

## APA Distinguished Psychiatrist Lecture Series

Saturday May 04

### Presidential Session: Culture and Personality Disorders: Social Diagnostic and Therapeutic Perspectives

*Candice Johnson; Meredith Hayes; Seo Yeon Choi; Jasper Puracan M.D.; M.P.H.; Bernardo Ng M.D.; Renato Alarcon M.D.*

#### Educational Objectives:

Objective One: Know the fundamental theoretical and practical concepts and the main clinical and research work areas of the Cultural Psychiatry field Objective Two: Recognize the relevance of Cultural Psychiatry perspectives on the study of personality personality disorders and issues of personal identity across socio-cultural groups and global communities Objective Three: Elucidate Cultural Psychiatry-inspired descriptive modalities diagnostic characteristics nosological debates and impact of personality disorders in today's clinical practice Objective Four: Understand and initially handle therapeutic concepts objectives approaches and accomplishments of the clinico-cultural management of personality disorders

#### Summary:

One of the most fascinating developments in today's psychiatry across the world is the increasing presence (and prominence) of Cultural Psychiatry (CP) and its global implications in different fields and subfields of our discipline. This generates a dramatic vis-à-vis with the lasting and powerful advances of biological psychiatry and neurosciences. At another level the clinical psychiatry focus on Personality Disorders (PDs) constitutes an equally interesting phenomenon as it carries questions and challenges apparently well handled in the study of other clinical entities but not so in the case of PDs. The reasons are many and in this presentation the challenges and accomplishments of CP perspectives on several study areas of PDs will be examined in an attempt to contribute to a more explicit understanding of these entities. The main objectives include their social/community impact existing diagnostic modalities and therapeutic/management

approaches. The socio-cultural perspectives about Personality in general vary according to geo-demographic historical ethnic and even ecological factors. Closely associated to its main defining features are the concepts of Identity (individual or personal vs. group-based or collective) and Otherness or the consideration of different human beings those external to us and located beyond our own perceptual reality. Needless to say these considerations establish the bases of normality vs. abnormality in the clinical consideration of personality. The diagnosis of PDs entails complex debates about their mere existence definitions and levels and conditions of their acceptance or rejection. These areas are complicated not only by the categorical vs. dimensional diagnostic approaches dominating the clinical and academic literature but also by the cultural considerations that determine the delineation of normal vs. abnormal personalities clinical labeling typologies and issues related to discrimination stigmatization tolerance resilience and many others features of cultural nature. The epidemiological clinical and preventive approaches to PDs undoubtedly vary according to all of them. Finally the cultural perspectives on the management and treatment of PDs encompass mainly a complex set of psychotherapeutic schools of thought each with its own ontological rules terminologies objectives emphases techniques results and assessments. In short CP and PDs constitute one of the most formidable challenges to the hermeneutics of current clinical psychiatry and its expected deployment of study options. Future research will hopefully result in more comprehensive and harmonious dialectics on these topics around the world.

## APA Distinguished Psychiatrist Lecture Series

Sunday May 05

### Presidential Session: Biosocial Futures: Toward a Community Ecology of Health and Well-Being

*Ashley Filbeck; Helena Hansen M.D.; Ph.D.*

#### Educational Objectives:

Objective One: describe two social technologies that remediate mental health inequalities  
Objective Two: provide at least two examples of structural factors that are causing unequal mental health and substance use outcomes  
Objective Three: describe at least two structural and community ecological interventions to ameliorate structural drivers of harms from negative mental health outcomes

### **Summary:**

This talk is based on over a decade of participant observation in the field of Translational Social Science and the use of social technologies in relation to health inequalities. It provides a case study in the author's research on race and the development and marketing of new opioids that led to the contemporary opioid crisis. The study of opioids revealed technologies of "whiteness" - neuroscience, new biotechnology, development, regulation, and marketing - that explain the racial symbolism and demographics of opioid use. The talk ends by interrogating the "magic bullet" ideology underlying the persistent lack of investment in social and structural determinants of health equity, including the biomedicalization of addiction in the era of white opioids, while offering approaches - from "structural competency" to BioSocial research and community ecological medicine - to addressing the institutional and policy drivers of the overdose crisis."

## **APA Distinguished Psychiatrist Lecture Series**

**Sunday May 05**

### **Presidential Session: Motivational Interviewing 4 – New and Foundational Concepts**

*Thao Le Ph.D.; Carla Marienfeld M.D.; Carla Marienfeld M.D.; Caridad Ponce Martinez M.D.*

### **Educational Objectives:**

Objective One: Define and summarize updated terminology, concepts, and approaches for the recently released fourth edition motivational interview textbook  
Objective Two: Apply the elements of the spirit of motivational interviewing to clinical interactions with patients  
Objective

Three: Recognize, respond, and evoke change talk and know how to respond to sustain talk

### **Summary:**

With the August 2023 release of *Motivational Interviewing: Helping People Change and Grow* (Applications of Motivational Interviewing) Fourth Edition, busy clinicians will benefit from a brief, high-yield review of core concepts and new changes for using Motivational Interviewing (MI) in everyday clinical practice. Motivational interviewing (MI) is a "particular way of talking with people about change and growth to strengthen their own motivation and commitment." MI has been widely adopted in a number of fields that seek to help others make changes in their behaviors. Within psychiatry and the addiction field, behavioral change is a crucial component of the treatment, and clinicians can find themselves struggling when a patient does not appear committed to making positive changes in their lives despite consequences. By helping clinicians become more curious about the process of change, develop a partnership with their patients, be compassionate and accepting, as well as empower their patients, MI provides a way of being and tools to help facilitate change. Lecture participants will be able to increase their confidence in the application of MI in their clinical practices. During this lecture, new and foundational concepts of motivational interviewing (MI), including the updated spirit of MI and the four processes of MI, will be reviewed with particular focus on applying these concepts to clinical settings and in the care of patients with psychiatric and substance use disorders.

