overview of what we know and don't know about suicide in physicians. Dr William Lynes, board-certified urologist, will give a brief history of how his professional and personal life was upended when he suffered two traumatic medical events that plunged him into a devastating depression. Struggling with hopelessness and burdensomeness he made several suicide attempts before receiving life-saving care. He has now retired and become a tireless advocate lecturing and writing about the importance of personal wellness and psychiatric treatment. Dr Linda Wrede-Seaman, a primary care and palliative care physician and former emergency medicine physician, is a survivor of her husband Dr Matthew Seaman's suicide. She will discuss the issues associated with the mental health deterioration of her emergency medicine husband from the 'insults and assaults' of the licensing board and the legal system at a vulnerable high-risk time, the first year after retirement. She will also address the barriers from insurance and substandard care given by the mental health care system for Matthew as he progressed into a refractory depression, including valuable lessons to help all of us be more sensitive and supportive of our hurting physician colleagues.

Thelonious Monk, Pepé Le Pew, and Me: Adventures in Medical Education

Presenter: Jeffrey M. Lyness, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand the curricular context of an integrated "Mind/Brain/Behavior" course for medical students.; 2) Describe the challenges and opportunities in interdisciplinary medical education.; 3) Appreciate the application of theories of human motivation and of adult learning to medical education.; 4) Reflect on the challenges and opportunities for the future of medical education..

SUMMARY:

Modern psychiatric education must balance longstanding values and pedagogical principles with remarkably shifting curricular and societal contexts. The presenter will offer perspectives and insights drawing on over 30 years of experience teaching across the continuum of medical education and professional development. Using his co-leadership of a nationally-recognized "Mind/Brain/Behavior" medical student course as an extended example, the presenter will consider topics including: (1) educational collaborations with neurologists and basic scientists; (2) the use of digital audiovisual media to enhance learning and engagement; (3) fostering autonomous motivation in learners; (4) general principles of adult learning as conceptualized from ancient times to the present; and (5) recent trends in medical student curricula, shaped by larger societal concerns including growing emphases on equity, justice, and social determinants of health. The presentation will frame discussion about the substantial challenges and equally considerable opportunities for psychiatrists in medical education over the coming years. (And for those curious, yes, the presentation will explain the relevance of the cultural references in the presentation title!)

Therapeutic Misconception in Clinical Research: A Psychiatrist's 40-Year Journey

Presenter: Paul S. Appelbaum, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) To describe the manifestations of therapeutic misconception (TM).; 2) To identify the threat of TM to informed consent to research participation.; 3) To outline an approach to reducing or eliminating TM in clinical psychiatric research..

SUMMARY:

Therapeutic misconception (TM) was first described by me and my colleagues in 1981, when we noticed that some psychiatric research participants failed to appreciate the distinction between the imperatives of clinical research and of ordinary treatment. Despite having undergone a standard informed consent process, they assumed that the selection of an intervention in the research study would be based on their personal needs and that their doctor would be making that decision—even when treatment assignment was randomized, placebos were being used, and their physicians were blind to whether they were in an active treatment or control group. Research participants who manifested TM often expressed incorrect beliefs, not just about the degree to which the study intervention would be individualized to meet their specific needs, but also about the likelihood of benefit from participation in the study and the goals of the researchers conducting the project. These beliefs may have been attributable to participants' failure to distinguish the research setting from their previous experiences receiving medical treatment, or to comments made by the research team or on the consent form that fostered the conflation of treatment with research. We subsequently demonstrated, in a multi-site study, that TM by no means is limited to psychiatric research, but affects clinical research, especially clinical trials, more broadly. Over the years following our initial publications, many studies from around the world confirmed the ubiquity of the phenomenon, with 50-70% of research participants displaying evidence of TM. This is of concern because TM undercuts the process of obtaining meaningful consent to clinical research participation by distorting participants' beliefs about the nature and consequences of the process into which they are entering. Finding a means of reducing or eliminating TM in the consent process therefore seemed to be a priority. Thus, we turned next to the development of a reliable and valid scale for assessment of TM, the first step to developing effective interventions. With that accomplished, we then showed, in a controlled study using a hypothetical research project, that helping participants grasp the reasons for the use of methods such as randomization, double-blinds, and placebos effectively reduced the prevalence of TM without adversely affecting expressed willingness to enroll. Today, 40 years after our initial publication, TM remains a problem in much clinical research and a threat to the validity of informed consent, but means exist to address the issue without impairing the conduct of clinical research in psychiatry and the rest of medicine.

Toward Personalized Psychiatry: Individual Risk of Developing and Having Recurrent Manic Episodes – 20-Year Prospective Studies

Presenter: Boris Birmaher, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Describe the prodromal symptoms and risk factors associated with the onset of Bipolar Disorder; 2) Describe the course and risk factors associated with poor outcome in youth with bipolar disorder; 3) Describe the personalized risk for onset of bipolar disorder and mood recurrences.

SUMMARY:

Bipolar disorder (BD) is a recurrent illness that usually onsets during adolescence and is accompanied by significant psychosocial impairment, high risk for suicidal behaviors, substance abuse and legal problems. Thus, it is important to identify the prodromal symptoms of this disorder early and to provide interventions that will delay its onset or in the best of the cases, prevent its onset. Also, since each recurrence is associated with worse prognosis, it is important to identify BD youth who are at risk for recurrences. Studies have identified risk factors for the risk of development of BD and the risk for recurrences. These factors, while important at the *group level*, do not answer a crucial clinical question: What is the risk of developing BD and the risk of recurrences for an *individual* youth? This information may be utilized to tailor treatments for each specific individual. This presentation will present 20-years of ongoing longitudinal studies of offspring of parents have BD and youths who already were diagnosed with BD that address the above issues.

Treating Invisible Wounds: Psychiatry Meets Pain Management

Chair: Taranjeet Singh Jolly, M.D.

Presenters: Taranjeet Singh Jolly, M.D., Zeeshan Nisarahmed Mansuri, M.D., M.P.H., Christa Coleman, Psy.D.

Discussant: To-Nhu Vu, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Participants will learn about definition of chronic pain, its effect and correlation with mental health issues, epidemiology of chronic pain and mental health co-morbidities.; 2) Participants will learn about treatment modalities for chronic pain and overlapping mental health issues, primarily psychopharmacological options.; 3) Participants will learn from Pain Medicine physician about abuse potential of opioids, identify mechanisms of abuse-deterrent opioids and continuing search for low abuse potential opioids.; 4) Learn about tips to implement behavioral pain management with patients, including assessing problems amenable to behavioral treatment, introducing the idea of non-medication pain manage.

SUMMARY:
Chronic pain is defined as persistent or intermittent pain lasting for more than three months. Epidemiological studies report that more than one-fifth of the general population is affected by chronic pain in the USA and Europe. Pain affects nearly 100 million people and is one of the most common complaints made to primary care physicians (PCPs) by their patients with total costs of chronic pain in the United States estimated to be between $150 billion and $260 billion annually. Compared with the general population up to 85% of patients with chronic pain are affected by severe depression, and over 85% of chronic pain patients said they had difficulty sleeping. As such chronic pain is a complex issue that truly requires multi-disciplinary collaboration and effort, starting from primary care, to pain medicine physician, psychiatrist, psychologist, PT/OT to name a few. The opioid epidemic, cultural factors, stigma, affordability, and lack of access to specialized pain care for many Americans create challenges in caring for this population. In addition, chronic pain is associated with higher rates of psychiatric issues, disability, as well as reduced quality of life. Opioid prescription context of chronic pain is a huge public health issue; Oxycontin received FDA approval in 1995, by 2010, it made up 30% of total analgesic market with 3.1 billion annual sales. Starting in 2014 in the US, drug overdose deaths surpassed car accidents as the number one cause of accidental death. The Covid-19 pandemic has accelerated the opioid overdose death. Interdisciplinary treatment and even collaborative multidisciplinary care are achievable and effective with the right combination and dose. Many times, individuals referred for behavioral pain treatment may have exhausted all of their options, leaving them feeling hopeless and at time defensive. Interdisciplinary treatment and even collaborative multidisciplinary care are achievable and effective with the right combination. In the first session, presenter will talk about introduction and epidemiology of chronic pain and co-morbid psychiatric conditions to understand the prevalence and overlap between mental health and chronic pain. Next session would focus on various treatment modalities to treat chronic pain and focus on non-opioid psychopharmacological/medication management of chronic pain and mental health issues in context of chronic pain. This would be followed by update on the topic of opioid safety by Pain Medicine Physician with a focus on the abuse potential of opioids, identify mechanisms of abuse-deterrent opioids and continuing search for low abuse potential opioids. The last session will focus on tips to implement behavioral pain management with your patients, including assessing problems amenable to behavioral treatment, introducing the idea of non-medication pain management, and modalities to consider. There will be a panel discussion at the end to address participant questions.

Treatment of Severe Obsessive-Compulsive and Related Disorders: What Do You Do If First-Line Treatments Don't Work?
Chair: Katharine A. Phillips, M.D.
Presenters: Christopher Pittenger, M.D., Carolyn Rodriguez, M.D., Ph.D., Jon Grant, M.D.
Discussant: Michele Pato, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe first-line treatments, both medication and psychosocial, for the obsessive-compulsive and related disorders; 2) Discuss evidence-based pharmacologic treatments for

severe obsessive-compulsive and related disorders when first-line treatments fail; 3) Discuss evidence-based psychosocial treatments for severe obsessive-compulsive and related disorders when first-line treatments fail; 4) Discuss device-based treatments for severe obsessive-compulsive disorder when first-line treatments fail; 5) Discuss potentially helpful adjunctive approaches to challenges that commonly arise with more severely ill patients.

SUMMARY:
The obsessive-compulsive and related disorders (OCRDs) – OCD, body dysmorphic disorder (BDD), hoarding disorder, trichotillomania, and excoriation (skin-picking) disorder--are a new chapter of disorders in both DSM-5 and ICD-11. They are common conditions that typically impair psychosocial functioning and quality of life, sometimes to a debilitating degree. Several of them are associated with elevated rates of suicidality. Although these disorders are genetically related to one another and have some overlapping treatment elements, their treatments meaningfully differ and must be tailored to each disorder. This proposal's topic – treatment of severe OCRDs -- is important and timely for several reasons. First, the OCRDs can be challenging to treat. Although first-line treatments are often effective, a substantial proportion of patients do not respond fully and require additional treatment. Furthermore, patients with more severe symptoms often require multiple treatment modalities concurrently. In addition – perhaps with the exception of OCD -- clinicians may be less familiar with the treatment of OCRDs than with treatments for other psychiatric disorders. Finally, in recent years there have been meaningful advances in our understanding of optimized treatment for patients with these challenging conditions. The presenters will first describe first-line treatments – pharmacologic and psychosocial – for the OCRDs. A substantial portion of the didactic presentations will then focus on recommended approaches when first-line treatments fail, including for patients with severe symptoms. The presenters will also discuss adjunctive approaches to challenges that often arise with more severely ill patients (for example, for suicidality in patients with BDD). Dr. Pittenger will present on OCD, Dr. Phillips on BDD, Dr. Rodriguez on hoarding disorder, and Dr. Grant on trichotillomania and excoriation (skin-picking) disorder. All of the presenters are both researchers and clinicians with expertise in both pharmacologic and psychosocial treatment for the OCRDs. Dr. Pato, our discussant, has expertise in all treatment modalities across the full spectrum of OCRDs. The audience will be able to interact by chat with the presenters during their presentations, and 15 minutes at the end will be reserved for Q and A. Knowledge about the OCRDs has advanced in recent years, and these disorders are of increasing interest to the field. This session will enable participants to more effectively treat patients with these conditions, especially those who are more severely ill and who may not fully improve with first-line treatments.

Understanding and Transforming the Current Competence to Stand Trial System
Presenters: Debra A. Pinals, M.D., Lisa Callahan, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify at least two sources of waitlists for defendants in the competence to stand trial process.; 2) Identify at least two intercepts where individuals in the competence system could be diverted into treatment.; 3) Describe the importance of data in improving the competence system.; 4) Describe how cross-systems collaboration can improve competence system waitlists, enhance treatment and reduce criminal recidivism.

SUMMARY:
The competence to stand trial (CST) and competence restoration (CR) processes are in crisis in many states. The demand for competence evaluations and restoration services strains both local and state mental health and local justice resources. The legal and treatment systems both play a role in the problems and the solutions for what can be viewed as an overstressed system of care. Forensic psychiatric beds, typically managed by the state mental health authority, are historically and presently the default for competency restoration in most states, so when a court orders an inpatient competence evaluation or restoration, the

defendant is on a waitlist and detained in the local jail. There are multiple waitlists for a single arrest event: waitlist for competence evaluation; waitlist for competence restoration; and waitlist for criminal charges to proceed if restored or waitlist for placement if deemed non-restorable. Because the competence question pauses the speedy trial clock, wait times accumulate, and often with the defendant detained in a local jail. The defendant is in treatment and legal limbo between the local court order and mental health needs. More states are moving toward outpatient, or community-based competence services. Moving to community-based services is one pathway to reducing the demand for forensic state hospital beds. Cross-system planning can reduce the delays and further penetration of persons with severe mental illness, substance use disorder, intellectual development disabilities, and neurocognitive challenges into the criminal justice system. The Sequential Intercept Model (SIM) is a framework that identifies six decision points – or intercepts – in criminal justice processing where diversion from the justice system and into treatment can be considered. The SIM can identify suitable treatment and diversion options for CST defendants and amplify gaps where communities can enhance options without reducing public safety. By identifying the target population at each intercept, systems can divert people into treatment. At Intercepts 0 and 1, law enforcement and/or community-led crisis teams respond to calls for assistance where the best outcome is for the individual in crisis to be connected to treatment not arrested, sometimes referred to as "deflection." Intercepts 2 and 3 include many diversion options such as specialized pretrial services, competence dockets, community-based restoration, and specialty courts. Finally, Intercepts 4 and 5 are jail-based programs such as improved in-jail treatment services, specialized discharge planning, and in-reach re-entry planning. The SIM is a demonstrated strategic planning activity that examines the gaps and opportunities for diversion and can be used to plan for and implement diversion to treatment for individuals in the competence system who have among most significant mental health needs in our communities.

"Will You Let Me Die?": Terminality and Treatment Futility in Psychiatry

Chair: Dominic Sisti, Ph.D.
Presenters: Yingcheng Xu, M.D., Rocksheng Zhong, M.D., M.H.S.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the pressing need for a clearer delineation of terminal illness and futility in psychiatry; 2) Apply the concept of parity to psychiatric conditions; 3) Identify two methods of defining treatment futility; 4) Discuss current limitations in psychiatric end-of-life care; 5) Describe possible roles of palliative psychiatry.

SUMMARY:

Over the past 20 years, an increasing number of jurisdictions have legalized medically-assisted dying (MAD). The American Medical Association and American Psychiatric Association state that a physician should not facilitate the assisted death of a patient. However, the debate continues, and with that has followed the demand for MAD for mental illnesses. Currently, MAD for mental illness is legal in four countries and is actively being debated in Canada. A key argument supporting MAD for mental illness is conceptual parity: mental illnesses and physical illnesses are equally valid and thus both deserve equal consideration for MAD. However, if MAD is available for terminal physical illnesses, what defines a terminal mental illness? One necessary part of terminal illness is treatment futility, which has previously been understood as falling into two broad categories: quantitative futility and qualitative futility. Our session will review these issues and present an argument for qualitative futility as the more useful and appropriate lens for understanding terminal mental illness. We will propose palliative psychiatry as a treatment option for terminal mental illness and identify additional key limitations in psychiatry that require clarification before MAD for mental illness can reasonably be considered. We anticipate that these topics will spur a lively discussion and so will leave all remaining time for attendee comments, as well as Q&A.

Zooming Through COVID-19: Achievements and Challenges in Telemental Health Services and Patient-Centered Treatment

Chair: Victor J.A. Buwalda, M.D., Ph.D.
Presenters: Rogena Abdelrahman, B.S., William E. Narrow, M.D., M.P.H., Renee Cookson, Eve K. Moscicki, Sc.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Articulate how telemental health can impact the doctor-patient relationship.; 2) Understand patients' perceptions of their role as partners in the doctor-patient relationship during the digital era.; 3) Recognize challenges clinicians face in their role as partners in the doctor-patient relationship during the digital era.; 4) Implement psychiatric treatment modalities based on patients preferences and needs.