## **APA Frontiers of Science Lecture Series**

**Tuesday May 07**

### **Presidential Session: Altered Brain Inhibition and Cognitive Deficits in Brain Disorders and During Aging: Pathology and Hope for New Treatments**

*Esha Aneja; Etienne Sibille*

### **Educational Objectives:**

Objective One: Learn about prevalence and role of cognitive deficits in brain disorders Objective Two: Learn about altered inhibition in brain disorders Objective Three: Learn about the biological bases of cognitive deficits Objective Four: Learn about innovative treatment for cognitive deficits and underlying cellular deficits

### **Summary:**

Cognitive deficits including problems with memory learning planning problem solving rumination and suicidality are core symptoms in psychiatric and neurodegenerative brain disorders and prevalent during aging. Notably cognitive deficits are not treated by any current medications leading to life-long chronic conditions significant burden on affected individuals caregivers and healthcare system and billions of dollars in lost productivity. This is surprising because we have known for a while that cognitive deficits are in large part due to the loss of connections between nerve cells (spines dendrites) a well-characterized pathology observed during aging and across brain disorders. Indeed restoring brain cell connectivity as well as the balance between excitatory and inhibitory brain activity that is mediated by these connections has significant and broad therapeutic potential. The most investigated causes of reduced brain cell connectivity are elevated stress hormones excessive excitatory (glutamatergic) signaling and reduced neurotrophic support (BDNF) but efforts aimed at these biological systems have not translated into clinically-available therapeutics. Augmenting brain inhibition on the other hand has received less attention since it generally decreases cognition and attention and does not affect cell connectivity. Studies in human postmortem brain and in genetic rodent models now show that a branch of the brain inhibitory system that is specialized in noise reduction and information processing is selectively vulnerable and affected on a continuum between normal aging and brain disorders from depression and schizophrenia to Alzheimer's disease. Selective targeting of this vulnerable inhibitory pathway shows robust procognitive effects and reverses the loss of brain cell connections essentially reversing the symptoms and underlying cellular pathologies in

models of stress aging and Alzheimer's disease. These results suggest a novel therapeutic approach for the unmet clinical need of cognitive deficits across brain disorders. This lecture will review the evidence for cognitive deficits across brain disorders their role in disease trajectories the common pathologies associated with this cross-diagnostic symptom dimension the limitations of current therapeutic approaches and the hope for novel therapeutics emerging from a decade of brain neuroscience.

## **APA Frontiers of Science Lecture Series**

**Saturday May 04**

### **Presidential Session: Using New Advances in Genetics to Prevent and Treat Substance Use Disorders**

*Danielle Dick PhD*

#### **Educational Objectives:**

Objective One: Describe new advances in gene identification for substance use disorders Objective Two: Explain the three major pathways by which genetic influences impact substance use disorders Objective Three: Identify characteristics that indicate genetic risk and understand easy ways to screen for individuals at elevated risk Objective Four: Apply knowledge about genetically influenced risk pathways to prevention intervention and treatment

#### **Summary:**

The field of psychiatric genetics has advanced at an unprecedented pace over the last decade. The rationale for the vast investment in genomics research is often discussed in the context of precision medicine – that genomics will advance our ability to deliver more tailored and personalized prevention intervention and treatment. But how will those translational goals be achieved in psychiatry? When will this information be ready to integrate into clinical practice? In this presentation Dr. Dick will provide an update on what we know about the genetics of addiction and how this research has the potential

to advance our ability to prevent and intervene in substance use disorders. She will discuss new advances in gene identification what we have learned about how genes impact substance use disorders early indicators of genetic risk how we can use this information now to prevent intervene and treat substance use disorders and what are the new products in development to make it easier to integrate these advances into clinical practice.

## **APA Publishing Session**

**Sunday May 05**

### **Crisis Integration With Acceptance and Commitment Therapy: Theory and Practice**

*Elsa Stoff M.D.; Katrina Carlsson MD PhD Adult Psychiatrist*

#### **Educational Objectives:**

Objective One: Understand how to support their patients to deal with and grow through crises with the help of the book's easy-to-learn simply remembered and immediately actionable crisis integration model. Objective Two: Learn how to readily detect the distinct psychological processes within the patient that lead to increased suffering when in crisis and support the patient to do the same. Objective Three: Understand how the brain's four learning systems play into human affliction and how to make use of this knowledge to nurture and support their patients' healing in crisis. Objective Four: Learn how to foster their patients' higher processing levels meta-cognition and meta-awareness for leaning out of the pain to find moments of rest in times of crisis and to develop new responses. Objective Five: Learn how to craft crisis integration mindfulness approaches according to an in-depth understanding of the predictive coding theory of brain function and non-systematic interoceptive exposure.

#### **Summary:**

The goal of this session is to provide a new understanding of the dynamics of crisis—to make clear the psychological processes that can plunge

people deeper into crisis (crisis instigation) and conversely bring them out of it (crisis integration). The skills that need to be developed to deescalate a crisis can also enhance the person's sense of vitality ease and purpose if they continue to use them after the crisis has passed. Thus the abilities described will be relevant to everyone's life. Although the tendency is to feel alone in our suffering when being in crisis and sometimes we blame ourselves for it the processes that maintain a crisis situation are neither personal nor unique. They originate in the ways that we human beings have learned about the world and our place in it: in the way the brain makes predictions based on the past; the way we learn how to avoid threats and to approach opportunities; the way the brain generates a sense of self; and the way we learn to behave to obtain safety approval and care within a social group as we grow up. Our premise is that although crises can and do come in a great variety of forms the underlying processes of the crisis response are basically the same. From this perspective we will also look into how substance use disorders can be construed as a loop of crisis instigation. Fortunately evolution has bestowed upon the human brain an inherent ability to observe and evaluate the utility of previous learning. Use of this higher-order ability can free us from subservience to our previously learned models of the world and generate the psychological flexibility that is needed in a crisis. We can contemplate the behavioral strategies we are using and the verbal rules that are guiding us. We can become aware of our feelings bodily sensations met and unmet needs and deeply held values. This witnessing capacity provides the basis for the new learning required to integrate a crisis. Here mindfulness of the body is decisive. Building on the predictive coding theory of brain function we explain how mindful attention to bodily states reduces our subjugation to prior models of our somatic and emotional states. This process sets the stage for greater acceptance of emotional pain for self-compassion and for beneficial new learning. We present a simple effective yet counterintuitive way of understanding crises and what to do about them. Our approach uses a clinical model known as acceptance and commitment therapy and a

unique synergy of crisis science evolutionary psychology neuroscience behavioral psychology and the practice of mindfulness. We show how these diverse fields all point in the same direction when it comes to comprehending what instigates a crisis and what can be done to help patients integrate crises in a healthy life-enhancing way.

## **Award Lecture**

**Saturday May 04**

### **Administrative Psychiatry Award Lecture: Administrative Challenges in the Life Span of a Psychiatrist**

*Katherine Yin; Fatima Bilal D.O.;M.A.; Tobias Wasser; Wayne Creelman M.D.*

#### **Educational Objectives:**

Objective One: Evaluate the advantages of acquiring an advance graduate degree for physician leadership Objective Two: Assess the outcomes of charring medical staff organizational meetings. Objective Three: Integrate skills in financial decision making in healthcare organizations. Objective Four: Utilize performance metrics in ensuring quality outcomes in the patient's satisfaction

#### **Summary:**

I never wanted to be a psychiatrist. All through medical school I was captivated and and enthralled by the anatomy and physiology of the human heart. It was only at the eleventh hour that I decided to not pursue a residency in internal medicine/cardiology but rather become a psychiatrist. It occurred to me that the interface between the brain mind and behavior would be much more interesting as a focus over the life span of a physician rather than listening to an organ that was essentially a pump for one's entire career. Soon after starting a psychiatric residency it became crystal clear that there were two major pillars of knowledge necessary to acquire during residency training prior to hanging one's shingle as a practicing psychiatrist. These two pillars include psychopharmacology and psychotherapy. Mastering both of these dimensions of clinical

practice took up the lion's share of the 4 year training block of residency. However along the clinical path of delivering services I often times was thrust into management and leadership positions of responsibilities without any particular mentoring or knowledge of best practices. Thankfully the American Association of Psychiatric Administration and Leadership existed as a component organization of the American Psychiatric Association where administrative skill-sets and mentoring could be acquired with seasoned psychiatric administrators that make up the bulk of the membership. There are a multitude of factors that impact the clinical delivery of psychiatric and substance abuse services that are simply not taught in medical school. These areas include strategic planning financial decision-making quality assurance technology assessment as well as developing an expertise in mastering the use of the electronic medical record. Developing skills in these managerial areas as well as others allow for a psychiatrist to develop a diversified lifestyle rendering top notch clinical care of the patient as well as serving as a medical director or senior administrator responsible for other physician behavior as well as the successful functioning of practice facilities. Obtaining graduate educational degrees allows a physician to speak the language of hospital administrators especially the financial officers responsible for the bottom line of the facility. Obtaining the most helpful graduate degree often is a conundrum based upon the many possible academic degrees available for a practicing physician. This presentation discusses the pros and cons of obtaining advanced graduate degrees after the acquiring of a doctorate in medicine as well as the importance of the mentoring process in the evolution of the career of a psychiatric administrator.

## **Award Lecture**

**Monday May 06**

### **David Mrazek Award Lecture: Precision Prescribing in Psychiatry Using Pharmacogenomics**



Daniel Mueller

### **Educational Objectives:**

Objective One: Illuminating the concept of precision psychiatry using the example of pharmacogenetic testing for treatment optimization. Objective Two: Current evidence for clinically actionable gene-drug pairs in psychiatry and recommendations provided by expert panels and regulatory agencies Objective Three: Application of pharmacogenetic testing in clinical practice: Why for whom and where

### **Summary:**

This Award lecture aims to provide a current update on pharmacogenomics review the evidence for its clinical utility in psychiatry and provide an outlook of ongoing and future research. Prescribers and patients are frequently facing the challenge that treatment standards established at a population level might not be beneficial at the individual level. As a result lengthy trials are often required before the optimum psychiatric medication treatment single or in combination are found. The underlying reasons for this large inter-individual variability treatment outcomes are not fully understood. Important factors that influence drug dose response and side effects include age gender patient compliance clinical symptoms comorbidities lifestyle ancestry and genetic factors. In this context first strategies using pharmacogenetic (PGx) information bear the promise to optimize medication treatment in clinical practice. This presentation will provide state-of-the-art summaries of key concept and strategies of psychiatric PGx: 1) Review the evidence clinical utility and studies including randomized clinical trials of distinct gene-drug pairs; 2) discuss current expert recommendations (e.g. Clinical Pharmacogenomics Implementation Consortium); 3) how PGx information can be best used in clinical practice in particular to avoid pseudo-resistance for antidepressants 3) highlight ongoing implementation efforts and 4) provide practical support for prescribers pharmacologists and patients.