SUMMARY:

Recent years have witnessed a growing focus on patient-centered outcomes and important changes in the doctor-patient relationship. The past role of the doctor as a paternalistic authority has evolved to that of a coach to help meet their patients' treatment needs. At the same time, patients sought greater involvement and participation in assessing treatment outcomes that are important to them. With the introduction of outcome assessment systems in routine clinical practice, however, involving patients as full partners in the process presented challenges, as both clinicians and patients struggled with differing expectations. For example, patients largely favored implementing outcome assessment in their treatment process while clinicians were less favorable and faced technical hurdles. In the digital era, implementing digital health technology (DHT) in combination with e-health modules in routine clinical practice faces the same issues. With the digitization of society, patients have already embraced and are using DHT in their daily lives. The COVID-19 outbreak has made this transformation process even more urgent. Doctors and patients are learning to adapt to abrupt changes in all aspects of life, including availability of mental health treatment. Telehealth is a key tool that allows doctors to stay connected to their patients via a platform that will not spread the virus. The benefits of telehealth for continued mental health treatment expand beyond its use during COVID-19. This session will focus on the doctor-patient collaboration, highlight the strengths and weaknesses of using telehealth and video conferencing, and address the impact of telehealth capabilities on the doctor-patient experience. We will discuss the benefits of and barriers to this modality for diverse patient populations. Participants will learn how to effectively provide treatment in partnership with patients' needs in a rapidly-changing digital world. Offering a personalized and hybrid treatment plan, inclusive of both in-person sessions and telehealth, will meet the overall goal of providing patients more control over their treatment and making mental health care accessible and more cost-effective.

Monday, May 03, 2021

Avoid Burnout and Improve Outcomes Through Motivational Interviewing as a Core Communication Style

Chair: Michael A. Flaum, M.D.
Presenters: Carla Marienfeld, Florence Chanut, Brian Hurley, M.D., M.B.A.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Participants will be able to explain the meaning of the "paradoxical effect of coercion" and describe how this may relate to burnout; 2) Participants will be able to discuss the core components of the spirit of MI and how incorporating these into clinical practice may reduce burnout; 3) Participants will improve their capacity to make simple and complex reflective listening statements.

SUMMARY:

Physician burnout is increasingly identified as a threat to optimal healthcare. Rates of clinically significant burnout symptoms are > 50% across all physicians and increasing over the past decade. (Shanafelt, et al, 2015). Rates vary across specialties, with rates for psychiatrists estimated to be 48%. A recent white paper on the topic has gone so far as to call physician burnout a "public health crisis," because of its potential effects on reducing the physician workforce in the future and on decreasing

quality of patient care. This is especially important in the mental health field, as the transmission of hopefulness has an especially prominent impact on patient outcomes. Much work has been done over the past few years to develop and disseminate approaches to reduce burnout and enhance resilience among physicians (including many resources from the APA's committee on physician wellness and Burnout, APA 2018). These include both individual level solutions, such as various self-care and wellness practices, as well as organization-level solutions that focus on things like optimizing workflows and promoting a culture of wellness in the workplace. To our knowledge, little attention to date has focused on aspects of the doctor-patient interaction that may impact burnout. Motivational Interviewing (MI) is an evidence-based communication style for those in helping roles (Miller and Rollnick, 2012). In this session, we will introduce and demonstrate the clinical practice of motivational interviewing (MI) as a promising strategy to reduce physician burnout. Specifically, we will suggest that incorporating the spirit and technique of MI as a core communication style may be an effective way to lessen burnout and enhance physician resilience. We will discuss the rationale for this both from a theoretical basis and from the presenters' experiences. Each of the presenters will draw upon their own clinical experience both before and after incorporating MI into clinical practice. Each presenter incorporated MI into their clinical practice with the goal of improving patient outcomes, with no expectation for personal benefit. And each of us, when teaching MI to others, always include the remarkable, unexpected decrease in feeling burned out at the end of a busy clinical day, since we have made this transition. In this session, we will introduce the basic concepts of MI and practice some skills to introduce participants to how and why this approach can be helpful both to your patients and yourselves, with a focus on MI as a burnout mitigation strategy.

Cannabis and Psychosis: Population, Neurobiological, and Treatment Services Perspectives

Chair: Wilson M. Compton, M.D., M.P.E.
Presenters: Deepak Cyril D'Souza, M.D., M.B.B.S., Marc Manseau, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the evidence for a causal relationship of cannabis exposure and onset of psychosis.; 2) Understand current data on the overlapping neurobiology of cannabis psychosis.; 3) Identify current practices to minimize the risks of cannabis use by persons with psychosis.

SUMMARY:

Over 127 million persons in the U.S. had used cannabis at some time in their lives and over 3.5 million used cannabis for the first time in 2019, according to recent national data. International data show that cannabis is the world's most commonly used 'illicit' drug, and data from population studies and treatment systems document strong associations between cannabis use and psychosis, including schizophrenia. Some studies suggest a particular relationship between more potent forms of cannabis and synthetic cannabinoids (e.g., Spice and K2), and psychosis. Thus, increasing potency of cannabis products (both plant forms and extracts) may confer increasing population risk. In examining the relationship between cannabis and psychosis, it is important to consider both acute exposure outcomes as well as longer term risks associated with early exposure. Acute exposure can result in anxiety, positive symptoms (e.g., paranoia and disorganization), negative symptoms (e.g., amotivation) and cognitive deficits (e.g., memory and attentional impairments). Whether cannabis itself can trigger onset of chronic psychosis is not as clear. Cannabis use in early teens is associated with increased rates of psychosis by early adulthood. In addition, this increased risk appears to be linked to specific genetic and psychosocial factors, and it may be mediated by family risk for psychotic disorders. Data from epidemiological, family and cohort studies are consistent with cannabis as a risk factor for the onset, but whether this represents an uncovering of incipient cases or represents an increase in the overall rate of psychosis remains uncertain. In addition to potentially increasing onset of psychosis, cannabis can also complicate treatment. Cannabis can increase severity of symptoms, cause relapses of psychosis, and exacerbate negative symptoms. Yet, many outpatients with chronic psychosis use

cannabis, motivated by desire for both positive and negative rewards. That is, the motivation may be the high/intoxication and/or relief of symptoms, or to ameliorate side effects of medications. In response, health systems need to incorporate interventions to provide integrated, evidence-informed treatment to individuals with cannabis use and psychosis, especially at a time when cannabis laws are evolving. For this panel, three speakers will provide overviews of current evidence, including a panel discussion with the audience: Dr. Wilson Compton, Deputy Director, National Institute on Drug Abuse, will present "Epidemiology of cannabis use and psychosis"; Dr. Deepak Cyril D'Souza, Professor of Psychiatry, Yale University School of Medicine, will present "Translational perspectives on the overlapping neurobiology of cannabis and psychosis", and Dr. Marc Manseau, Chief of Medical Services, New York State Office of Addiction Services and Supports, will present "Implications of cannabis use by persons with psychosis for the planning and implementation of health services".

Clozapine Clinic: The Need of the Hour
Chair: James L. Roerig, Pharm.D.
Presenters: Balwinder Singh, M.D., M.S., Lori Esprit, M.D., Robert J. Olson, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Better understand the evidence base for the use of clozapine treatment for schizophrenia spectrum disorders and epidemiological trends in clozapine prescribing; 2) Through presentation and audience Q&A, review clinical pearls and potential barriers to clozapine prescribing among psychiatrists, advanced practice providers, and Psychiatry residency trainees; 3) To present a successful model on how to integrate a Clozapine Clinic into a residency training program and address the related challenges..

SUMMARY:
The United States Food and Drug Administration (FDA) indications for clozapine use include treatment-resistant schizophrenia (TRS) and reducing suicidal behavior in patients with schizophrenia or schizoaffective add disorder. Clozapine is accepted by the clinical community as the treatment of choice for TRS. Despite its proven efficacy and guidelines recommending its' use, actual rates of prescribing have remained low. While 20-30% of patients with schizophrenia meet clozapine use criteria, only a fraction of these patients end up receiving a clozapine trial. Although clozapine has proven to be highly efficacious, its use has steadily declined in the U.S. Investigation into the origins of the reduced use have implicated prescriber's fear of using clozapine, citing concerns centered on side effects and comorbidities, increased frequency of clinic visits, and reluctance to enter patients into the weekly blood monitoring program. However, studies have shown clozapine actually reduces mortality, possibly secondary to reducing the risk of suicide with the reduction reaching 85%. In the CATIE study clozapine, treated subjects continued treatment longer then several comparators. Lastly, treatment with clozapine is cost-effective, and the significant decrease in suicide risk far outweighs the low risk of mortality from agranulocytosis. To foster effective use of clozapine, recent studies have highlighted the importance of developing clozapine clinics, which could expand access and include experienced clinicians that would effectively manage adverse events. Clozapine clinics could provide the opportunity for focused, supplementary training for psychiatric residents and other health professionals. The integration of this type of clinic into psychiatry residency programs would result in the graduation of experienced clinicians that could promote future clozapine use. This symposium would provide clinical insights into a) The clinical efficacy of clozapine, b) barriers to clozapine prescriptions among the psychiatrist, advanced practice providers, and psychiatry residents/trainees, and c) share a model to initiate a clozapine clinic into a psychiatric residency program. Dr. James Roerig (Introduction to clozapine, efficacy and data on clozapine under prescribing, how to design a clozapine clinic), Dr. Balwinder Singh (barriers to clozapine prescription), Dr. Lori Esprit (state mental health clinic perspective) and Dr. Robert Olson (administrative challenges)

Cognitive Behavior Therapy for Personality Disorders
Chair: Judith Beck, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Specify and conceptualize difficulties in treating personality disorder patients; 2) Engage personality disorder patients in treatment; 3) Use the therapeutic alliance to achieve treatment goals.

SUMMARY:
A number of studies have demonstrated the efficacy of Cognitive Behavior Therapy in the treatment of patients with personality disorders. The conceptualization and treatment for these patients is far more complex than for patients with acute disorders such as depression and anxiety. Therapists need to understand the cognitive formulation for each of the personality disorders. They need to be able to take the data patients present to develop individualized conceptualizations, including the role of adverse childhood experiences in the development and maintenance of patients' core beliefs and compensatory strategies. This conceptualization guides the clinician in planning treatment within and across sessions and in effectively dealing with problems in the therapeutic alliance. Experiential strategies are often required for patients to change their core beliefs of themselves, their worlds, and other people not only at the intellectual level but also at the emotional level.

Decolonizing Psychiatry: Listening to and Learning From Case Discussions
Chairs: Alicia Barnes, D.O., Desiree Nicolette Shapiro, M.D.
Presenters: Courtney Cosby, Dewonna Ferguson
Discussant: Matthew N. Goldenberg, M.D., M.Sc.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Define colonization in medical school training and further recognize the problem of racism in academic psychiatry; 2) Present case examples illustrating how disparities are fostered through creating spaces for discussion in small break-out groups; 3) Learn strategies to recognize practices of colonization of medicine and address it in real time to foster more inclusive educational environments.

SUMMARY:
In this session, we address current day examples of colonization in medicine and think about ways to decolonize psychiatry in medical schools. Colonization of medicine will be defined more specifically from oxford dictionary definition of colonization as, the action of appropriating a place for one's settling among and establishing control over the indigenous people. Looking into the mirror of our mental health system, we must acknowledge the patriarchy, hierarchy, oppression, and devaluation of patients, trainees, and faculty of color. In order to move forward, we must truly listen, recognize and name inequalities, and challenge individuals and systems that get in the way of inclusivity. The work ahead requires a safe spaces, united perseverance, and careful attention. Participants will learn background terminology, hear cases, reflect on powerful images, and discuss content in small groups. In the cases lead by third and fourth year medical student presenters, personal case scenarios that highlight the challenges faced by black indigenous person of color (BIPOC) in medicine. In our discussion groups, we will de-brief the case examples and open discussion to question our “mainstream” medical culture, medical curricula, framework, and the systems we were raised not to question. We will review the themes of the discussion and emphasize steps in the direction forward. Participants will leave the session with practical strategies to recognize and respond to practices of colonization in medicine in order to promote inclusivity in the clinical learning environment.

Disaster Mental Health Epidemiology and Nosology: Perspectives From Three Decades of Research
Chair: Carol S. North, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) List the types and prevalence of specific psychiatric disorders reported in major studies of survivors of disasters; 2) Critically examine elements of diagnostic criteria for PTSD and the significance of trauma exposure and symptom types in predicting mental health sequelae of disasters; 3)

Differentiate symptoms and distress from psychopathology in response to disasters; 4) Discuss appropriate approaches disaster mental health response in a framework of emergency and medical response based on epidemiologic findings and nosological principles.

SUMMARY:

Disasters are increasing in frequency and severity throughout the world. Mental health consequences of disasters are profound, making disaster mental health a vital area of psychiatric interest. Accurate knowledge of mental health effects of disasters is essential for effective disaster response. The existing body of disaster research mental health research, however, has inherent methodological difficulties that have limited the understanding of mental health consequences of disasters. This presentation will present and interpret disaster mental health research findings in the context of research methodology, providing expert analysis of the current body of disaster mental health research and direction on interpretation of many conflicting and confusing findings in the literature. The presenter has more than 3 decades of experience in conducting federally-funded studies of disaster mental health, providing epidemiologically and nosologically informed interpretations of the results of these studies and conclusions on the findings of the research literature in general. The research conducted by the presenter includes studies of more than 3,500 survivors of 15 different disasters of all disaster typologies, including natural disasters, technological accidents, and intentional human acts of destruction including major terrorist events and mass shooting episodes. The presenter's research studies have generated original findings relating to the role of disaster typology on mental health consequences, important elements of disaster trauma exposure and posttraumatic stress responses, the course of mental health responses over time, and functional and symptomatic recovery. Findings from these studies will be presented in the context of the broader disaster mental health literature, with in-depth discussion of the meaning of the findings from this literature in the context of the research methodology. Finally, the findings of these studies inform general principles of disaster mental health response to be offered in this presentation.

Double Jeopardy, Muslim Mental Health Provider: Facing Xenophobia, Navigating Burnout and Focus on Wellness

Chair: Batool Kazim, M.D.
Presenter: Farha Zaman Abbasi, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize and understand the mental and physical health impact of exposure to persistent stress in form of growing xenophobia current; 2) Have acquired coping strategies when facing xenophobia and micro-aggressions; 3) Become aware of growing xenophobia in the country and its detrimental effect on health outcomes.

SUMMARY:

We are seeing an unprecedented increase in the intense irrational fear and disdain of immigrants in our country. This is being translated as toxic persistent stress which is disproportionately impacting the minorities and especially faith based communities. This has acute and long term adverse impact on the physical and mental health of these vulnerable populations. Muslims are also feeling the pressure of this growing xenophobia in the form of Islamophobia. Islamophobia is a form of identity based bias towards Islam and its adherent Muslims. Roughly 1% population of America identifies as Muslims and are currently facing discrimination and overt acts of aggression against not only Muslims, but anyone who "appears" or "sounds" Muslims. The hate crimes nearly tripled from 34-101 in 2016 (Southern Poverty Law Center). The rate of bullying is twice as high the national rate for Muslim youth. This sense of persecution is impacting their self-esteem, identity and ability to integrate in the host culture. Being Muslim and a mental health provider doubles this allosteric load, can lead to high burn out rates and detrimental health consequences. Muslims comprise approx. 10 % of current physicians in the country. The lack of awareness and dearth of research is creating a silent epidemic that needs to be addressed immediately.

Dynamic Supportive Psychotherapy: Strategies and Techniques for Psychiatric Practice
Presenter: John Battaglia, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Outline the history and research on supportive psychotherapy validating it as an efficacious psychiatric treatment.; 2) Develop a psychodynamic formulation as a platform for supportive psychotherapy treatment.; 3) Describe common supportive psychotherapy strategies and techniques.; 4) Describe key components of the therapeutic alliance and its relationship to successful psychiatric treatment.; 5) Outlined specialized supportive psychotherapy techniques for borderline personality disorder, schizophrenia, and substance use disorders..

SUMMARY:
This presentation will include how the field of supportive psychotherapy grew out of necessity from psychoanalytic therapy and how it has evolved significantly over the past 50 years. Initially supportive psychotherapy was used in research only as a "control" or "treatment as usual" condition. Despite this disadvantage, supportive psychotherapy showed at least equal efficacy to the popular treatment under study, time and time again. Eventually research on supportive psychotherapy itself as a bone fide treatment showed it was not only equal to other therapy modalities, but the treatment of choice for some. The idea of the corrective emotional experience will be examined as the cornerstone for how supportive psychotherapy works. The development of the psychodynamic formulation will be reviewed, and how it provides the platform for successful supportive psychotherapy. Methods for developing the psychodynamic formulation will include bio-psycho-social-cultural considerations. Development of the therapeutic alliance will be presented, including discussion of how developing a good therapeutic alliance is strongly correlated with successful psychiatric treatment (for not only supportive psychotherapy but also with psychiatric medication management). Common supportive psychotherapy techniques will be reviewed including active listening, plussing, explaining behavior, normalizing, confrontation, encouragement, providing hope, using metaphor, coping skills development, self-soothing techniques, and use of humor. Transference and countertransference core concepts will be discussed, including a model of four stages of countertransference development in the therapist. Supportive psychotherapy techniques for working with trauma associated psychiatric conditions will be outlined. Specialized supportive psychotherapy strategies for working with borderline personality disorder, schizophrenia, and substance use disorders will be discussed. A brief discussion of termination issues in supportive psychotherapy will end the session.