### **Award Lecture**

**Sunday May 05**

### **Alexander Gralnick Award Lecture: Early Intervention in Psychotic Disorders: Where Are We and Where Are We Going?**

*Dost Öngür MD PhD*

### **Educational Objectives:**

Objective One: To describe the trajectory of past research in early detection and intervention in schizophrenia Objective Two: To describe the current state of early psychosis care in the US and around the globe Objective Three: To explain emerging trends and future directions in early psychosis research

### **Summary:**

This Gralnick Award presentation will provide an overview of the early detection and intervention movement in schizophrenia care in the United States and around the globe. We will start by reviewing the history of concepts related to early phase schizophrenia then move on to the modern era of the early detection/intervention field. We will describe the current standard of care in early psychosis - coordinated specialty care (CSC). We will discuss current controversies in the field including optimal medication treatment recommended duration of CSC intervention role of clinical high risk treatments inclusion of affective psychosis patients in CSC and others. We will also present information on what is known about brain biology regarding the emergence of psychosis and potential avenues for prevention and mitigation. We will close by reviewing emerging trends in early phase psychosis research and clinical care and look into the future regarding potential new developments. There will be ample time for question and answer following the presentation.

### **Award Lecture**

**Wednesday May 08**

## **Simon Bolivar Award Lecture: The Story of a Borderline Psychiatrist Who Went From the Rural to the Global Landscape**

*Bernardo Ng M.D.*

### **Educational Objectives:**

Objective One: Discuss the challenges and rewards of practicing in a rural area  
Objective Two: List the most salient needs of Hispanics in a rural area  
Objective Three: Identify the importance of collaborations between academic and clinical sites  
Objective Four: Define the value of getting involved in organized psychiatry and medical societies

### **Summary:**

This session is the recipient of the Simon Bolivar Award. Ng began this journey as a full-time rural psychiatrist at the border with Mexico in 1994 and shortly realized that there was a story to tell and data to share with colleagues around the world. In the next 30 years besides treating thousands of rural Hispanic patients he has presented authored co-authored and taken every opportunity to share the experience that started in Imperial California. This is a county located at the southeast corner of the state it borders with Arizona and Baja California Mexico. It has a population of 180000 and its largest city El Centro was the poorest in the nation in 2009. Compared to the California median of 39.5% this county has a Hispanic/Latino presence of 85.1% of its population and a poverty rate of 21% compared to 12.3% statewide. Ng became the only full-time psychiatrist in private practice in the entire county which came with a lot of work recognition and isolation. While his work focused on treating adults Ng received children adolescents adults and older people as well. The quality of “border underserved area” became evident quickly as services were needed at outpatient clinics long term units general hospitals and nursing skilled facilities. As patients improved and the community embraced the psychiatric services offered mental health stigma subsided along with the idealistic view of enjoying privacy in the personal and family levels which increased the risk of burnout. Being licensed in both countries

brought the opportunity to start a practice in Mexico and the first geriatric center in the city. In the middle of the second decade of this chronicle another psychiatrist who was also Hispanic and an international graduate joined the practice. His presence accelerated the opportunity to review analyze and publish our own data which was accepted at different meetings (i.e. APA AAGP LHBI ASHP APM and APAL) with genuine interest and valuable feedback. This opened the opportunity to collaborations with academic centers and medical societies. The former was a tremendous opportunity to join forces between research devoted teams and full-time clinicians. The latter ignited an expedition in organized psychiatry that has included being the chair of the International Council of the American Psychiatric Association president of the American Society of Hispanic Psychiatry president of the Mexican Psychiatric Association member of the board of the World Psychiatric Association and president of the Mexican Consortium of Neuropsychopharmacology. The third decade came with the consolidation of a center that offers neuromodulation esketamine buprenorphine CNS clinical trials; and invitations to write book chapters prologues and books.

### **Award Lecture**

**Saturday May 04**

### **Oskar Pfister Award Lecture: Exploring Connecting Reframing Narratives. The Religiosity Gap Revisited**

*Yelizabeta Skorokhod; Peter Verhagen M.D. Ph.D.*

### **Educational Objectives:**

Objective One: Critically evaluate and analyze empirical research on religion and spirituality.  
Objective Two: Distinguish levels of analysis in clinical cases  
Objective Three: Contrast science and scientism reductionism and holism.  
Objective Four: Conduct a clinical interview addressing religious/spiritual/meaning of life topics  
Objective Five: Recognize religious/spiritual or meaning of life needs and struggles

## Summary:

This session is the recipient of the Oskar Pfister Award. There is a well-known phenomenon in mental health care called the "religiosity" gap. This refers to the difference between the religious or spiritual beliefs of mental health care consumers and those of mental health care professionals. Consumers are more likely to be religious according to repeated research. Viewing this explanation as a purely factual sociodemographic difference is too simplistic; there is much more to it. One might say that this gap manifests itself at different levels of clinical practice and in different ways. I distinguish four perspectives or levels of analysis: the everyday level the clinical context the scientific context and the philosophical context. And well-known if not infamous manifestations of the gap are reductionism and scientism. The layering of the religiosity gap which I have in mind is evidenced by the following. When this phenomenon was put on the agenda the suspicion also arose that this was at the expense of the role that religion and spirituality could play positively or negatively in the diagnostic and therapeutic process. This refers to the gap between the consumer's daily experience and its articulation (first level) and the professional's clinical reasoning based on his or her knowledge (second level). We are talking about the 1980s and 1990s. Two things were set in motion then. On the one hand there were strong calls for an adjustment in the DSM system; that adjustment came. And a tremendous stream of empirical research got under way which made it clear that there was sufficient evidence to assume a positive relationship (correlation) between religion/spirituality and mental health. That did not close the religiosity gap. The socio-demographic difference is no less so. And the bumps in clinical practice have not diminished. This is a striking fact when one realizes that two major pillars of psychiatry namely the views of a professional association such as the APA as reflected in the DSM tradition and scientific research would lead one to expect otherwise. Now it seems that the consumer is overtaking the professional left and right at least in the Netherlands that seems to be the case. The vast