Ethnicity, Culture, and Psychopharmacology
Presenter: Edmond H. Pi, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand the interrelationship between ethnicity, culture, and psychopharmacology; 2) Recognize the clinical implications of ethnicity and culture in psychopharmacology among the diverse populations; 3) Understand the role of the pharmacokinetic, pharmacodynamic, and pharmacogenetics mechanisms in psychopharmacological approaches in treating ethnically and culturally diverse groups.

SUMMARY:
During the past five decades, great progress in the diagnosis and treatment of mental disorders has been made. The discovery and use of effective psychotropic medications, advancement in neuroscience, establishment of community mental health system, and utilization of psychosocial rehabilitation have significantly impacted the treatment outcome of mental disorders. Coincide with increased mobility of population and migration of people to different continents/countries/locations, the societies have become much more diverse in terms of ethnicity and culture than ever before. As a result of these phenomena, the health and mental health system of the United States have changed a great deal in recent years. A better understanding of cross-cultural perspective in psychiatry is no longer an

option but an essence for psychiatrists who evaluate and treat an increasing number of people from different ethnic and divergent sociocultural backgrounds. The influence of ethnicity and culture on psychotropic medications has become an important clinical consideration. Cross-cultural psychopharmacology seeks to determine whether there are differences in responses to psychotropic medications among various ethnic groups and the reason for such variations. This presentation will provide an overview on the existing information in regard to cross-cultural perspective of psychopharmacology dealing with antipsychotics, mood stabilizers, antidepressants, and benzodiazepines. Clinical implications for the reported differences and the needs regarding how to prescribe the most appropriate psychotropic medications considering target symptoms and side effects will be addressed. Recent advances and future directions with respect to cross-cultural issues of psychopharmacology will be presented.

First Episode Psychosis
Presenter: Dost Öngür, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe the importance of early detection and intervention in psychotic disorders; 2) List therapeutic options available to practitioners for early intervention; 3) Describe the similarities and differences between first episode affectice and non-affective psychosis; 4) Provide one example of a controversial area in early psychosis practice; 5) Describe the RAISE study funded by NIMH.

SUMMARY:
In this Distinguished Psychiatrist presentation I will present multiple aspects of a rapidly evolving field in psychiatry - first episode psychosis. The onset of a major psychotic illness is a confusing and destabilizing time for many patients and their families but it does not have to be. With proper recognition and intervention, this period can be handled in a way that improves long-term outcomes and there is a growing evidence base for what that recognition and intervention should be. I will start by reviewing the importance of early detection and intervention in psychiatry in general and in psychotic disorders in particular. Next, I will examine the existing treatment models for working with people with first episode psychosis, and describe the evidence base behind them. This leads to discussion of best practices in use of psychotropic medications, team-based care, societal awareness of the importance of early intervention, and the role of social determinants of health in first episode psychosis. In this section, I will highlight the special challenge of substance use disorders in the context of first episode psychosis. I will then review our growing understanding of neurobiological mechanisms underlying symptom presentation in early psychosis as well as of the impact of treatment interventions on the brain. Finally, I will consider the racial/ethnic disparities in risk and resilience factors as well as in treatment delivery and outcomes in first episode psychosis which worsen outcomes for Black and Hispanic Americans. Throughout the talk, I will highlight similarities and differences in how we think about first episode affective vs. nonaffective disorder and argue for a transdiagnostic approach to early psychosis care. I will conclude by weaving the themes of biological, psychological, and social aspects of the complex and unfolding phenomenon of an emerging severe mental illness - and leave the audience with a hopeful message that this is one of the domains in psychiatry where we have greatest ability to improve outcomes in the coming decade.

Focus Is the Secret Sauce in Effective Psychodynamic Therapy: A Pragmatic Clinician's Workshop
Chair: Richard Fredric Summers, M.D.
Presenter: Jacques P. Barber, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Accurately diagnose core psychodynamic problems; 2) Develop a psychodynamic formulation for appropriate patients.; 3) Become proficient at using the core psychodynamic problem to focus psychodynamic therapy..

SUMMARY:
Effective psychodynamic therapy requires focusing on the core psychodynamic problem. By diagnosing

the core psychodynamic problem, the pragmatic psychodynamic therapist can facilitate the kind of deep, intimate and personal exploration that is needed to allow for change. Focus avoids the concern that psychodynamic therapy is meandering, unstructured, and only vaguely addressing symptoms. Focus is a guiding principle for the therapist and a reassuring and structuring experience for the patient. This workshop uses video clips and examples to challenge participants to identify the core problem in case examples. The six core psychodynamic problems – depression, obsessionality, fear of abandonment, low self-esteem, panic anxiety and trauma – will be discussed, along with the criteria and method for choosing the best problem for each patient. This conceptual approach and method are described in detail in Summers and Barber, *Psychodynamic Therapy: A Guide to Evidence Based Practice*, 2009, and are widely used in training programs in psychiatry, psychology and social work.

Friend, Frenemy, or Foe: The Role of Adolescent Social Media Use in Race Based Trauma
Chairs: Stephanie Alexis Garayalde, M.D., Asha D. Martin, M.D.
Presenters: Tresha Gibbs, Gabrielle Shapiro, M.D., Caitlin Costello

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Outline the role of social media during periods with heightened attention to police shootings of unarmed black males; 2) Describe healthy, developmentally appropriate social media use by adolescents and their families in the setting of collective trauma; 3) Identify features of problematic social media use in adolescents which may increase trauma and other negative mental health impact; 4) Practice communicating with youth and their families about patterns of use and identify strategies to mitigate negative mental health impact.

SUMMARY:
Over the last few years, social media has served as a major news source, powerful organizing tool and rapid means to show the grievances and collective traumas of black in the United States. #BlackLivesMatter, #ICantBreathe, #SayHerName, #JusticeForGeorge, and #BlackoutTuesday are just some of the hashtags that have predominated social media. Just two hours after a photo of Mike Brown's body lying in a pool of blood in the street circulated, there were over 3.5 million tweets about Ferguson with the majority of tweets coming from black users. The main themes in these tweets were institutional racism, disparities, devaluation and self worth. More recently, social media has been used to organize thousands of protests against systemic racism and police brutality in light of the deaths of George Floyd and Breonna Taylor. While social media can be a powerful tool for advocacy and rapid dissemination of information, there may also be some disadvantages. Recent studies in race and social media have found that social media viewers can be exposed to high volumes of discriminatory content which may lead to trauma, stress and internalized racism. Given what we know about the ability of social media to spread the effects of collective trauma, we must consider what effect repeatedly viewing these murders or scrolling passed discriminatory devaluing content may have. This is especially important when we consider black youth who are high social media utilizers and may identify with the victims. Is there a possibility for repetitive trauma via social media and how can this be recognized? Our session will introduce participants to themes of systemic racism, social media activism and collective and vicarious trauma. We will describe a framework for the risk-benefits-analysis of adolescent social media use during a trauma fueled race based pandemic. We will provide information regarding potential risk and protective factors and through case examples we will outline adaptive and maladaptive social media use. Finally, we will consolidate the information in a skills based demonstration where discussants will model identifying healthy(friend), mixed (frenemy) or problematic (foe) social media use in race based trauma and delivering this information to parents.

Integrating Clinical Practice and Research
Presenter: Carlos Blanco-Jerez, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe the limitations of traditional research models; 2) Present the need to

integrate clinical research and practice; 3) Describe learning healthcare systems as an alternative paradigm.

SUMMARY:

Despite considerable investments in research over several decades, clinical care is often not evidence-based, fails to incorporate research findings and increasingly leads to dissatisfaction and burnout. At the same time, the health care underperforms in effectiveness, appropriateness, safety, cost and value. Undue treatment variation increases cost and worsens outcomes. One reason for these problems at the clinician and system level is that clinical innovation is often seen as the exclusive purview of researchers, with limited input from the consumers of that research, including patients, clinicians and system administrators. These approaches tend to follow a traditional view of innovation that seamlessly moves from inventors to early adopters, mainstream population, and late adopters. However, meaningful innovation rarely follows a linear path. An alternative approach, characteristic of learning healthcare systems, is to develop systems in which consumers (e.g., patients and clinicians) generate the questions whose answers could help improve clinical care and researchers provide the methods (i.e., research) to systematically obtain those answers. This approach is more collaborative and involves a circular process of question generation, experimentation, implementation and evaluation, followed by additional improvements. This presentation will contrast these two approaches and provide examples of how learning healthcare methodologies can be applied at different levels of clinical practice ranging from solo practice to large systems of care.

Latinx/Hispanic Communities and Mental Health: Identifying Barriers to Access and Potential Solutions During Unsettled Times

Chairs: Ruby C. Castilla Puentes, M.D., Pamela Montano, M.D.

Presenters: Mauricio Tohen, M.D., D.P.H., M.B.A., Bernardo Ng, M.D.

Discussant: Hector Colon-Rivera, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify treatment services for Latinx/Hispanic Communities, gaps and opportunities; 2) Understand the importance of evidence on access to mental health care for Hispanics and on the quality of health care that they receive.; 3) Recognize the importance of the use of Artificial Intelligence to identify barriers for depression treatment in Latinx/Hispanic Communities.

SUMMARY:

The health of a population is influenced by both its social and its economic circumstances and the health care services it receives. Latinx/Hispanic face a variety of barriers to receiving mental health care services. Some of these barriers result from their low socioeconomic status; others are due to specific cultural characteristics, degree of acculturation, language, and immigration status. Identifying barriers to access psychiatric treatment among Hispanics is a critical task. How do Hispanic-American patients with mental disorders understand, reach out for help or respond to treatments? The presenters will shed light on Hispanics' unique cultural concepts what should consider when evaluating patients, families and mental health services. Epidemiology, risk factors, clinical characteristics of the patients with first psychotic episode and the impact on the acute psychiatric care will be discussed by Dr. Tohen with emphasis on evidence base strategies that could be implemented in this population. Dr. Ng will discuss the emotional impact of the pandemic in Mexico with emphasis in the five phases for this pandemic: 1. Imported cases, 2. Community Spread; 3. Rapid Spread 4. Second wave; and 5. End of the Pandemic. Dr. Castilla-Puentes will review the use of Artificial Intelligence to investigate digital conversations. Hispanics commonly have a negative, resigned, and hopeless attitude towards depression and lack active involvement with its management, which contrasts with non-Hispanics. This information could be used for formulating strategies for early engagement of Hispanics with depression. Dr. Jimenez will present information on the effects of health promotion interventions on indices of cardiometabolic risk in midlife and older Latinos living with HIV. In this symposium, we will review the evidence on access to

health care for Hispanics and on the quality of health care that they receive. We provide a summary of the existing research and also present new data from recent national surveys. We also focus on specific features that are of particular importance to Hispanics, including national origin, length of time in the United States, language, and citizenship, and we assess how these features are associated with access to and quality of mental health care during these Unsettled Times. Our discussant will examine the common threads to understand Hispanic needs and how to address them. This symposium is in collaboration with the American Society for Hispanic Psychiatry.

Law Enforcement and Qualified Immunity: A Psychoanalytic Exploration of State-Sanctioned Dehumanization and Its Effect on Self and Other
Chair: Constance E. Dunlap, M.D.
Presenters: Ebony Dennis, Psy.D., Constance E. Dunlap, M.D., Justin Hopkins, Psy.D., Jessica Elizabeth Isom, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Be knowledgeable about the origins of the qualified immunity doctrine and efforts to reform it; 2) Be knowledgeable about the history of the evolution of law enforcement which has its roots in slavery; 3) Be knowledgeable about the range of physical (and psychological) injuries sustained during encounters with law enforcement; 4) Be knowledgeable about the public policies that promote criminality and result in dehumanization; 5) Be knowledgeable about the psychoanalytic processes that contribute to a law enforcement officer's identity development and response during critical incidents.

SUMMARY:
It has been established that police killings of Black, Indigenous, and People of Color (BIPOC) have an adverse effect on the health of those who identify with or feel connected to these communities. The qualified immunity doctrine has been used to exonerate over 98% of law enforcement officers charged with these killings. The Black Lives Matter movement was established in 2013 to shed light on this disturbing trend - the increasing killings of people without accountability - which has been compared to public lynchings. However, there are polarized reactions resulting in some embracing the mantra "Black Lives Matter" and others responding with the retort "All Lives Matter." The death of George Floyd led to over 2,000 protests around the globe during the Covid-19 pandemic. These protests shed light on what some consider to be law enforcement's perverse role in a form of government that allows the terrorizing of members of the BIPOC communities while risking vicarious trauma to those who witness such lethal use of force increasingly via social media. Central to understanding this phenomenon are several observations: 1) law enforcement has historically played a role in reinforcing hierarchical caste systems in the US and around the globe; 2) at this point in our history, many whites in the US and around the globe have frequently shifted into a paranoid-schizoid position, perceiving an idealized white dominant good self that is being threatened by a subjugated bad Black and brown other; and 3) something beyond implicit bias training is needed if we are to effectively interrupt this trend that is likened to state-sanctioned dehumanization.

LGBTQ+ Medical Students and Applying to Psychiatry Residency
Chair: Marshall Forstein, M.D.
Presenters: Terrance William Embry, Allison Rhodes, Teddy Gould Goetz, M.S., Matthew P. Abrams

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand the unique challenges that LGBTQ+ students face in applying to residency; 2) Demonstrate various methods for identifying LGBTQ+ friendly residency programs; 3) Identify specific resources for finding and connecting with LGBTQ+ mentors; 4) Identify strategies for developing and maintaining resilience as an LGBTQ+ medical student and future LGBTQ+ psychiatrist.

SUMMARY:
Medical school is challenging, especially in this pandemic that changes the very experience of learning and training. For LGBTQ+ medical students, there are unique aspects of applying to medical school, considering, and applying for residency.

LGBTQ+ medical students often experience (increased) stressors such as overt or more subtle forms of structural and institutional bias towards gender and sexual minorities. LGBTQ+ medical students often choose not to disclose their LGBTQ identities while in medical school, citing reasons from experiences or fears of non-acceptance, lack of institutional support, and overt hostility from peers and/or faculty, in spite of improving societal awareness and acceptance of gender and sexual minorities in some areas of the U.S. Additionally, although American Psychiatry has formally changed the diagnostic perspective on homosexuality, bias remains theoretically and practically amongst clinicians, evidenced by the continual antigay pushback by many fundamenal religious groups, and the continued practice of "conversion therapy" that is legal in most states. Specific to LGBTQ+ applicants in psychiatry is whether there will be a supportive peer group, access to supervision by experienced teachers who understand the issues of coming out professionally, working with homophobic patients, and transference and countertransference issues that arise in psychotherapy and supervision. This workshop was designed by medical students for medical students. In a highly interactive format, medical students will learn about applying to psychiatry as an LGBTQ+ applicant. The panel of recently-matched LGBTQ+ panelists will share experiences, lessons learned, and tips for other medical students. This workshop moves from an overview of the challenges that LGBTQ+ students face to a discussion of specific strategies that helped the LGBTQ+ panelists to navigate applying to psychiatry residency. Following this, the workshop will discuss ways to identify LGBTQ+ mentors and ways to recognize and seek out LGBTQ+ friendly residency programs. Medical students will then have the opportunity to practice using the tools and resources that have been identified in small groups. Throughout the workshop, the panelists will elicit audience participation in a moderated question and answer format. The workshop will end with a dedicated question and answer format to address unanswered questions from attendees. We aim for this panel to spark and continue this much-needed conversation about the challenges that LGBTQ+ applicants face in applying to psychiatry residency.

Medical Conditions Mimicking Psychiatric Disorders Versus Psychiatric Disorders Mimicking Medical Conditions: Diagnostic and Treatment Challenges

Chair: Catherine C. Crone, M.D.

Presenters: Brenna Rosenberg, M.D., Nina T. Ballone, M.D., Aisha Siddiqa, M.D., Rushi Hasmukh Vyas, M.D.

Discussant: Ahmed Sherif Abdel Meguid, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Promote greater awareness of the complicated overlap between medical and psychiatric comorbidities; 2) Provide a structural framework for differential diagnosis and work-up of psychiatric manifestations or sequelae of medical disorders, with evidence-based recommendations for practice; 3) Discuss challenges and lessons learned through case examples in the work up and management of these patients at the crossroads of medical and psychiatric presentations.

SUMMARY:

During the course of residency training, significant efforts are made to instruct residents about the recognition and treatment of primary psychiatric disorders such as major depression, bipolar disorder, post-traumatic stress disorder, panic disorder, and schizophrenia. However, exposure to cases that initially appear to be primary psychiatric disorders but are actually due to underlying medical conditions is often lacking, despite their common occurrence. Infections, hypoxia, electrolyte imbalances, endocrine disorders, autoimmune disorders (e.g. lupus, sarcoidosis) neurologic conditions (e.g. epilepsy, multiple sclerosis, delirium) and medications are just some of the causes of patient presentations that can mimic primary psychiatric disorders. Awareness of these "mimics" is needed as patients may otherwise appear to have "treatment-resistant" psychiatric disorders or, of greater concern, actually worsen when given psychotropic medications. This is necessary information for both trainee and general psychiatrist alike. An additional area of clinical knowledge that would benefit both residents and general psychiatrists is the recognition and management of psychiatric disorders that mimic medical conditions. Limited exposure to consultation-liaison psychiatry

during residency training may result in lack of experience with conversion disorders, somatic symptom disorders, and factitious disorders. These are patient populations that are often responsible for excessive utilization of medical resources and healthcare dollars as well as being sources of mounting frustration and misunderstanding for medical colleagues. Requests for psychiatric involvement are not unusual, especially when medical work-ups are negative yet patients persist in their requests for medical/surgical intervention. The following workshop / session aims to provide residents, fellows, and general psychiatrists with an opportunity to learn more about secondary psychiatric disorders (psychiatric mimics) as well as somatic symptom and related disorders (medical mimics) in a case-based format with opportunities for questions and discussion with residents, fellows, and attending physicians with experience and/or expertise in consultation-liaison psychiatry patient populations.

Medicine in Psychiatry: What Do We Need to Know?

Chair: Peter Manu, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) At the end of the session, the participants will be able to use an efficient framework for evlaution medical issues in the psychiatric setting; 2) At the end of the session, the participants will be familiar with the risk stratification of psychiatric patients with changes in vital signs, frequent symptoms, and prevalent laboratory findings; 3) At the end of the session the participants will be able to enhance the interdisciplinary cooperation with internal medicine consultants.

SUMMARY:

Somatic disorders are present in a least 50% of psychiatric inpatients and a consensus exists that they are underrecognized, misdiagnosed, and suboptimally treated. Accelerated aging, social neglect, poverty, unhealthy lifestyle, complications of psychiatric treatments and poor access to care are major contributors to this substantial morbidity and decreased life-span of persons with severe mental illnesses. The requirements for certification in psychiatry in the United States mandate a limited period of medical training in the first year of residency, but do not specify knowledge objectives. The traditional setting for this training has been the medical ward of a teaching hospital, where a vast majority of the patients have previously diagnosed life-threatening conditions (e.g., advanced malignancies, disabling cardiac or pulmonary conditions, sepsis). We lack data supporting the value of this type of training in psychiatric settings in which clinicians are often confronted with acute changes in physiologic parameters, new symptoms, or asymptomatic laboratory abnormalities. This session is designed to provide a common cognitive framework for dealing with medical issues encountered in psychiatric practice, by teaching the participants to ask themselves the following questions: a) is the patient at risk of dying in the next 24 hours; b) does the patient require immediate transfer to an emergency medicine setting; c) does the patient need urgent laboratory or imaging investigations; and d) are there any changes required in the current medication regimen? This framework will be used during the session to address 10 commonly encountered issues in psychiatric inpatient settings: abnormal vital signs (fever, elevated blood pressure), common symptoms (agitation, seizures, falls, chest pain) and abnormal laboratory findings (neutropenia, hyponatremia, hyperglycemia).

Mind, Brain and Culture: Toward an Ecosocial Psychiatry

Presenter: Laurence J. Kirmayer, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize issues that arise from the limited attention to cultural and social structure dimensions of experience in current frameworks for psychiatric research theory and practice; 2) Identify the implications of recent work on the coevolution of culture, mind and brain for models of psychopathology, brain function and adaptation; 3) Appreciate the central role of narrative and metaphor in illness experience, treatment negotiation, healing and recovery; 4) Identify strategies for integrating culture and social context

in clinical practice; 5) Review evidence on the impact of considering culture and context in clinical assessment and in mental health promotion.

SUMMARY:
This talk will explore how recent work in cultural psychiatry, cognitive science and computational neuroscience can inform an ecosocial psychiatry that understands mental health problems as embodied, socially embedded, and culturally elaborated. In this framework, brain mechanisms, narratives, and social interactions all contribute to multilevel explanations of experience that can be integrated in clinical assessment and intervention. The biopsychosocial (BPS) approach offers a way to think about the many dimensions of human experience in health and illness drawing from hierarchical systems theory. Although it has become a mainstay of medical education, the BPS model has been criticized for lacking substance and specificity. Research frameworks like the NIMH Research Domain Criteria (RDoC) have embraced neuroscientific research as a strategy to develop psychiatric science but give little attention to culture and social context. Advances in cognitive science provide new insights into the co-construction of culture, mind and brain and point to the need for a more thorough integration of culture and context in psychiatry. On this view, human biology is cultural biology: we have evolved and live our lives in social worlds that we co-construct and that are animated and given meaning by culture. A framework based on 4E cognitive science offers us a picture of thought and action as embodied, embedded, enacted and extended into the world in ways that make it deeply social and cultural. Embodiment reflects the ways that cognition, language and imagination emerge developmentally from basic bodily experiences and continue to be elaborated through both internal physiological processes, and external physical engagements with the environment. A rich experimental literature shows the ways in which bodily processes both structure and intrude on everyday thinking and even abstract cognition. These bodily processes involve actions in and on the environment and hence are always embedded in a particular context or niche that provides cultural affordances and that structures the process of cognition. The realization that the function of cognition is to guide adaptive action in specific contexts has led to work on enactivism that aims to show how cognition has its origins in interactions between the body and the world. Our self-understanding through narrative and metaphor plays a pivotal role both in internal regulation and in our engagement with the social world. Through "looping effects", the language we have available to articulate and express our experience changes the very nature of that experience. This enlarged BPS-Cultural model can inform a clinical approach to mental health problems that is responsive to culture and context, engaging individual experience, cultural identity, and structural violence. The practice of this ecosocial approach will be illustrated with examples from a cultural consultation service and mental health promotion with Indigenous youth.

Nutritional Interventions in Psychiatry: What Is the Evidence?
Chair: Jessica Lynne Principe, M.D.
Presenters: Glynis McGowan, M.D., Ann Felhofer, M.D., Umadevi Naidoo, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) 1) Describe evidence-based rationales and practical strategies of monitoring and repleting vitamin D, folate, and vitamin B12 in patients with select psychiatric disorders.; 2) 2) Understand evidence-base and practical strategies for omega-3 supplementation in patients with select psychiatric disorders.; 3) 3) Describe current evidence and best practices for diet and lifestyle interventions as adjunctive treatment in general psychiatric practice.; 4) 4) Describe current evidence for diet and lifestyle interventions to manage and prevent antipsychotic induced metabolic syndrome..

SUMMARY:
The interplay of nutrition and psychiatry is a broad yet clinically relevant topic as evidence continuously comes to light on the potential roles of nutritional factors in the etiology of, recovery from, and potential resilience against psychiatric illness. Therefore, and practically, the importance of monitoring and attending to the nutritional care of psychiatric patients is now more important than ever, given the emerging evidence base for

nutritional interventions that result in improved outcomes including faster recovery, reduced symptom burden, and reduced morbidity and mortality in our patients at greatest risk. Additionally, given relative explosion in primary research, review articles, and meta-analyses on these topics in recent years, with inevitably conflicting results and opinions, distilling and integrating the current data into everyday practice can be quite challenging for the general clinical practitioner. This session will comprise a balanced presentation and overview of the topics outlined, and specific, low-cost, monitoring and intervention strategies applicable to general and specialized psychiatric practice will be reviewed and discussed in an interactive session with case-based examples.

Operational Mental Health Implications During the COVID-19 Pandemic for Active Duty Army Units
Chair: Connie Thomas, M.D.
Presenters: Joseph Dragonetti, Rogelio Martinez

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe unique COVID-19 response considerations for the military as compared with civilian populations in mental health surveillance, prevention, and treatment in the outpatient setting.; 2) Compare the differing surveillance, prevention and treatment needs of military subgroups during COVID-19.; 3) Discuss methods that military behavioral health professionals have used to assist Leaders and Soldiers in identifying and coping with stress related to COVID-19.; 4) Participate in an interactive case discussion of high risk suicidal Soldier identification and management during COVID-19.; 5) Utilize military COVID-19 lessons learned to identify steps leaders can take to cultivate preparedness for response to future public health emergencies..

SUMMARY:
The COVID-19 pandemic was unprecedented in its scope and impact on the day-to-day lives of Americans. Preliminary studies focusing on& the mental health effects of COVID-19identify trauma-related symptoms, anxiety, and depression as growing trends as a result of economic unrest, lack of confidence in leadership, fear of being ill, and uncertainty about the future. The military population is unique compared to their civilian counterparts. For example, they may not face the same economic uncertainty or unemployment during COVID-19. However, they face additional stressors: stress from work hours/shifts/mission changes, misinformation/confusion from leadership who often dictate their daily routine, isolation and boredom in barracks rooms, limited food access due to mandatory dining at centralized facilities, and fear of infection due to the nature of their occupation which relies on group training. Additionally, the return to work after social distancing ended was expected to heighten mental health distress for Soldiers. Military units resumed normal scheduling, but cumulative work that had been sidelined simultaneously needed to be addressed, resulting in longer work hours, increased perception of stress, and the potential for an upward trend of negative outcomes, including suicidality, substance-related incidents, and domestic violence. Due to restrictions related to COVID-19, identifying high risk behaviors and suicidality in military formations was a challenge for leaders and behavioral health officers assigned to military units. Several strategies used in order to prevent negative outcomes from occurring among Soldiers included regular mental health screening among socially distanced and quarantined individuals; education about high risk alcohol use and restriction of alcohol access on military installations; leader presence and ongoing engagement strategies with Soldiers; enhanced virtual capabilities for behavioral health care; medical and unit policies for the triage and management of Soldiers at high risk for suicide; and reintegration training to improve unit communication and efficiency while establishing “new normal” practices. Altogether, we hope that these lessons learned, when combined with ongoing training and policy revisions, can help organizations identify ways forward for responding effectively to future public health emergencies.

Presidencies: What They Taught Us
Chair: John A. Talbott, M.D.
Presenter: Nada Stotland, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) What Presidents Can Do; 2) What Presidents Really Do; 3) What Presidents Don't Do.

SUMMARY:
This session will feature two past Presidents of the APA summarizing the lessons they've learned. The Discussant is the spouse of a past president who will reflect on what the presenters omitted.

Providing Equitable Healthcare to Marginalized Groups Via Student-Run Mental Health Clinics: Approaches, Advantages and Challenges During COVID-19
Chair: Jessica Spellun, M.D.
Presenters: Matthew Wickersham, Constance Zhou, Rebecca Breheney

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe advantages of the student-run clinic care delivery model to provide mental health care to under-resourced communities; 2) Illustrate how student run clinics supplement and advance medical school curricula and training; 3) Compare and contrast two student run clinic approaches to provision of mental health care; 4) Explain the advantages, challenges, and opportunities COVID-19 presented to student-run clinics in delivering care.

SUMMARY:
Student-run clinics are a hallmark feature at many medical schools to provide early clinical exposure to students in training environments and improve clinical care. Beyond the advantage of supplementing clinical education, student-run clinics frequently offer free or sliding scale services, allowing marginalized communities to receive and access care otherwise unavailable. This ranges from homeless populations; lesbian, gay, bisexual, transgender and queer individuals (LGBTQ); socioeconomically disadvantaged persons; and underrepresented minorities. With COVID-19 stopping many clinical operations, medical student education was drastically altered at the beginning of 2020. While pre-clerkship education was able to transform to virtual platforms, medical students in clerkship years were pulled from hospitals with very little patient care for months. As a direct consequence, medical students were unable to see patients directly and continuity of care via student-run clinics became a valuable clinically oriented supplement during this unique period in medical training. One example of a student-run clinic is the Columbia Student Medical Outreach (CoSMO) program that exists to provide free healthcare to the uninsured and medically underserved population in northern Manhattan. CoSMO also has a behavioral health (BH) clinic that offers diagnostic and psychosocial assessments for patients with mental health needs. In the beginning of the pandemic, clinical services were halted while adapting for remote care delivery. Specific barriers included needing telephone Spanish translation services and lacking access to the Internet. Assessments and longitudinal care now continue via telephone appointments, with phone translators on an additional line as needed. Another example of a student-run clinic is the Weill Cornell Medicine (WCM) Wellness Qlinic. This is a free student-run mental health clinic serving the LGBTQ population of New York City, regardless of insurance status. Since COVID-19, the WCM Wellness Qlinic has transitioned to entirely virtual care using a telehealth platform, providing individual psychotherapy and medication management to existing patients, along with group therapy for coping skills. As of August 2020, the Wellness Qlinic has adapted to resume new patient intakes virtually. For this session, representatives from each clinic will describe their approaches to the challenges and opportunities COVID-19 posed. These case studies will model equity and access considerations for how to transition student-run clinics to adapt to stressful circumstances while maintaining important clinical services for disenfranchised communities.

Psychiatry in the Courts: APA Confronts Legal Issues of Concern to the Field
Chair: Reena Kapoor, M.D.
Presenters: Howard V. Zonana, M.D., Marvin Stanley Swartz, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) 1. Understand the process by

which APA becomes involved as a “friend of the court” in major legal cases.; 2) 2. Review the courts’ decisions and APA’s positions on intellectual developmental disorder and the death penalty.; 3) 3. Review the courts’ decisions and APA’s positions on same sex-marriage and parenting.; 4) 4. Review the courts’ decisions and APA’s positions on transgender youth..

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 and the issues they raise will be presented: 1) *Fulton v. City of Philadelphia* involves the right of a private organization providing government-funded services to refuse adoption by same-sex couples based on religious objections; 2) *Moore v. Texas* and subsequent cases involve the diagnosis of Intellectual Developmental Disorder in death penalty cases; 3) *Grimm v. Gloucester County School Board* involves the rights of transgender students to use the school bathroom consistent with their gender identity. 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.

Psychosis in Dementia or Dementia in Psychosis? A Clinical Approach to Late-Life Psychosis and Cognitive Decline
Chair: Vimal M. Aga, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand the broad differential diagnosis of late-life psychosis and cognitive decline; 2) Differentiate between the common NCD types based on patterns of cognitive and psychotic symptoms; 3) Demonstrate familiarity with several new and updated diagnostic criteria and constructs in the field; 4) Use appropriate office screening tools to supplement the clinical history and mental status exam; 5) Order and interpret relevant CSF and imaging biomarkers to make an accurate final diagnosis.

SUMMARY:
The neurocognitive disorders (NCD) result in late-onset psychosis much more commonly than late-onset schizophrenia. An increased risk of cognitive decline is also seen in both late-onset and chronic young-onset schizophrenia, further confounding the differential diagnosis. Late-onset psychosis can also occur in the preclinical and prodromal stages across the NCD, where it can mimic a primary psychiatric disorder and prompt a psychiatric referral. Prodromal NCD can present with neuropsychiatric symptoms while cognitive symptoms may not be present/ prominent, which can make an accurate clinical diagnosis particularly difficult in such cases. The term mild behavioral impairment (MBI) is used for such cases, and provisional criteria for MBI were first proposed in 2016. MBI carries a poor prognosis with extremely high rates of progression to major NCD. Around a third of patients with NCD due to Alzheimer’s disease (NCD-AD) in cross-sectional clinic-based studies have psychotic symptoms at any given time, and the diagnostic criteria for psychosis in NCD-AD were updated in 2020. Recurrent well-formed visual hallucinations are a core clinical feature in the diagnostic criteria for major NCD with Lewy bodies (NCD-LB) last updated in 2017, and in the criteria for prodromal NCD-LB first proposed in 2020. Other hallucinations and systematized delusions are included as supportive clinical features in both criteria sets. Misidentification phenomena such as Capgras syndrome also occur, strongly suggesting NCD-LB when associated with visual hallucinations. This session will examine the interface between aging, psychosis, and cognitive decline in older adults. The clinical work-up of late-life psychosis and cognitive decline based on the latest literature will be reviewed, office screening tools will be discussed, and genetic testing and diagnostic CSF as well as structural, functional, and molecular imaging biomarkers will be introduced. Real cases from the presenter’s practice will be used to help the attendees synthesize the data and apply it in their own practices. While the session will be helpful for clinicians at all levels, those with

experience in diagnosing and treating the NCD will benefit the most.

Race, Religion, and Equity: Implications for Psychiatry

Chair: John Raymond Peteet, M.D.
Presenters: Thema Bryant-Davis, R. Rao Gogineni, M.D., Ahmed Hankir, Steven Moffic

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Recognize the role of religion in shaping, reinforcing and challenging attitudes toward race, including the historical contributions of different faith traditions to both racism and social justice; 2) Understand the impact of racism on mental health and health care delivery for minority religious individuals and communities; 3) Identify the ways that religious beliefs and practices can help individuals to change; 4) Appreciate the potential for antiracism collaboration with and among faith communities.