majority of mental health care consumers and their relatives consider attention to meaning of life in treatment to be important for their recovery. It can only mean that the professional should ask himself or herself how the professional as a person relates to the professional role (level 4) and what role his or her own worldview plays in it. These theoretical considerations should not obscure the fact that the well-being of consumers and their loved ones is paramount. By exploring the field of religion spirituality meaning of life and mental health in all its facets we try to make connections despite the gaps in the expectation that reframing of the consumer's life narrative distorted by psychological problems will come as a valued outcome."

## Award Lecture

Sunday May 05

### Health Services Senior Scholar Research Award Lecture: Can We Eliminate Mental Health Disparities?

*Milton Wainberg M.D.*

#### Educational Objectives:

Objective One: Understand the current state of mental and substance use services disparities.

Objective Two: Describe the barriers and facilitators to eliminate existing disparities.

Objective Three: Propose a plan to sustainably eliminate existing mental health disparities.

#### Summary:

Half of people in the US are diagnosed in their lifetimes with a mental and substance use disorder yet only half access treatment. In low- and middle income countries 75-85% of those with a mental and substance use disorder can't access care. In the US the mental and substance use disorder treatment gap impacts people with and without health insurance especially among minoritized socioeconomically disadvantaged populations. mental and substance use disorder disparities among these communities are driven by social and structural determinants of health



such as poverty unemployment stigma discrimination and structural racism. Limited human resources poor funding archaic policies and fragmented services cause months of delay in treatment initiation and foster mental health disparities and inequity. Once engaged in treatment patients often drop out prematurely and those that stay receive one-size-fits-all care – long-term weekly psychotherapy instead of short-term treatments with or without medications which is incompatible with a public mental health response. Community mental health detection and care are inexistent which precludes mental wellness promotion mental health prevention and early intervention. Do we have all we need to eliminate the disparities and do we know how to do it? My answer is yes however eliminating the disparities requires change. New policies must secure insurance reimbursement for task-shifting services which mental health professional organizations and uniformed policymakers may be against. This would open the door to increasing access to immediate care by a well-trained and supervised community mental wellness workforce which then would eliminate waiting lists and offer community case detection. The latter will also procure mental wellness promotion mental health prevention and early intervention. Leveraging technology would facilitate the scale-up of services provide rigor and ensure a successful scalability of services.

## **Award Lecture**

**Monday May 06**

### **Research in Psychiatry Award Lecture: Prolonged Grief: A Post-Loss Stress Disorder - Learning to Recognize and Treat It**

*M. Shear M.D.*

#### **Educational Objectives:**

Objective One: 1) At the conclusion of this session the participant will be able to describe prolonged grief and how it differs from usual continuing grief depression and post-traumatic stress disorder Objective Two: 2) At the conclusion of this session the participant will be

able to discuss prevalence estimates risk factors and natural history of PGD Objective Three: 3)

At the conclusion of this session the participant will be able to identify key research that contributed to the development of prolonged grief treatment Objective Four: 4) At the conclusion of this session the participant will be able to explain how findings from clinical trials can help clinicians provide helpful interventions for PGD

#### **Summary:**

long considered grief to be a natural accompaniment of bereavement and not an appropriate focus for clinical attention unless it progressed to a major depression. However as researchers began to study bereavement as a pathway to depression they learned that grief itself could become persistent intense and impairing with symptoms and treatment response that differed significantly from depression. Pervasive protracted grief bears a resemblance to PTSD and might be best named Post-Loss Stress Disorder. However it is currently included in DSM-5-TR as Prolonged Grief Disorder (PGD.) The death of someone close is usually a highly stressful event in a person's life that evokes a painful period of acute grief. Yearning longing and preoccupation with the deceased might dominate the life of a bereaved person for an extended period of time during which they feel lost in sadness caught up in second guessing and wishing to retreat from active engagement with the world. Remarkably though with sufficient time and support most people come to accept the reality of the loss and restore their capacity for joy and satisfaction purpose and meaning. As we have always known professional help is not needed for most bereaved people. However a notable minority of about 10% experience complications of the process of adapting to the loss and a less felicitous outcome. Complicated grief (CG) also known as traumatic grief and now termed PGD was initially proposed for inclusion in DSM-IV prior to publication of the large body of supportive research which emerged in the late 1900's and early 2000's. This research led the World Health Organization to include a new diagnosis of PGD in ICD-11. It was also convincing to the DSM-5 review committee in

2013 however they placed it in section III as Persistent Complex Bereavement Disorder because the best name and specific criteria for the condition were still being debated. Studies of complicated/prolonged grief reveal typical symptoms of persistent intense yearning longing or preoccupation with the deceased along with shock disbelief anxiety guilt or anger about the death feeling that it is difficult to care for or trust others persistent efforts to avoid reminders of the loss and/or maintain feelings of closeness to the deceased feelings of self-blame counter-factual thinking loneliness and loss of self. A group led by the presenter attempted to synthesize relevant research in a submission to the DSM committee in 2019. Following careful consideration Prolonged Grief Disorder was approved by the APA and criteria were published in DSM-5-TR in 2022. This presentation will review the DSM and ICD PGD criteria differential diagnosis prevalence estimates risk factors and natural history. We will discuss its relationship to usual continuing grief outline a treatment model summarize the evidence base for efficacious treatment and outline work that lies ahead.