SUMMARY:

Growing awareness of structural and systemic racism and resultant inequities has led to widespread calls for both soul searching at the individual level and substantive change at policy and population levels. While many of these calls come from faith leaders, overt racists also often justify their beliefs in religious terms. Relatively little attention has been given to the relationship between deeply entrenched religious beliefs and racial bias (conscious and/or unconscious), or to its implications for psychiatric practice. For example: How does religious faith influence racist beliefs, or function for those who are objects of racist behavior? How can psychiatrists collaborate with faith communities to mitigate the impact of racism, and act against it? In the UK, Islamophobia has stealthily infiltrated the provision of mental healthcare services in the guise of the British Government's controversial Prevent strategy. As part of Prevent, it is a statutory duty of mental healthcare professionals to screen their patients for signs of radicalization. Prevent disproportionately targets members of the Muslim community. The UK is the only country in the world where it is expected of a healthcare system to screen for radicalization. In this session, presenters from four major faiths (Christianity, Hinduism, Islam and Judaism),some of whom have been responsible for previous APA symposia and books dealing with prejudice and mental health (2), will discuss the historical struggles within their tradition with issues of race, their impacts on psychiatric conditions and access to care, suggested clinical and institutional responses, and examples of the use of religious resources to effect individual and social change. Dr Thema Bryant-Davis is a professor of psychology at Pepperdine University, and an ordained elder in the African Methodist Episcopal Church. Dr. Rama Rao Gogineni is a Professor of Psychiatry at Cooper Medical School at Rowan University. Dr. Ahmed Hankir MBChB MRCPsych is Academic Clinical Fellow in General Adult Psychiatry at the Institute of Psychiatry Psychology and Neuroscience, King's College London and Senior Research Fellow with the Centre for Mental Health Research in Association with Cambridge University. Dr. Steven Moffic retired from psychiatric practice and his tenured professorship at the University of Wisconsin in 2010, but continues to write and speak widely. Presenters will focus on the clinical implications of experience with their tradition and engage the audience in discussion of examples.

Redeployed: Accounts From Psychiatrists Redeployed During the Initial Phases of the COVID-19 Pandemic

Chair: Uchenna Barbara Okoye, M.D., M.P.H.
Presenters: Saghir Ahmed, Divya Chaabra, M.D., Djibril Moussa, Alexander Kaplan, M.D., Abraham Taub, Joseph Manuel Villarin, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Discuss 3 different roles psychiatrists can serve outside of their traditional scope of practice during a pandemic; 2) Recommend supports that may benefit psychiatrists redeployed during times of crisis and hypothesize the impact of redeployed physician preparedness and well-being on patient care; 3) Describe coping mechanisms utilized by various psychiatrists working on the front lines of COVID-19; 4) Appraise the role psychiatrists serving in acute care and medical leadership during a pandemic, and the role of psychiatry within larger

health systems during times of national and global crisis; 5) Infer the impact of COVID-19 on psychiatric education and training, and on psychiatric services.

SUMMARY:
In March of 2020, the COVID-19 pandemic hit the United States. In those first months, a surge in COVID-19 cases left healthcare systems unable to meet the overwhelming needs of places severely impacted, such as New York City. Given the unmet need, physicians were called from various areas of medicine to fill the critical gaps in acute medical care needed to battle a pandemic. This tactic became necessary in other states, and ultimately redeployed psychiatrists were called to the front lines of medicine around the world. In this session, we will be privy to first line accounts of redeployed psychiatric administrators, attendings, and trainees from NYC and abroad. Their accounts will provide insights into the value and potential roles of psychiatry and psychiatrists during times of global crisis, as well as insights into how to support and prepare those who are charged with caring for others. Our panelists are: Saghir Ahmed, MBBS: Psychiatry Resident, Maimonides Medical Center, Brooklyn, NY Divya Chhabra, MD: Psychiatrist and Freelance Writer, New York City Metropolitan Area Jibril Ibrahim Moussa Handuleh, MD MPH: Psychiatry Resident, St.Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia Alexander M. Kaplan, MD, MP: CPT, USA, Medical Director, Inpatient Behavioral Health, Carl R Darnall Army Medical Center, Fort Hood, TX Joseph Villarin, MD, PhD: Psychiatry Resident, Neuroscience Research Fellow, New York – Presbyterian Hospital, New York, NY

SAMHSA Priorities
Chair: Tom Coderre

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; 3) Provide culturally competent care for diverse populations.

SUMMARY:
The Biden Administration has prioritized behavioral health as a critical component of recovery from coronavirus (COVID-19) and building a nation that is strong, resilient and healthy. The Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health & Human Services is the leading federal agency in the prevention, treatment and recovery support of individuals. Tom Coderre, as Acting Assistant Secretary for Mental Health and Substance Use, is one of several recent appointees who are in recovery and supports providing equitable access to treatment and clinical care. Far too many people in need of treatment cannot access it and this is especially true for communities of color. This town hall will begin with a brief orientation to current SAMHSA priorities and will transition to a listening session so that attendees can convey their perspectives and experiences related to the mental and substance use disorder needs of our nation before, during and after the COVID-19 pandemic.

Saving Which Asians? One or Many at a Time: Clinically, Legally, Through Media and Live Theatre
Presenter: Rona J. Hu, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe some of the challenges endangering the mental and physical health of Asians and Asian-Americans today, including discrimination, stereotyping, scapegoating, and violence.; 2) Describe clinical challenges in treating this population, including communication issues, stigma, shame, adherence, increased risk of suicide, untreated depression and other mental health issues.; 3) Develop plans to help care for, teach, mentor, advocate for, protect and serve the Asian and Asian-American community, individually and as a group..

SUMMARY:
Asians in America have faced discrimination, stereotyping, scapegoating and violence since our earliest history here, but recent events have accentuated these issues to dangerous levels. Yet a host of internal and external obstacles, some well-intentioned and some not, have made it difficult for Asians and Asian-Americans to get help. This session

seeks to honor the legacy of the Kun-Po Soo Award by highlighting efforts that may inspire and provide practical advice in key areas: Direct clinical care: highlighting the SMHART (Stanford Mental Health for Asians Research and Treatment) clinic providing cultural-informed care for patients previously underserved despite their population density and seeming resource and education levels. Brief HIPAA-compliant cases will be presented, with a discussion of strategies for dealing with issues relating to stigma, adherence, family, immigration, cultural differences, gender and sexuality, expectations and assumptions. Discussion will include the forming of a multidisciplinary clinic within an academic institution, teaching opportunities for residents, fellows, medical students and other trainees, and working together with other clinics in Diversity, Equity and Inclusion. Opportunities in legal, policy and advocacy work: highlighting Stanford's Program in Psychiatry and the Law and a sampling of the type of work psychiatrists can get involved in. Print and broadcast media and live theatre: highlighting Stanford CHIPAO (Communication Health Interactives for Parents of Adolescents and Others), its development to a nationally and internationally recognized program for parent education and culturally informed care, its pivot from live theatre to online and Zoom/webinar programs, and nurturing similar activities elsewhere such as Oakland Chinatown. Other programs targeting stigma will be mentioned, with excerpts from "The Manic Monologues", "Beyond the Reasons", the SAMHSA-sponsored Spanish language telenovela "Mariposa", Chinese language news series "The Silent Storm", and Stanford undergraduate-produced "Sikhs in the Spotlight".

Special Things in Religion and Psychiatry
Introduction: Mary Lynn Dell, M.D.
Presenter: Christopher C. H. Cook, M.D., Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand some of the advantages and disadvantages of the approach that psychiatric research has taken to religion; 2) Understand the significance of some anomalous experiences – particularly voice hearing - in spiritual/religious context; 3) Reflect on what religion and psychiatry have to offer to each other in constructive dialogue.

SUMMARY:
Religion has been a much misunderstood topic within psychiatry. Research over the last 3 or 4 decades has gone some way to improving the situation, but only at the cost of a somewhat restricted view of religion, divorced from spirituality, and with an impoverished view of the meaning that human beings find in their existence. Taking on board thinking from the humanities, and particularly the work of Anne Taves on "special things" as the building blocks of religion, a different approach is proposed. Psychiatrists should properly be concerned with those things that are special to their patients, whether they be religious, spiritual, both, or neither. A patient-centered approach to psychiatry is respectful of special things. The approach will be illustrated by reference to work on voice hearing (auditory verbal hallucinations) and in particular to a recent study of spiritually significant voices. Voices are sometimes indicative of psychopathology, but they are also widely experienced in the absence of mental disorder. In spiritual and religious context they may be meaningful, affirming and life enhancing. In keeping with the approach taken by Oskar Pfister, it will be argued here that religion and psychiatry both have their own part to play in clarifying the importance of special things, such as spiritually significant voices, in human experience. Mutual understanding and cooperation between religion and psychiatry is important for the wellbeing of patients and for a fuller appreciation of the mystery and meaning of the human condition.

Structural Racism and Psychiatric Training: Barriers to Equity and Ongoing Interventions
Chair: Michael Ofosu Mensah, M.D., M.P.H.
Presenters: Ann Crawford-Roberts, M.D., M.P.H., Kazandra De La Torre, M.D., Dwight E. Kemp, M.D., Brittany Tarrant, M.D., Eric Rafla-Yuan, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Name three barriers undermining URM psychiatric trainee performance; 2) Name three ongoing interventions to improve

training specifically for URM trainees in psychiatry; 3) Articulate the role of financing in improving training for URM psychiatrists; 4) Define Holistic review processes in contradistinction to traditional review processes.

SUMMARY:

Structural racism remains salient to psychiatric practice (Hansen, Braslow et al. 2018), as COVID-19 and public health mandates have increased distress and demand for care while reinforcing barriers to care. All these forces have increased rates of poor mental health outcomes among racial minorities (Bray, Daneshvari et al. 2020). Psychiatry residents—already susceptible to burnout (Dyrbye, Burke et al. 2018, National Academies of Sciences 2019)— are frontline workers in the pandemic, and witness these disparities first hand. structural racism pervades medical training (Amutah, Greenidge et al. 2021), rendering these disparities doubly problematic for trainees who are underrepresented in medicine (URM). Decreased racial representation among faculty in academic psychiatry (Chaudhary, Naveed et al. 2020) exacerbate problematic aspects of training for URM residents and fellows(Mensah 2017, Osseo-Asare, Balasuriya et al. 2018, Mensah 2020), who are by design less powerfully and more transiently positioned on the departmental organizational hierarchy. Poor representation within a training environment can demoralize URM trainees, dissuading them from becoming academicians (Owoseni 2020), and pipeline programs meant to recruit URM faculty are not always successful (Guevara, Adanga et al. 2013). As such, there exists a still unmet need to reform psychiatric training to better accommodate the needs of URM trainees in the absence or death of junior and senior URM faculty. The following presentation builds upon previous work (Balasuriya, Gregory et al. 2020), presenting new efforts to render psychiatric training and academia more hospitable to URM trainees. Department wide anti-racism training, holistic review (Barceló, Shadravan et al. 2020), minority housestaff organizational action and training climate evaluation and intervention will be presented and discussed.

Suffering in Silence: Uncovering the Prevalence of Major Depression Amongst Black Men in Specific Impoverished Areas

Chair: Louis Belzie, M.D.

Presenters: Myriane Isidore, M.D., Mahfuza Akhtar

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Identify the prevalence of major depression amongst black men living in specific underserved communities; 2) Describe evidence based practices when screening for major depression amongst black men in diverse sub-communities; 3) Summarize cultural and financial barriers to receiving mental health treatment; 4) Identify what role churches may play in helping to screen for major depression in underserved populations.

SUMMARY:

Major depression has been the fourth leading cause of disability in the United States, affecting approximately 350 million people worldwide; however it's projected to increase as the second leading cause of disease burden by 2020. (Lopez & Murray, 1998; World Health Organization, 2008, 2009). According to the CDC in 2010, approximately 13% of Black Americans has reported suffering symptoms of major depression when compared to non-Hispanic White Americans. Not only is major depression more prevalent in the black community but also the intensity of symptoms is more severe when compared to other ethnic groups. According to the U.S. Census Bureau published in 2014, 27 % of Black Americans live below poverty level when compared to 11% of non-black Americans. Black Americans are more likely to live in conditions that may precipitate or aggravate symptoms of major depression for instance many of them live in impoverished areas where poverty, crime, violence, incarceration, drugs, homelessness may run rampant. The black community has consistently relied on their faith in religion in order to seek guidance and strength. According to a study in 2015 Hankerson, 22.5 % of black men and 17.7 % of black women had a positive depression screening test after depression screenings were conducted in African American churches. However, studies have shown women are, four times more likely, to seek

medical treatment for their depressive state than men. In order to understand this discrepancy is to understand black culture. During our discussion, we will delve into the culture basis that black men face within their communities and why they may avoid seeking psychiatric treatment. We will also discuss the benefits of mental health workers engaging with pastors in underserved communities.

Suicide Prevention Research for Underserved Youth: Approaches to Addressing the Challenges
Chair: Jane Pearson, Ph.D.
Presenters: Dorothy L. Espelage, Ph.D., Rhonda C. Boyd, Ph.D., Brian S. Mustanski, Ph.D.
Discussant: Sherry D. Molock, Ph.D., M.Div.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Name multiple contributors to suicide risk among Black, sexual/gender minority, and intersectional youth; 2) Understand why focusing only on individual suicide risk factors may limit the effectiveness of current risk assessment and conventional intervention approaches; 3) Learn the research base for considering the developmental and contextual contributors to risk and protective factors among underserved youth.

SUMMARY:
Youth suicide death rates have increased in the past decade. A CDC survey conducted during the pandemic has revealed that underserved youth are experiencing suicidal distress at even greater rates. This session, involving experts in Black and sexual/gender minority youth suicide prevention, will highlight research gaps and propose ways forward to mitigate youth suicide risk. These underserved youth, despite their greater needs, are less likely to have their suicide risk detected, and are less likely to engage in effective suicide preventive services. Underserved racial, gender and sexual minority youth are often over-represented in state-supported systems (e.g., homeless youth; child welfare; juvenile justice), reflecting their past high-risk trajectories, as well as future high-risk trajectories. Many of these challenges are not system specific. If and when youth and their families are able to receive care in behavioral health clinic settings, Jones and colleagues (2019) found rates of both parental unawareness and adolescent denial of their own suicidal thoughts, were higher among racial minority families, pointing to the need for research on improved risk detection and assessment. Approaches to addressing these challenges are beginning to go beyond individual risk factors to take a broader approach focused on protective factors, as well as a development view. Recent work on sexual/gender minority youth points to contributing stressors that include intrapersonal factors and interpersonal interactions with schools, families, and communities (Hatchel et al 2019). Research that has reported that increased family support and peer support are associated with decreased suicidality among Black youth (Matlin et al 2011) is consistent with intervention findings where family acceptance of youth sexual/gender identity decreases youth suicide risk. While many policy solutions need to be considered, efforts within the mental health field can be improved immediately. These include rethinking risk assessments to consider how youth view and leverage social support from peers, families, schools and communities. Earlier developmental (e.g., preschool) programs that enhance family and school-based supports, to avoid suicide risk trajectories in the first place, hold much promise. The panel discussion will include considerations of risk detection and interventions needing further research.

Supporting Medical Directors in Behavioral Health Clinics
Chair: Saul Levin, M.D., M.P.A.
Presenters: Tristan Gorrindo, M.D., Nitin Gogtay, M.D., Regina James, 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.; 3) Describe the utility of psychotherapeutic and pharmacological treatment options..

SUMMARY:
This session is open to APA members who are active medical directors in behavioral health clinics. In a small group discussion with APA CEO and Medical

Director Saul Levin, medical directors will have an opportunity to discuss challenges faced in the community setting and to brainstorm ways in which the APA might be able to assist. Topics for discussion include administrative and payment challenges faced in the FQHCs, challenges related to staff recruitment, contracting, workforce development, and leadership development.

Tell Me Something Good
Presenter: Jacki Lyden

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Provide culturally competent care for diverse populations; 2) Identify barriers to care, including health service delivery issues; 3) Integrate knowledge of current psychiatry into discussions with patients.

SUMMARY:
Tell Me Something Good, the title of Jacki Lyden's memoir-in-progress, tells the story of six decades on the frontlines as her mother's mental health advocate, through the prism of this pandemic year. Lyden's bipolar nonagenarian mother is the subject of her earlier bestselling memoir, *Daughter of the Queen of Sheba*. Lyden is a veteran of NPR, where she was a host and foreign correspondent for over three decades. She will discuss with compassion and humor the shifting narratives of family sacrifice, luck, and endurance that have made her and her mother long-term survivors. Inspired by Rosalynn Carter, she was a Rosalynn Carter Fellow for Mental Health Journalism.

The Climate Crisis and Mental Health: What Will You Do?
Chair: David Alan Pollack, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Recognize psychiatric conditions and other mental health impacts that emerge from and/or are affected by the climate crisis.; 2) Recognize psychological factors that contribute to the refusal or disavowal to acknowledge the reality and urgency of the climate crisis.; 3) Understand roles that mental health professionals can perform in facilitating recovery from immediate and longer term CC disasters.; 4) Recognize ethical & public health duties for mental health professionals to advocate for policies to address the threats to health posed by the climate crisis.; 5) Recognize that the climate crisis, a major social determinant of health, requires the public mental health intervention of building community resilience to prepare us for the long haul..