## **Award Lecture**

**Sunday May 05**

### **Chester Pierce Human Rights Award Lecture: Discrimination Displacement and Erasure: How Global and Local Structures of Power Shape Opportunities and Outcomes for Mental Health**

*Tesiya Franklin BS; Pamela Collins M.D.;M.P.H.*

#### **Educational Objectives:**

Objective One: Participants will be able to list three political determinants of mental health.

Objective Two: Participants will be able to describe a case example of population mental health outcomes that are shaped by national or international power structures. Objective Three: Participants will be able to describe a human rights approach to health.

#### **Summary:**

This session is the recipient of the Chester Pierce Human Rights Award. A complex and dynamic set of interactions drive multidimensional inequalities that influence health outcomes. These include narratives and policies that justify inequality as well as norms and structures that perpetuate racial sexual gender caste-based and other forms of discrimination. Indigenous Arctic suicide disparities provide one case example among several that illustrate how these forces influence population mental health outcomes in a defined sociocultural context. The health and social outcomes for members of marginalized communities vulnerable to HIV infection and mental disorders provide another. Globally suicide mortality decreased by 36% between 2000 and 2019; however substantial differences between regions and sub-populations remain. The factors influencing these variations are often rooted in social structural and economic inequities that disproportionately affect specific communities. For Indigenous peoples around the world such inequities are traced to the legacies of colonization. These effects are particularly evident in the Circumpolar North where Indigenous peoples in several Arctic states experience marked disparities in suicide risk and suicide deaths. The global community has experienced a 23% reduction in global HIV infections over the past decade; however countries and communities are not uniformly affected. Disparities in HIV acquisition persist and they are aligned with social inequities. Approximately 65% of new HIV infections occur among key populations and their clients or sexual partners. The same determinants that drive HIV risk also increase the risk for mental health conditions or substance use: these include social exclusion social marginalization violence discrimination poverty which lead to behaviors that can increase HIV risk and behaviors that are stigmatized. Groups most at risk for HIV are often more vulnerable to mental health conditions. There is a bi-directional relationship between HIV and mental health conditions with HIV increasing risk for mental health conditions and mental health conditions leading to greater vulnerability to HIV infection. This lecture provides research and practice-based examples of complex

psychosocial environments that support or threaten mental health. What are the tools for response? We discuss and explore frameworks that encompass global health inequalities and provide direction for redressing them to improve mental health.

## **Award Lecture**

**Saturday May 04**

### **Alexandra Symonds Award Lecture: Grounded in the Present but Looking Into the Future: Navigating the Challenges of Promoting Women's Health and the Advancement of Women**

*Genesis Isuiza; Ludmila De Faria*

#### **Educational Objectives:**

Objective One: Critically review and analyze ongoing threats to women's rights Objective Two: Examine anticipated challenges faced by women in the United States Objective Three: Evaluate existing opportunities to promote advancement of women's rights. Objective Four: Develop collaborative strategies to change medical psychological and social outcomes for women.

#### **Summary:**

This session is the recipient of the Alexandra Symonds Award. During this lecture Dr. De Faria will speak of the ongoing need for advocacy for women's rights and the work of the Committee on Women's Mental Health. She will explore some of the current threats to women's rights and wellbeing including reproductive rights violence against women maternal mental health and substance use disorder care work and career support. She will also discuss the need of the recently appointed Council on Women to coordinate and guide scientific research medical advocacy and policy changes that promote women's health and the advancement of women.

## **Course**

**Tuesday May 07**

## **Diagnosing and Managing Treatment-Resistant Depression (TRD): What's Available and What's on the Horizon?**

*Manish Jha M.D.; Kathryn Ridout M.D. Ph.D.; Sanjay Mathew M.D.; Alan Schatzberg M.D.; Maurizio Fava M.D.; Elizabeth Ballard M.D.*

#### **Educational Objectives:**

Objective One: Diagnose treatment resistant depression (TRD) using systematic collection of prior treatment history and measurement-based care (MBC). Objective Two: Review state-of-science regarding biomarkers of TRD and antidepressant treatment response. Objective Three: Explain the role of second-generation antipsychotics in treatment of MDD. Objective Four: Summarize the use of TRD-specific pharmacological and neuromodulation interventions Objective Five: Discuss experimental treatments for TRD.

#### **Summary:**

Major depressive disorder (MDD) affects one in five adults in United States during their lifetime. Untreated depression is a leading cause of suicide-related mortality which has increased by over 30% in the past two decades. As the large-scale Sequenced Alternatives to Relieve Depression (STAR\*D) study informed us over a third of treatment-seeking patients with MDD do not experience adequate improvement with two or more courses of antidepressant medications i.e. have treatment resistant depression (TRD). The economic burden of TRD is estimated to exceed over \$100 billion annually. Furthermore as primary care settings implement screening and initial management of depression it is likely that patients may initially present to psychiatrists after trying one or more first-line antidepressant treatment. Thus there is a great need within psychiatric community to learn systematic approach to identify and manage TRD in their patients with MDD. This course will start with a brief introduction of burden of TRD. Participants of this course will learn about a systematic yet easy-to-implement approach to collect dose and duration of prior antidepressant medication (including augmentation agents) as well as the degree of

improvement associated with these medications. With web-based tools participants will be introduced to implementation of measurement-based care (MBC) approach including prediction of individual-level outcomes by combining measures of symptom severity and psychosocial function. They will then learn about the state-of-science in use of neuroimaging and blood-based biomarkers for precision psychiatry and their potential in diagnosis and management of TRD. The course will discuss in-depth the various TRD-specific treatment options currently available including FDA-approved treatments off-label uses and experimental therapeutics. These will be broadly organized as pharmacological and neuromodulation treatments. With the approval of intranasal esketamine course participants will learn from the experience of implementing this novel treatment in clinical practice while navigating the regulatory and logistical challenges. At the beginning of the course and throughout the Q&A sessions participants will be encouraged to ask their questions with specific case scenarios if applicable to facilitate a discussion with an expert panel. This will allow participants to discuss their clinical cases and identify potential opportunities to consult and collaborate with TRD experts in their area.

## **Course**

**Monday May 06**

### **Integrative Treatment of Anxiety Disorders**

*Edward Silberman M.D.; Hinda Dubin M.D.; Oscar Bienvenu M.D. Ph.D.; Brandon Birkhead M.D.*

#### **Educational Objectives:**

Objective One: 1. Participants will know the comparative prevalence of primary anxiety disorders vs. primary depressive illness and be able to name 4 factors distinguishing the former from the latter. Objective Two: 2. Participants will be able to name 3 appropriate target symptoms for medications and 3 appropriate target symptoms for psychotherapies in treating anxiety disorders. Objective Three: 3. Participants will be able to name 5 classes of medications that are

effective for anxiety disorders and summarize the evidence about their use. Objective Four: 4.

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

#### **Summary:**

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

## **Course**

**Monday May 06**

## **Optimizing Pharmacology for People With SMI: Spotlight on Clozapine and Long-Acting Injectable Antipsychotics**

*Robert Cotes M.D.; Jonathan Leung Pharm.D R.Ph; Jonathan Meyer MD*

### **Educational Objectives:**

Objective One: Recall the American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia statements on clozapine and long-acting injectable antipsychotic medications. Objective Two: Discuss strategies for how to identify persistent positive symptoms of psychosis when one is prescribed a long-acting injectable antipsychotic medication. Objective Three: Apply practical strategies for initiating long-acting injectable (LAI) antipsychotics in patients with schizophrenia with an emphasis on understanding their pharmacokinetic properties. Objective Four: Develop a comprehensive plan for the practical use of clozapine in treating schizophrenia including strategies for managing potential hematologic gastrointestinal and cardiac side effects Objective Five: Demonstrate effective communication techniques to engage patients in discussions about the use of clozapine and LAI treatments aiming to enhance patient understanding and improve treatment outcomes.

### **Summary:**

Schizophrenia is a chronic mental health condition that affects about 1% of the population worldwide. Although schizophrenia can cause considerable suffering for individuals families and communities recovery is possible but the foundation of all recovery efforts is effective medication management. In this interactive course we will detail how you can help your patients with schizophrenia achieve their goals and live their best lives through optimizing the use of long-acting injectable (LAI) antipsychotic medications and clozapine. In this four-hour interactive course we will discuss the challenges of non-adherence from the initial episode of psychosis the impact of failed antipsychotic trials on diminishing treatment response and methods for early identification of treatment resistance and differentiating treatment resistance from

nonadherence or kinetic failures. Strategies for effectively initiating LAIs understanding their kinetic differences and the benefits of early clozapine use will be explored. The session will also address how each failed trial and psychiatric hospitalization can reduce the effectiveness of clozapine the evidence that initiating clozapine within 3 years of identifying treatment resistance improves the extent of response how practically to use clozapine and conclude with insights on engaging patients in conversations about clozapine and LAI treatments aiming to improve patient understanding and treatment outcomes.

### **Course**

**Tuesday May 07**

### **Beyond the Couch: AI Chatbots as Emerging Tools in Psychiatry**

*Steven Hyler M.D.; Manu Sharma M.D.; Darlene King M.D.; Alex Luna M.D.*

### **Educational Objectives:**

Objective One: Post-presentation participants will grasp chatbot principles applications capabilities and limitations in psychiatry and understand AI-chatbot integration in practice. Objective Two: Participants will learn distinctive features of Conversational and Non-Conversational AI therapy apps their efficacy suitability for user groups and limitations. Objective Three: Clinicians will learn AI's limitations ethical concerns impact in medical applications transparency accountability bias mitigation harm reduction and data security. Objective Four: Participants will understand AI and chatbots' potential in psychiatric care their role in personalized therapy patient engagement future developments and challenges.

### **Summary:**

In the dynamic field of mental health care AI and chatbots are revolutionizing therapeutic approaches. This course tailored for mental health professionals provides an in-depth understanding of AI chatbots in psychiatry covering their technology applications and ethical



dimensions. Participants will first receive an introduction to AI chatbots exploring their development functionalities and foundational technologies like natural language processing and machine learning. We will focus on how these chatbots process and respond to human language in therapeutic contexts and survey the different types currently in use. The course then examines AI's role in mental health applications distinguishing between conversational and non-conversational types. It highlights their efficacy in offering accessible therapeutic interventions and self-help resources while underscoring that they are not substitutes for professional therapy. We'll discuss how AI can complement conventional psychiatric practices by providing immediate support and enhancing clinicians' understanding of integrating these tools. We'll delve into the challenges and ethical considerations of AI in mental health educating clinicians on transparency in AI decision-making addressing accountability mitigating bias ensuring patient data security and maintaining privacy. The course also covers the growing trend of self-treatment with AI discussing research approaches consent protocols and corporate engagement in this area. Our concluding session explores the future of psychiatry with advanced AI particularly the impact of generative AI and chatbots. We will assess their potential in offering personalized therapeutic interventions enhancing patient engagement and introducing novel self-help tools while addressing their limitations in comprehending complex human emotions. Interactive components such as group discussions expert Q&As and AI chatbot demonstrations are integral to the course offering practical experience and understanding of these technologies in clinical settings. By the course's end attendees will have a comprehensive grasp of AI chatbots in mental health care enabling them to critically assess their applicability in practice understand the ethical framework governing their use and anticipate AI's trajectory in psychiatry. This course is ideal for psychiatrists psychologists mental health professionals and those interested in AI's role in mental health care providing essential insights for staying at the forefront of digital psychiatry.