SUMMARY:
Abundant evidence exists that we are in the midst of an ongoing, inexorable climate crisis, one that threatens the political, socio-cultural, and economic stability and sustainability of human civilization and the rest of life on our home planet. Indeed, many health-oriented groups have declared that global warming and the climate crisis constitute the greatest public health threat of the 21st century. Many mental health impacts have been described, including those directly related to increasingly frequent extreme weather events (e.g., heat waves, severe storms, wildfires) and the damage and disruption to lives and communities that persistent changes bring, e.g., changes in average temperature, seasons and sea-level rise. They also include more insidious but harmful psychiatric and neurocognitive impacts of air pollution, mass migration, conflict and violence. A growing area of concern is the increasing emergence of various forms of anxiety, trauma, and depression associated, at least in part, with concerns about global warming and the future of life on Earth. Successive public surveys have conclusively demonstrated dramatic increases in public awareness of and significant worries about climate change. Stories about eco-anxiety have appeared regularly in mainstream media and professional literature. As some have observed, once you truly know and understand the reality of the climate crisis, its current and probable impacts, and the various future scenarios that we face, it becomes almost impossible to eliminate these concerns from your thinking and being. How should we, as mental health professionals, come to grips with these facts and how can we help? How do we support those who have been living with this awareness for the longest (scientists, advocates, and those directly charged with planning for and implementing solutions in our communities), as well as those who

more recently are or will be coming to similar degrees of conscious acknowledgement of the ongoing and worsening nature of this slow moving mega-disaster? This session will describe the status of the climate crisis and its mental health impacts. There will be a panel discussion that will include discussion of the concept of deep adaptation, how to cultivate the adaptive mind, as well as clinical and self-help techniques and resources aimed at helping us all to stay present and active in our long-term and collective efforts to save the planet and our species.

The Impact of Sleep on Geriatric Mental Health: Research Findings in Schizophrenia, Affective Disorders, and Cognitive Disorders
Chair: Ellen Lee, M.D.
Presenters: Ruth O'Hara, Makoto Kawai, Stephen Smagula
Discussant: Charles Reynolds

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) At the end of this session, participants should be able to describe the common sleep abnormalities in older adults with psychiatric disorders.; 2) At the end of this session, participants should be able to describe the research findings on the relationships between sleep and inflammation in older adults with schizophrenia.; 3) At the end of this session, participants should be able to describe the research findings linking chronotype and depressive symptoms in caregivers and adult from the general population.; 4) At the end of this session, participants should be able to describe the research findings on the role of slow wave sleep in affect and memory in older adults.; 5) At the end of this session, participants should be able to describe the research findings on links between aging, sleep architecture, and cognitive impairments..

SUMMARY:
Sleep problems are highly co-morbid with many psychiatric disorders and affect brain health, psychopathology, and cognitive health; though the neurobiological mechanisms connecting sleep and psychopathology are not well understood. Older adults have different sleep architecture as well as increased incidence of insomnia and other sleep disorders, compared to younger adults. Sleep is an important and potentially modifiable risk factor for psychosis, depression, cognitive health, and other important health-related outcomes. This Symposium will provide an overview of changes in sleep associated with aging and psychiatric illnesses as well as research and clinical findings in three different diagnostic realms: psychotic disorders, affective disorders, and neurocognitive disorders. Ellen Lee, M.D. will review the literature on sleep abnormalities in persons with schizophrenia and present data on the links between sleep disturbances, inflammatory biomarkers, cognition, and psychopathology, in middle-aged and older adults with schizophrenia. Stephen Smagula, Ph.D. will present on morning activation and the link with depressive symptoms in dementia caregivers and older adults. Ruth O'Hara, Ph.D. will present on Slow Wave Sleep and its relationship to affect and cognition. Makoto Kawai, MD, DSc will present on the intersection of aging, sleep architecture, and cognition. Charles Reynolds, III, MD will moderate and lead a discussion of sleep research in the aging population. The proposed session is fully consistent with the theme for the 2021 APA meeting – i.e., "Finding Equity Through Advances in Mind and Brain in Unsettled Times." The new Covid-19 pandemic has increased stress and social isolation for many older adults worldwide, with noted effects on daily activities and sleep. Dissemination of cutting-edge research findings is important for informing clinical practice and developing new, interdisciplinary collaborations to further our understanding of sleep. There will be ample time for discussion involving the audience throughout the session.

The Role of Psychedelics in Psychiatry
Chair: William McDonald, M.D.
Presenters: Stephen Ross, M.D., Michael Mithoefer, Charles Raison, M.D.
Discussant: Collin Reiff, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Review the evidence of psilocybin for the treatment of depression and anxiety in cancer patients; 2) Review the MAPS phase III clinical data on the efficacy of MDMA for the treatment of PTSD; 3) Review the potential role of psilocybin in the treatment of depression; 4)

Review ethical concerns and safety parameters for psychedelics in psychiatry; 5) Participate in a moderated discussion on psychedelics.

SUMMARY:

There is currently a paucity of novel pharmacological mechanisms in the treatment of many psychiatric disorders, and some commentators have called for a "disruptive pharmacology" to investigate new treatments with novel mechanisms using drugs that have previously been restricted by the FDA, including psychedelic agents. Over the course of the past decade, there has been a resurgence of research on the potential therapeutic benefits of psychedelic compounds, with the number of published review articles and clinical trial reports steadily increasing. Recent randomized clinical trials support the efficacy of 3,4-methylenedioxymethamphetamine (MDMA) in the treatment of posttraumatic stress disorder (PTSD) and psilocybin in the treatment of depression and cancer-related anxiety. MDMA has been designated a "breakthrough therapy" for PTSD and psilocybin has been designated a "breakthrough therapy" for treatment-resistant depression by the U.S. Food and Drug Administration (FDA). Clinical research data shows that both drugs can have a robust effect on psychiatric pathology that persists for months to years, and may provide a clinical advantage over the current standards of care. The Drug Enforcement Administration (DEA) currently classifies both compounds as Schedule I substances. However, both drugs are currently in FDA clinical trials. If proven to be efficacious, MDMA and psilocybin could be rescheduled in the near future with clinical indications for the treatment of PTSD and depression, respectively. In this symposium leaders in psychedelic research from NYU, Usona Institute and the Multidisciplinary Association for Psychedelic Studies (MAPS) will present recent data that highlights the therapeutic potential of psychedelic compounds in psychiatry. Ethical and safety parameters will also be presented. The presentations will be followed by a moderated discussion with questions and answers.

Three New Tools to Augment Care for People With Serious Mental Illness

Chair: John Torous, M.D.

Presenters: Sherin Khan, L.C.S.W., Amy Cohen, Ph.D., Tristan Gorrindo, 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 guide patients and colleagues to technology that improves health outcomes.; 2) At the conclusion of this session, the participant will be able to screen patients for depression and anxiety using gold-standard measures delivered via a smartphone app.; 3) At the conclusion of this session, the participant will be able to generate a psychiatric advanced directive.; 4) At the conclusion of this session, the participant will be able to access evidence-based resources, consultation, and tools to support clinical practice and make treatment decisions.; 5) At the conclusion of this session, the participant will be able to integrate digital navigators into care settings and understand their core competencies..

SUMMARY:

The COVID-19 crisis has challenged mental health care, especially for those with serious mental illness. This population has typically been provided in-person pharmacotherapy and/or recovery-oriented behavioral health services and the pandemic has required rapid shifts in care management. Clinicians now have the opportunity to utilize new resources to make the digital clinical experience better and improve continuity of care and mental and medical health outcomes. Digital technology has emerged as a feasible and increasingly acceptable method to monitor and provide support for self-management and symptom management. Key components of effective digital health care include access, self-direction, strategies for monitoring, strategies for illness self-management, and multimodal contact methods. This session will focus on hands on learning in using smartphone apps, digital tools, and new clinical team members with expertise in the use of technology. We will introduce learners to new resources they can download and try today, and integrate into their clinical practice immediately after. This include using the SMI Adviser app to find immediate answers to clinical questions and gold-standard measures that score and interpret in real-time, the My Mental Health Crisis Plan app to

collaboratively work with patients to make a crisis plan and psychiatric advance directive, and using digital health navigators as new team members to better help patients utilize many types of technology.

To Tweet or Not to Tweet: Social Media Use for Professional Development and for Mental Health Research

Chair: Carolyn Rodriguez, M.D., Ph.D.
Presenters: Christopher A. Ramsey, M.D., Adrienne L. Grzenda, M.D., Ph.D., M.S., Christina V. Mangurian, M.D., Kara Bagot, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Review social media use for professional development; 2) Present advantages and pitfalls of social media in recruiting participants for mental health research; 3) Review existing policy and recommend guidelines for social media use for recruitment of clinical trial participants; 4) Present methods for leveraging social media to engage hard-to-reach populations; 5) Understand the impact of social media use on adolescent neurodevelopment and mental and physical health..

SUMMARY:
While regulatory agencies currently offer comprehensive resources for the ethical conduct of clinical research, good clinical practice (GCP) methods, and privacy protection, surprisingly little guidance is available regarding the use of social media recruitment in research. Currently available guidelines are silent as to the responsibility of the researcher in protecting a participant's information in such direct or indirect disclosures. All information shared online, even if edited or removed, may be retained permanently, creating the potential for enduring HIPAA violations. Until binding regulatory guidelines are available, researchers must approach all questionable situations with caution and act conservatively to ensure participant protection and privacy. At the same time, research demonstrating causal relationships between media use and short and long-term health outcomes in pre-adolescent children is sparse, and this symposium will also highlight new findings extending from the Adolescent Brain and Development (ABCD) study. Toward this end, this symposium will offer privacy-centered social media use recommendations for professional development, recruitment of clinical trial participants, and engaging hard-to-reach populations. The format will be a series of 5 interactive presentations (interactive audience survey/polling and eliciting questions/cases from the audience) followed by a panel/Q and A session. Specific new research studies will be presented as follows: Dr. Drew Ramsey will review lessons learned in using social media for managing and building a platform for professional development. Dr. Adrienne Grzenda will present a systematic review conducted (n=176 studies) to characterize the current use of social media in recruiting participants for mental health research. In 68.3% of studies, social media recruitment performed as well as, or better than, traditional recruitment methods at a large cost savings over traditional recruitment. Dr. Carolyn Rodriguez will describe how social media platforms raise methodological and privacy concerns not covered in current research guidelines and regulations. Using federal government policies and the reviewed literature, she will present a patient-oriented set of best practices. Dr. Christina Mangurian will describe the difficulties conducting research with certain hard-to-reach populations. Particularly challenging is obtaining opinions from stakeholders that are nationally representative. Methods for leveraging social media to engage hard-to-reach populations for two separate nationally representative study populations will be presented: Study 1: Parents of children with rare diseases, and Study 2: physician mothers Dr. Kara Bagot will present the first data building on existing research from the ABCD cohort via active and passive collection of social network data to study the impact of social media use on neurodevelopment and mental and physical health.

Triple Threat: Young, Female, Professional—the Experiences of Young Female Psychiatrists and Psychologists in Academic Medicine

Chair: Marcia Unger, M.D.
Presenters: Anu Gupta, M.D., Meera Ullal, Ph.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Review the recent and

historical literature about women's careers in academic medicine and specifically within psychiatry.; 2) Demonstrate and discuss frequent challenges faced by young female psychiatrists and psychologists in academic psychiatry.; 3) Understand various organizations and interventions implemented by academic institutions to improve the status and to support female faculty in academic medicine..

SUMMARY:
The number of female medical school graduates continue to rise each year, with the numbers becoming increasingly close to equal that of male medical school graduates. Within graduate Psychology training, women comprise approximately 75 percent of the student body. While a majority of psychologists are female and the number of female physicians rise each year, many of the challenges faced by female physicians in the 1970s still very much exist today. In 1973, Drs. Malkah Notman and Carol Nadelson published an article in the American Journal of Psychiatry about women in medicine. In this article, they write, "Most of the students we have seen have noted that there is a lack of women in prominent faculty and administrative positions to serve as acceptable role models and figures for identification." The same observation can be made today. According to the AAMC, in 2018, while the proportion of women faculty have increased overall in academic medicine, only 25% are full professors, 37% are associate professors, 46% are assistant professors and 58% are only at instructor rank. Similarly, while female psychologists represent the majority, they remain underrepresented in academic roles and progress through promotion at a slower pace than their male counterparts. The lack of female role models in prominent faculty roles has serious downstream effects not only on early career female professionals but also within the overall culture of medicine. Psychiatry, along with OB/GYN and pediatrics, has over 50% full-time women faculty members, based on data from the AAMC in 2018. Although psychiatric academic departments have more women faculty members than ever before, the unique challenges facing women, and especially young women, pursuing careers in academic medicine are still present. For example, women with children working in medicine are documented to face more career obstacles than men with or without children, perhaps due to rigid workplace practices that can be particularly challenging to navigate for women with childcare responsibilities. This session will review the above literature and statistics regarding women faculty in academic medicine, including the progression of women's representation in higher education and professional careers in medicine. Then the presenters will review personal case examples of challenges they have faced as early career, young, women faculty members within an academic department of psychiatry. The case examples will lead to activities with participants about these experiences, which will include straw polls as well as small group discussions. Finally, the session will conclude by introducing interventions from various academic institutions, specifically psychiatry departments, that have the purpose to support women in academic medicine as well as provide recommendations that the audience will be able to adopt and implement in their own departments.

Using Motivational Interviewing to Improve Medical and Behavioral Health Outcomes in Under Served Communities
Chair: Joseph Laino, Psy.D.
Presenters: Sandy Lulu, L.C.S.W., Jabari Jones

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand how using Motivational Interviewing with under served populations is of unique importance in the treatment of LGBTQ+ and trans patients.; 2) Recognize how foundational aspects of Motivational Interviewing can help cultivate a solid therapeutic alliance and be applied in a community-based clinical setting to improve health and BH outcom; 3) Understand how to use the five basic skills of Motivational Interviewing.; 4) Practice using both the underlying spirit and basic skills of Motivational Interviewing in an MI-adherent conversation that promotes change.; 5) Identify specific outcomes and potential benefits of using motivational interviewing in a community-based clinic, with clinical and/or non-clinical staff..

SUMMARY:

Motivational Interviewing (MI) was originally developed as a treatment approach in substance use disorders but has subsequently demonstrated effectiveness for a broad range of health-related behaviors. Despite evidence of the effectiveness of MI, there has been limited uptake of the techniques in community-based mental health populations. This is surprising given that clinicians in these settings often feel like they're struggling to encourage clients to make healthier choices and can feel more invested in the client adopting a healthier lifestyle than the client appears to be. This dynamic can often lead to an incomplete or impaired therapeutic alliance, which may increase the number of clients who discontinue care prematurely and elevate rates of clinician burnout. MI can be a vehicle to promote improved medical and behavioral health outcomes, strengthen the clients' sense of agency and empower them to make positive change in their lives. Thus, MI enhances the therapeutic alliance and improves clinicians' satisfaction with the work. This session will focus on the implementation of MI at the Family Health Centers at NYU Langone, an urban, federally funded outpatient mental health clinic in the ethnically diverse, underserved, community of Sunset Park, Brooklyn in New York City. This session provides an overview of MI principles for those without previous MI experience and will start with a case presentation of a trans-woman for whom an MI-adherent approach was instrumental in allowing her to engage in critical medical care. We will discuss how to engage clients' personal expertise and evoke their own internal motivation for change, particularly with underserved populations such as the LGBTQ+ community and the trans community in particular. The presenters will discuss the implications of using MI with diverse populations and the role culture plays in how Motivational Interviewing is both delivered to, and received by, diverse communities. Next, we will present the development of an MI learning collaborative within our clinic, and review data on the outcomes that were measured after training both clinicians and non-clinicians to use an MI-adherent approach. At the end of the session, attendees will understand how an MI-adherent conversation can promote positive change in their patients' lives, reduce clinician burnout, and improve treatment adherence rates as well as understand how this approach can be taught to clinicians and non-clinicians in diverse health care settings.

Presidential Sessions

Saturday, May 01, 2021

(Almost) 50 Years of Community Psychiatry
Chair: Stephen Mark Goldfinger, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe strategies for, and impediments to, treating the most seriously ill patients; 2) Describe the interplay between beliefs, training, opportunities and serendipity in carving one's career path; 3) Examine your professional trajectory and goals and how to best to achieve them.

SUMMARY:
"Community psychiatry" was not something I had ever heard about. I probably knew more about psychiatry than most 20-year-olds, having been exposed to my uncle, a psychoanalyst and volunteering at the Kings County psychiatry department, one of the largest public psychiatry services in the country. Harvard's Social Relations Department exposed me to Freudian and object relations theories, But these were, well… theoretical. The social end political forces of the late 1960s lead to self examination and an eventual pilgrimage to Southeast Asia to explore becoming a Buddhist monk. As is often said, sometimes you choose your career but sometimes your career chooses you. In this talk, I hope we can explore how serving the most disadvantaged and disaffiliated populations can become one's life path. Psychiatric residency rarely prepares one for working in busy public emergency rooms or in shelters and soup kitchens. Nothing prepared healthcare practitioners—particularly those newly self identifying as gay—to work with individuals facing the HIV epidemic. If one is extremely lucky, a few key mentors become models of how to approach the dilemmas early in one's career. Patients and their families have so much to teach if we are willing to be their students. Systems of care, and their successes and failures, can be our textbooks. As I reflect back over the past 50

years, I think I've learned some valuable lessons as practitioner, clinical leader, researcher and teacher. In what I hope will be an interactive session, rather than a one-way lecture, I'd like to share some of these with you.

AACAP's 2021 Initiatives
Chair: Gabrielle A. Carlson, M.D.
Presenters: Sandra M. DeJong, M.D., Lisa Cullins, M.D., Jeffrey Hunt, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Identify AACAP's 4 current priorities; 2) Describe why mood dysregulation is an important clinical priority; 3) Summarize issues complicating identification of inpatient bed needs; 4) State the rationale for a 4 year CAP training program; 5) Identity at least one of AACAP's Diversity Action Plan initiatives..

SUMMARY:
This symposium presents 4 talks summarizing AACAP key initiatives for 2021: #1-Emotion dysregulation, getting too angry or agitated, too quickly, for too long, with too little provocation accounts for about 25% of outpatient, 75% of inpatient, and 34% of emergency room visits. Behaviors include verbal, property and physical aggression or self-injurious behavior. We lack a consistent term for these behaviors, a diagnosis that fits them, measures that quantify them and an evidence base to treat them. The first talk addresses what the AACAP Presidential Task Force has learned about these children. #2-In May 2020, APA President Dr. Jeffrey Geller assembled a Taskforce (TF) on Psychiatric Beds with experts in psychiatric systems of care, data collection, and modeling. The TF will develop a model for responsible communities to determine how many psychiatric beds are needed within the continuum of care, The Child/Adolescent Psychiatry (CAP) Bed Workgroup of the TF is charged specifically with creating a model for child psychiatric beds. We will try to address what a psychiatric "bed" for youth is, Its purpose(s) and kinds of patients it should serve, types of beds needed within a continuum of care, what high-quality inpatient psychiatric care for youth looks like and if the model differs among communities depending on the availability of outpatient and community-based resources. #3- Child and adolescent psychiatry has a substantial workforce shortage. Despite repeated efforts to increase number of residents matching into CAP training programs, and greater numbers of residents matching into adult psychiatry, the percent of CAP programs filling has ranged from 51%-72% in recent years. There is increased interest and rationale for medical students to have the option to enter a 4-year combined psychiatry/CAP residency training program directly out of medical school and conferring board eligibility in for both general and child and adolescent psychiatry. We describe the rationale for the shortened pathway, regulatory obstacles likely encountered, results of stakeholders' discussions with AADPRT and AACAP, and proposed strategies to move this plan forward. #4-The COVID19 pandemic has changed everyone's lives and has highlighted another pandemic: inequities, injustices and racism in marginalized communities of color. As mental health providers and healers, we must utilize our highly trained skills to integrate the intersection of science and socio-environmental factors with every patient encounter. Cultural humility must effectively derive a formulation and treatment plan suitable for every child and family we treat. AACAP's response to these co-existing pandemics has been to empower the Diversity and Culture Committee to develop an Action Plan, led by the Presidential Working Group to Promote Health Equity and Combat Racism. This presentation will share initiatives developed from the Action Plan.

Advancing Quality and Equity in Women's Health Care: Practical Advice About Women's Health From Four Generations of Women Psychiatrists
Chairs: Carol C. Nadelson, M.D., Gail Erlick Robinson, M.D.
Presenters: Aliza Grossberg, M.D., M.P.H., Gisele Apter, Angela Devi Shrestha, Nada Stotland, M.D., M.P.H.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Develop an increased awareness of the importance of women's reproductive health as a determinant of children's mental health; 2) Understand the effect of stress on

women immigrants; 3) Learn about the role of women's mental health in recruiting residents; 4) Understand features of good mental health treatment of women; 5) Be informed about how to protect oneself from stalkers.

SUMMARY:
Psychiatry is the specialty with the most comprehensive understanding of and approach to women's health. A dedication to women's well-being has been, and continues to be, the reason that generations of talented women have entered the field. Myths about abortion and breast feeding confuse politicians, patients, and practitioners as policies affecting women are debated, decided and implemented all over the world.Immigrant women face stressors that cause or exacerbate mental health disorders. Women psychiatrists have an increased risk of being stalked by patients. It is very important to apply scientific bio-, psycho-, social information so as to provide effective treatments for our patients. In this session, speakers, including a first year resident, a recent fellowship graduate and three senior colleagues from three countries will translate the science into practical strategies for recruitment, education, policy, and everyday clinical practice. Active interactions with attendees will focus on psychiatry as a a career and and issues for immigrant and postpartum women and advice for protecting against stalkers, enriched by presenters' multigenerational perspectives. Attendees will be gratified to find that many of the tools they need to improve the lives of women are things they can easily learn.

Caring for Older Adults With Mental Health Disorders and Dementia: American Association for Geriatric Psychiatry's Response to the COVID-19 Pandemic

Chair: Rajesh R. Tampi, M.D., M.S.
Presenters: Brent Forester, Christopher Wood, Marc Agronin

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) To discuss the effect of COVID 19 on older adults with mental health disorders; 2) To discuss the effect of COVID 19 on individuals with dementia and their care partners; 3) To describe the changes in AAGP's leadership structure to manage the fall-out from COVID19 crisis; 4) To enumerate the steps taken by the leadership to maintain AAGP's educational, research, advocacy and clinical missions..

SUMMARY:
We are living in an aging society. Currently 15. 2% of the US population is 65 year or older. The number of older adults in the US is expected to increase to 23.5% of the population or 95 million by 2060. Mental health disorders are not uncommon among older adults with 20% of the older adults population having a diagnosable mental health disorder. The care of older adults with mental health disorders has not been optimal due to various reasons including ageist attitudes, limited services available for their care, severe shortage of trained clinicians and financial constraints to name a few. The COVID-19 pandemic has made the situation worse as the already limited resources available for the care of older adults with mental health disorders has been further depleted, as resources have been reallocated for the care of medical complications due to COVID-19. The American Association for Geriatric Psychiatry (AAGP) is the only national organization that has products, activities and publications, which focus exclusively on the challenges of geriatric psychiatry. The AAGP in response to the COVID-19 pandemic made changes to its leadership structure to deal better with the crisis. Additionally, the AAGP has initiated programs to maintain and then enhance its educational, research, advocacy and clinical missions. In this symposium, the AAGP's Co-Presidents and Executive Director will discuss the effect of COVID 19 on older adults with mental health disorders in addition to individuals with dementia and their care partners, they will describe the changes in AAGP's leadership structure that were initiated to manage the fall-out from COVID19 crisis and finally enumerate the steps taken by the leadership to maintain AAGP's educational, research, advocacy and clinical missions.

Developing Rapidly Acting Antidepressants: Neurosteroids, Dissociative Agents (Ketamine Analogues and Psilocybin), and Accelerated Theta Burst r-TMS

Chair: Alan F. Schatzberg, M.D.

Presenters: Samantha Meltzer-Brody, Charles DeBattista, Nolan Williams

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) have a working knowledge regarding recent efforts to develop rapidly effective treatments for depression; 2) understand how mechanisms of action affect relative efficacy and side effects; 3) be able to delineate specific r-TMS strategies.

SUMMARY:
Most patients who suffer from major depression eventually respond to antidepressant medications or devices, alone or in combination. However, a considerable minority may not respond to typical strategies and there is a need to develop agents with novel antidepressant mechanisms. In this symposium, we review the status of four novel approaches to depressed patients, all of which have data to indicate that they are rapidly effective. These new strategies rely on alternative mechanisms of action to previously approved agents. They include ketamine and other glutamatergic agents, the hallucinogen psilocybin, the neurosteroids, and accelerated theta burst r-TMS. DeBattista will review studies on ketamine and its various enantiomers and analogues as well as the hallucinogen psilocybin which is currently being actively studied in refractory and non-refractory depression. His talk will attempt to unravel ketamine's various putative mechanisms of action (NMDA antagonism, mu opioid agonism, etc.) that could explain clinical efficacy. Psilocybin is a potent serotonin 2a/c receptor agonist that acutely induces a dissociative/psychotic state and that appears to induce relief in anxious and depressive symptoms in carcinoma patients with anxiety/depression and potentially in refractory depression. The relationship of the psychological response to the drug to ultimate antidepressant actions will be reviewed. Samantha Meltzer-Brody will provide an update on the development of neurosteroids—allopregnanolone derivatives—to treat post-partum depression as well as refractory major depression. Last, Nolan Williams will present recent data on accelerated theta burst that targets theta wave activity and appears to induce positive change in less than 3 days. The treatment appears to be faster in onset than traditional r-TMS and to be safe. The implications of these efforts for current treatment as well as further treatment development are discussed.

Population-Based Approaches for Patients in Medical Settings: Delivering More Equitable Care?
Chair: Michael C. Sharpe, M.D.
Presenters: Nancy Byatt, Jesse Fann, Mark Oldham

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) to understand benefits and challenges of delivering population-based psychiatric care in medical settings; 2) be able to describe best practices for screening for mental health and substance use disorders in perinatal care settings; 3) be able to describe a population-based approach to integrated psychosocial oncology care.; 4) be able to describe the four principles of proactive consultation-liaison psychiatry; 5) to appreciate the role of C-L psychiatry in medical care.

SUMMARY:
The first talk in this session, by Michael Sharpe MD, will describe the challenge of providing equitable and effective psychiatric care. The limitations of a referral-based model of practice will be described and population-based approaches proposed as a solution. The role of population screening and the importance of the service following the case identification will be emphasized. Effective post-screening services include integrated care with clinical teams, collaborative care and proactive consultation. These three innovative service models will be examined using examples from three different medical settings; namely perinatal care, cancer care and inpatient medical care. The second talk, by Nancy Byatt DO, will describe integrated perinatal psychiatric care. Mental health or substance use disorders affect one in five women during pregnancy or during the year postpartum. These disorders increase the risk of adverse maternal, infant, and child outcomes and account for 9% of maternal mortality. Given that frontline perinatal care providers are in an ideal position to intervene, it is recommended that psychiatric care is integrated into perinatal care. This presentation will review how to detect, assess, and treat perinatal

mental health and substance use disorders in perinatal care settings and review models for doing so. The third talk, by Jesse Fann MD, will address collaborative psychiatric care of cancer patients. Despite distress screening, it remains a challenge to ensure that all patients identified as having a psychiatric need, receive evidence-based treatment. The collaborative care model is a team approach to population-based integrated psychosocial care that is reimbursable and effective in oncology settings. This talk will discuss how to implement collaborative care by describing the core principles of the model and tools for implementation within oncology settings. The experience of collaborative care at the Seattle Cancer Care Alliance will be presented as an example. The fourth talk, by Mark Oldham MD, will describe proactive psychiatric consultation in the medical inpatient setting. Proactive consultation-liaison (C-L) psychiatry has sought to develop a new active approach to the psychiatric care provided to general hospital inpatients. This presentation reviews how the following four principles are implemented within proactive CL psychiatry: a population approach, a prevention mindset, multidisciplinary teamwork, and cross-specialty integration. The expanding literature on proactive consultation-liaison psychiatry will be reviewed and the range of potential benefits including reduced length of stay, improved mental health care utilization, and improved staff satisfaction described. The session will conclude with a panel discussion in which all the speakers will respond to audience questions and draw out common themes and practical lessons for both C-L and general psychiatric practice

Presidential Town Hall on Structural Racism #5: Annual Update
Chair: Cheryl D. Wills, M.D.
Presenters: Michele Reid, M.D., Renee Leslie Binder, M.D., Charles Dike

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand some effects that racism has upon psychiatric patients, practice, policy and perceptions; 2) Recognize the charge of the Task Force and the processes that have informed its work; 3) Suggest avenues to continue the work of the Task Force in the future.

SUMMARY:
Recent events have led many health advocates to expound on the relationship between healthcare and social justice. COVID-19, which has disproportionately affected people of color, and barbarous treatment of unarmed Black people by law enforcement officers shifted our attention to how systemic racism can affect occupational, residential, educational, nutritional, safety and healthcare options and outcomes for minorities in the United States. Many medical organizations, including the APA, responded by denouncing racism. Some groups vowed to increase diversity, equity and inclusion in organized medicine. In May 2020, APA President Jeff Geller committed to making structural racism a top priority for the presidential year. On June 5, 2020, he hosted the APA's first Structural Racism Town Hall and appointed the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry. The Task Force has endeavored to study structural racism in psychiatry and to provide resources, including educational material and town hall meetings, that can stimulate discussion about how racism affects psychiatric patients, practice, policy, and perceptions. During the session, Task Force members will describe the charge and other processes that have informed the Task Force's work and will share the recommendations for reform made by it in reports to the APA Board of Trustees for consideration. The session will review particular Task Force activities, including antiracism initiatives of APA Councils. Participants will be encouraged to discuss and suggest future topics and avenues to continue the work of the Task Force.

Social Justice and Human Rights for Individuals With Mental Illnesses
Presenter: Dinesh Bhugra, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Differentiate between characteristics of stigma and discrimination; 2) Understand dimensions of health and human rights; 3) Be aware of existing discrimination across

countries; 4) Explore routes to advocacy for their patients and carers; 5) Be aware of campaigns for health equity.

SUMMARY:
Stigma against mental illnesses and those with mental illness as well as those who look after individuals with mental illnesses is common. Various anti-stigma campaigns have contributed to some reduction but it has not been eliminated altogether. Discrimination against people with mental illnesses is rife. In a survey of the laws of 193 countries around the world, we studied 4 rights-right to vote, marry, inherit property or make a will and employment. Although all countries are signatory to the UN Charter for the Rights of persons with Disability, only about 40% of countries allow all the four rights. In a separate study of 52 members of the British Commonwealth, only 48% of countries have mental health policies. This indicates that there is still a long way to go to bring about equity between those with physical and mental illnesses. Training mental health professionals to be advocates for their patients and their rights is a crucial step. Stigma against mental illnesses and those with mental illness as well as those who look after individuals with mental illnesses is common. Various anti-stigma campaigns have contributed to some reduction but it has not been eliminated altogether. Discrimination against people with mental illnesses is rife. In a survey of the laws of 193 countries around the world, we studied 4 rights-right to vote, marry, inherit property or make a will and employment. Although all countries are signatory to the UN Charter for the Rights of persons with Disability, only about 40% of countries allow all the four rights. In a separate study of 52 members of the British Commonwealth, only 48% of countries have mental health policies. This indicates that there is still a long way to go to bring about equity between those with physical and mental illnesses. Training mental health professionals to be advocates for their patients and their rights is a crucial step.

The Future of Psychodynamics, Psychotherapy, and Psychoanalysis
Chair: Joseph R. Dwaihy, M.D.
Presenters: Joseph R. Dwaihy, M.D., Eric Martin Plakun, M.D., Harriet Leeds Wolfe, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Define the relationship between psychiatry, psychoanalysis and psychodynamic psychiatry; 2) List barriers to equitable access to psychodynamic and psychoanalytic treatments in the United States; 3) List basic psychoanalytic principles that contribute to understanding international conflicts; 4) Apply basic psychoanalytic/psychodynamic principles in a variety of mental health and substance use disorder care settings.

SUMMARY:
In a time of increased attention to health equity and social determinants of health, psychosocial treatments that engage psychosocial experiences like adversity and trauma are increasingly relevant. This Presidential Session will review evidence that emerging science supports a biopsychosocial model for psychopathology over a biomedical one, will address the future role of a psychodynamic perspective in general psychiatry, and explore clinical, theoretical, research and policy issues related to the future roles of psychotherapy and psychoanalysis. Dr. Plakun's presentation will explore psychodynamic psychiatry as the intersection of psychoanalysis with general psychiatry, and examine issues in expanding access to psychodynamic treatments, including the impact of the ruling in the landmark Wit v. United Behavioral Health class action, in which he served as a plaintiffs' expert. Dr. Wolfe will speak about challenges to psychoanalysis from her experience as a practitioner, training and supervising analyst, past president of APsaA and president-elect of the International Psychoanalytical Association. This includes perspectives on evolving theory, practice, education, research, her efforts to rebuild the connection between the American Psychoanalytic Association and the APA, and the contributions of psychoanalytic thinking to understanding international conflicts. Dr. Dwaihy, a private practitioner who sought psychoanalytic education largely outside of institutional settings, will discuss ways psychoanalytic/psychodynamic practice and theory can be incorporated into a range of clinical settings, from the inpatient units to the outpatient

office, including the use of psychodynamic psychopharmacology. Following the presentations, there will be a panel discussion and then an interactive discussion with participants.

The History of the Development of Cognitive Behavioral Therapy for Psychosis
Presenter: Douglas Turkington, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Understand the roots of CBT for psychosis; 2) Learn the contributions of key pioneers; 3) Learn how CBT techniques for psychosis have changed over time; 4) Understand the evidence base; 5) Know where to find key publications.

SUMMARY:
The development of CBT for Psychosis will be described from the first publication in 1952 where Aaron Beck treated a systematised paranoid delusion to the present date. Key early behavioral approached are described including coping strategy enhancement for hallucinations (Tarrier) and behavioral activation for negative symptoms (Rector). The contributions of David Fowler, Richard Bentall and David Kingdon will be described including the emergence of normalizing explanations to reduce stigma and the understanding of the personal meaning of certain psychotic symptoms. It will be described how a full process of CBT developed based on generation of a collaborative formulation including trigger, appraisal, exacerbating factors such as anxiety and sleep deprivation along with safety behaviors such as social avoidance. The emergence of an early evidence based will be described including the development of low-intensity and high yield CBT for psychosis techniques which became widely deployed by psychiatrists and other mental health professionals as part of their day to day practice. The central role of CBT in early intervention for psychosis will be described in line with the work of McGorry, Birchwood and Morrison. The emergence of metacognitive therapy of psychosis wil lbe described in relation to targeting meta-beliefs about worry, rumination and thought suppression. The treatment of very disabled people with primary negative symptoms of schizophrenia was pioneered in the recovery approach of Paul Grant and Aaron Beck who showed that defeatist beliefs could be changed along with graded activity scheduling to improve even the most severe cases of chronic schizophrenia. More recent developments are described including the use of compassion focussed therapy to treat critical hallucinations, acceptance and commitment therapy, mindfulness and imagery based approaches including Avatar therapy. Coming up to date cognitive remediation has added to the CBT approach by helping cognitive deficits and imagery based approaches have helped with unprocessed traumatic memories and PTSD within psychosis. Method of levels approaches based on Perceptual Control Theory have led to a renewed focus on working with conflict in schizophrenia. Potential future developments in CBT for psychosis will be explored along with some of the key issues arising in training, supervision and implementation.

Sunday, May 02, 2021

Is Psychiatry's Identity in Crisis? Implications for Residency Education
Chair: Adam Marshall Brenner, M.D.
Presenters: John Burruss, M.D., Sallie DeGolia, M.D., Tracey Guthrie, M.D., David Ross, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) The attendee will understand why psychiatry's identity seems to be in a chronic state of crisis.; 2) The attendee will be able to explain the relationship between's psychiatry's identity and the different explanatory models of psychiatric illness.; 3) The attendee will be able to define how an appreciation of the complexity of our field leads to concrete implications for training new psychiatrists..

SUMMARY:
A recent NEJM article referred to psychiatry's "identity crisis". This is only the latest in a long line of articles that make this assertion over the decades. Is our profession in an identity crisis? What are the fundamental questions about our identity has a field? How long has this "crisis" been going on? Will our field ever mature to a point where our identity is not in crisis? And in the meanwhile, what are the

implications for what we teach our residents and how we utilize an always limited set of resources (resident time and faculty time especially)? Psychiatry's identity has long been complicated by the complexity of the illnesses we treat. Neuroscience, general medicine, narrative psychology, culture and the social and structural determinants of health - all are necessary components of any attempt to explain the etiology and course of psychiatric illness. Attempts to narrow the scope of our explanatory models have historically led to pendulum swings of competing paradigms. In addition, the healthcare systems where psychiatrists see patients have also exerted pressures that shape our profession's identity. In this symposium our panelists will explore the question of our field's identity from the perspectives of health care systems, advances in neurobiology, the place of narrative and psychotherapy, and the emerging awareness of social injustice as a determinant of mental illness. Emphasis will be placed on understanding why identity questions may be intrinsic to our field, as opposed to a crisis, and how this should guide our educational agenda.

Navigating Potential Pitfalls to Wellness for Psychiatrists

Chair: William J. Newman, M.D.
Presenters: Christopher R. Thompson, M.D., Charles Leon Scott, M.D., John M. W. Bradford, M.D., Brianne M. Newman, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this session, the participant should be able to: 1) Understand individual personality traits that hasten burnout; 2) Better appreciate the impact of career-specific pitfalls including being stalked by former patients, being named in civil litigation involving suicide, and experiencing vicarious trauma; 3) Describe specific mechanisms for promoting wellness in psychiatrists.

SUMMARY:

Physicians and medical trainees are displaying alarming rates of depression and burnout, partially related to chronic stress and frequent exposure to traumatic situations. Psychiatrists face risks unique to the field. Addressing physician burnout goes beyond merely holding informational sessions recommending striving for better work-life balance or practicing more yoga. Developing individual traits such as resilience and grit can help navigate challenges inherent to psychiatry. Psychiatrist routinely face career challenges that are more commonplace in psychiatry. Some potential challenges include being stalked by former patients, being named in civil litigation involving suicide, and experiencing vicarious trauma. The panelists will present information regarding these and other potential challenges. They will discuss potential approaches for navigating each scenario. For example, our understanding of the impact of chronic stress has improved over the last several years. Vicarious trauma was added to the "A criteria" for PTSD in the DSM-5, demonstrating the potential impact of repeated exposure to aversive content. Dr. W. Newman will provide an overview of potential pitfalls to wellness for psychiatrists, including boundary violations and stalking by patients. He will discuss resilience and grit and recommend ways to foster those traits. Dr. Thompson will present the development of Type A traits through the lifespan. He will highlight positives and negatives of Type A traits and how they impact psychiatric practice. Dr. Scott will cover the personal and professional impact of being named in a lawsuit, highlighting cases involving completed suicides. He will additionally provide tips for navigating that process effectively. Dr. Bradford will share his personal experiences with vicarious trauma. He will recommend ways to identify and mitigate the long-term risks. Dr. B. Newman will provide information on specific mechanisms for maintaining wellness, with an emphasis on their benefits for psychiatrists. She will recommend practices for practitioners at different phases of their careers. Understanding potential pitfalls to wellness and how to navigate them can help psychiatrists strive for personal wellness and decrease their risk of burnout.

Presidential Town Hall: The Assessment of Psychiatric Bed Needs in the U.S.

Chair: Anita Everett, M.D.
Presenters: Mark Olfson, M.D., Debra A. Pinals, M.D., Robert Lee Trestman, M.D., Ph.D., C. Freeman, M.D., M.B.A., Isabel K. Norian, M.D., Sandra M. DeJong, M.D., Kristen Hassmiller Lich, Ph.D., Kenneth Minkoff, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Provide culturally competent care for diverse populations; 2) Identify barriers to care, including health service delivery issues; 3) Apply quality improvement strategies to improve clinical care.

SUMMARY:
The 2020-2021 APA Presidential Task Force on Psychiatric Beds is charged with the development of a model that can be used to determine the number of psychiatric beds needed in any jurisdiction like a state or a county. The outcomes can be compared to the current capacity of psychiatric beds in the United States, with resultant recommendations depending upon the discrepancies between the model's results and actual bed counts. This session will highlight the status of the task force's work defining the contemporary psychiatric "bed", reviewing funding mechanisms that support the current capacity of inpatient care, setting benchmarks for high quality or high fidelity, and assessing the impact of variability in diverse populations in need of inpatient psychiatric treatment. The session will also address the critical shortage of access to inpatient care and services for children/adolescents. Finally, the session will provide an update on where the Task Force stands with development of a white paper that includes psychiatric inpatient beds as well as community services and alternatives that might mitigate the demand for adult and child/adolescent inpatient beds.

Psychodynamic Lessons From the Novel Coronavirus Pandemic
Chair: Gerald Paul Perman, M.D.
Presenters: Kimberly R. Best, M.D., Douglas H. Ingram, M.D., Eugenio M. Rothe, M.D., Saba Syed, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) To demonstrate some of the serious psychodynamic effects that the COVID-19 pandemic had on patients in an outpatient psychiatric practice.; 2) To describe how the psychiatric space within which the patient and psychiatrist met during the pandemic was irremediably altered by the changes in how psychiatry was practiced.; 3) To learn about the effects of the COVID-19 pandemic on the psychodynamic education and training of medical students and psychiatric residents.; 4) To learn how the pandemic affected psychiatrists working on the front lines of medical care with patients having become profoundly ill and many dying from COVID-19.; 5) To obtain a psychodynamic perspective on mourning and grief reactions brought about by the impact of COVID-19 on individuals and their families..

SUMMARY:
The COVID-19 pandemic has had profound effects on the mental health of individuals and families, and on psychiatric training and practice. The American Academy of Psychodynamic Psychiatry and Psychoanalysis (AAPDPP) proposes to present a 90-minute workshop with the title: "Psychodynamic Lessons from the Novel Coronavirus Pandemic." Our workshop will be chaired by Gerald P. Perman, M.D., Immediate Past President of the AAPDPP, and will include presentations by Dr. Perman and four other distinguished speakers followed by a Q&A session. Dr. Perman will describe how the coronavirus pandemic, with the need for self-quarantine and social distancing, affected patients in outpatient psychiatric treatment. He will characterize common defenses used by patients to manage the challenges presented by the pandemic with a resultant increase in psychiatric morbidity, but also how in other instances social isolation aided the healing of pre-existing interpersonal and interfamilial conflict. Douglas Ingram, M.D., Past Academy President, will address the impact of COVID-19 on the therapeutic space. He will describe how the consultation room came to serve rather unthinkingly as the therapeutic space in which co-created dialogue unfolded and how recourse to digital technology required a rethinking of this space within which the psychiatrist and patient worked. Kimberly Best, M.D., Associate Chairman and Program Director at Einstein Medical Center, Philadelphia, PA, will discuss ways in which the pandemic dramatically affected medical student education and psychiatric training. Psychiatric trainees were exposed to patients with COVID-19 or with unknown status, often without necessary

supplies of protective equipment or test kits. Classes were cancelled, rotation schedules changed, and telepsychiatry was implemented. Residents had to deal with their own anxieties while simultaneously attending to the needs of psychiatric patients who themselves were impacted by the pandemic. Syed Saba, M.D. works for the Department of Health Services in Los Angeles and has had extensive experience in consultation-liaison psychiatry. She was thrust into a front-line position as a psychiatrist within the public health system caring for patients with severe mental illness. She will describe changes that she made in the delivery of consultative care including collaboration with primary medical teams to assist with diagnostic clarification, behavioral management and recovery while balancing staff and patient safety concerns. Finally, Eugenio Rothe, M.D, President of the American Association of Social Psychiatry, was deeply moved by cases of unresolved mourning and memories of previous separations from loved ones that were elicited by the pandemic lockdown. He will present brief patient vignettes in support of his presentation.

Monday, May 03, 2021

Addressing Insomnia in Psychiatric Practice: A Modifiable Risk Factor for Suicidal Ideation
Chair: William Vaughn McCall, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) To understand the epidemiologic relationship between insomnia and suicide; 2) To describe the possible mediating mechanisms between insomnia and suicide; 3) To incorporate insomnia as an indicator of suicide risk within the psychiatric encounter; 4) To clarify the insomnia-suicide relationship in the context of nightmares, hypersomnia, and obstructive sleep apnea; 5) To create treatment plans for treating insomnia in patients at risk of suicide.

SUMMARY:
Epidemiologic studies across the globe have universally established insomnia as a risk factor for suicide, and the risk has been demonstrated in children, adolescents, young adults and the elderly. Insomnia is a risk factor for suicidal ideation, suicidal behavior, and death by suicide. The insomnia-suicide relationship has been best described in patients with depressive disorders, but has recently been shown to be present in persons with schizophrenia, too. The insomnia-suicide relationship remains in persons with depression after adjusting and controlling for the severity of other symptoms of depression.The mechanistic pathways which mediate the insomnia-suicide relationship have yet to be proven, but there are many candidate theories. For example, persons with insomnia often exhibit physiologic hyperarousal, which is thought to be a common feature of persons with suicidal ideation. Also, severe insomnia is associated with difficulties in higher executive function, which is similarly seen among survivors of suicide attempts when they try to solve personal problems. The insomnia-suicide relationship has been replicated so many times that it can now be justifiably incorporated as an indicator of increased risk of suicide during a clinical encounter. For example, if an established patient complains of a recent, serious emergence of insomnia, then this might lead a psychiatrist to dig deeper into recent worsening of risk of suicide. Nightmares represent an independent risk factor for suicidal ideation and suicidal behavior, over and above the risk that is seen attributable to insomnia when nightmares and insomnia co-occur. A relationship between hypersomnia and suicide is not yet well-described, but obstructive sleep apnea is a concern in MDD patients with insomnia. The timing of sleep in relation to the 24-hour circadian clock is also relevant, as persons with a delayed sleep-wake cycle have greater suicidal ideation. Treatment of insomnia in MDD patients with suicidal ideation often begins with SSRIs, SNRIs, or bupropion, but these choices do not reliably resolve insomnia in MDD. Cognitive behavior therapy for insomnia (CBT-I) is recommended by the American College of Physicians and the American Academy of Sleep Medicine as the first-line treatment of insomnia, but access to therapists trained in CBT-I is limited. As a result, psychiatrists treating insomnia in suicidal MDD patients may need to consider instead the adjunctive use of hypnotic medication. While suicidal self-poisoning often incudes the combination of hypnotic medications with alcohol or other drugs, hypnotics by themselves rarely seem to induce suicidal ideation. The judicious and time-

limited addition of hypnotics to SSRIs may reduce suicidal ideation to a great extent than SSRIs alone in suicidal MDD patients with severe insomnia.

Facing the Challenge of Cannabis Legalization: Psychiatry's Role
Chair: Kevin Allen Sevarino, M.D.
Presenters: Timothy W. Fong, M.D., Frances Rudnick Levin, M.D., Laurence Westreich, M.D.

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) Describe the extent of cannabis legalization in the US and its territories for medicinal and recreational use; 2) Identify risks and benefits of the therapeutic use of cannabis; 3) Review promising avenues of research for treatment of cannabis use disorder; 4) Discuss the increasing challenge for U.S. employers and employees regarding legal, business, and practical issues of cannabis use in the workplace..

SUMMARY:
Dr. Kevin Sevarino will provide a brief overview. As of Jan. 2021 medicinal use of cannabis had been legalized in 35 states, the District of Columbia (D.C.) and 4 U.S. territories. Recreational use has been legalized in 15 states, D.C. and 2 territories and use has been decriminalized in another 15 states and the U.S. Virgin Islands. Indications for medicinal use of cannabis vary between states and are often approved despite lack of evidence for efficacy, or positive evidence of harm. State laws may conflict with federal law, including in industries regulated by federal guidelines prohibiting cannabis use. Dr. Timothy Fong will review the current evidence for therapeutic benefits and adverse effects of cannabis used for medicinal purposes. As cannabis becomes more available via permissive laws, psychiatrists must strengthen awareness and understanding of what is currently known about the therapeutic effects of cannabis in order to better educate and inform patients and families. There has been a surge in the demand for cannabis to be used as medicine along with a dizzying amount of misinformation and myths. This review will succinctly summarize the evidence that can provide psychiatrists with a roadmap on how to address the issues with inquiring patients. Dr. Francis Levin will review the current state of investigational pharmacologic treatments for those who develop a cannabis use disorder. Research has focused on noradrenergic, serotonergic and gabaminergic agents, cannabinoid agonists and antagonists, endocannabinoids, and anti-glutaminergic and novel agents such as ketamine. While many of these agents may ameliorate some aspects of cannabis withdrawal, facilitation of abstinence has been elusive. Certain agents may reduce use but whether this results in clinically meaningful improvement is unclear. Examining the role of gender, age, co-morbidity, motivation to cease use, and severity of cannabis use may allow for the refinement of how to best assess efficacy in better defined populations. Dr. Laurence Westreich will discuss the challenges for U.S. employers and employees of the legal, business and practical issues of cannabis use in the workplace as well as the tension between perceived risk to public and individual health and the civil liberty constraints implied by prohibition of cannabis use. Employers must manage a rapidly changing set of federal and state laws, legal obligations concerning safety-sensitive positions, potential Americans with Disabilities Act lawsuits, confidentiality, and the notoriously long-lasting THC molecule in drug tests. Relatively few data exist on workplace accidents or lost productivity due to cannabis, the effects of instituting drug testing programs for cannabis, and the cost/benefit of Employee Assistance Programs. The information presented will inform psychiatrists and other clinicians in a advising their patients regarding pre-employment and occupational drug testing. A panel discussion will follow.

The Psychology of Racism and Nonviolence
Chair: Nassir Ghaemi, M.D.
Presenters: Steven Roberts, Charles Collyer, Clayborne Carson, James Lawson

EDUCATIONAL OBJECTIVES:
At the conclusion of this session, the participant should be able to: 1) To examine the psychological aspects that contribute to American racism; 2) To explore psychological components of nonviolent methods to combat racism; 3) To describe historical experience with identifying and combating psychological aspects of racism in the US.

SUMMARY:
This past year has identified increasing and persistent tensions in the United States around racism. The continuing experience of racism in the United States tends to be examined from social, economic, and legal perspectives. The psychological aspects of American racism are less well understood and less frequently discussed. In this symposium, psychologists and participants in the civil rights movement will provide their perspectives.