## **Course**

**Saturday May 04**

### **Motivational Interviewing 4 – Updates in Motivational Interviewing for Behavior Change**

*Caridad Ponce Martinez M.D.; Carla Marienfeld M.D.; Brian Hurley M.D. M.B.A. FAPA DFASAM; Eve Lasswell PsyD*

#### **Educational Objectives:**

Objective One: Define and summarize updated terminology concepts and approaches for the recently released motivational interview textbook  
Objective Two: Apply the elements of the spirit of motivational interviewing to clinical interactions with patients  
Objective Three: Recognize respond and evoke change talk and know how to respond to sustain talk  
Objective Four: Apply the core skills of MI in clinical conversations with patients

#### **Summary:**

Motivational interviewing (MI) is a “particular way of talking with people about change and growth to strengthen their own motivation and commitment”. MI has been widely adopted in a number of fields that seek to help others make changes in their behaviors. Within psychiatry and the addiction field behavioral change is a crucial component of the treatment and clinicians find themselves struggling when a patient does not appear as committed to making positive changes in their lives despite consequences. By helping clinicians become more curious about the process of change develop a partnership with their patients being compassionate and accepting as well as empowering their patients MI provides a way of being and tools to help facilitate change. A fourth edition of the textbook *Motivational Interviewing* is now available and we will introduce the changes to the practice of MI in this edition allowing course participants to increase their confidence in the application of MI in their clinical practices. During this course we will introduce the foundational concepts of motivational interviewing (MI) including the spirit of MI and the four processes of MI with particular focus on applying these concepts to clinical settings in the

care of patients with psychiatric and substance use disorders.

## Course

**Saturday May 04**

### **Bias at the Bedside Train the Trainer Program for Psychiatrists: Addressing Bias and Discrimination From Patients and Families**

*Veronica Faller M.D.; Nhi-Ha Trinh MD MPH; Anne Emmerich M.D.; Joseph Stoklosa MD; David Beckmann M.D.; Richard Bido Medina M.D. Ph.D.*

#### **Educational Objectives:**

Objective One: Describe the impact that bias incidents can have on trainees institutional culture and patient care. Objective Two: Recognize the different types of bias and mistreatment that might occur in a clinical setting. Objective Three: Use specific strategies to respond to microaggressions and overt derogatory language from patients and families in a professional manner in real time and after the event. Objective Four: Conduct Bias at the Bedside workshops to educate their colleagues and teams about skills learned in this course. Objective Five: Identify barriers against and strategies for implementing upstander skills training to their specific clinical practice setting.

#### **Summary:**

Respect for diverse identities—including race ethnicity gender identity sexual orientation cultural and religious background and age—is paramount in the clinical setting. Failing to respond to implicit or explicit bias perpetuates a culture of hostility toward trainees faculty and staff from minoritized or marginalized backgrounds. Patients and families are frequently cited as the individuals making biased comments in the clinical setting and these experiences of mistreatment have been correlated with physician burnout. Unfortunately response to biased comments is often felt to be insufficient or absent. To build a truly inclusive clinical culture rigorous upstander training is needed for individuals and clinical teams to recognize and address

mistreatment both in the moment and after the event. In this course participants will learn how to train colleagues in upstander skills in a robust “Bias at the Bedside: Train the Trainer” program. Participants will first be grounded in the literature of the impact of mistreatment on individuals and teams and the concepts behind interrupting biased comments in the clinical environment. Participants will then experience the innovative roleplay-based workshop “Bias at the Bedside” (BATB) using the ERASE framework developed by Goldenberg and colleagues and the SAFER framework developed by Warsame and colleagues to learn skills in responding to overt derogatory comments and microaggressions from patients and families in real time. Tailored to psychiatric settings BATB confronts the challenge of addressing incidents of bias from patients with mental health conditions whose mental status may be compromised due to mania psychosis delirium or intoxication. Qualitative and quantitative data have demonstrated that BATB workshops build participants’ confidence in responding to bias incidents. In the second half of the course participants will have the opportunity to engage in the “Train the Trainer” curriculum to learn and practice teaching strategies to provide BATB workshops in their clinical setting. Materials including lesson plans slides content handouts sample roleplays a facilitator guide and pre- and post- surveys will be shared and discussed. Participants will then be guided through an action plan process to identify the specific needs and barriers to bringing BATB workshops to their particular clinical setting. At the end of this course participants will be empowered not only with specific strategies to respond to incidents of bias as individual upstanders but also with concrete tools to bring BATB workshops to their clinical teams and prepare their colleagues to respond more effectively to incidents of bias. This course will provide participants with the needed preparation to motivate sustained cultural change with the goal of establishing a positive inclusive workplace culture where all are valued and can flourish.

## Course

**Tuesday May 07**

**Neuropsychiatric Masquerades: Medical Disorders That Present With Psychiatric Symptoms**

*Jose Maldonado M.D.; Matthew Gunther M.D. M.A.; Filza Hussain M.D.; Sheila Lahijani M.D.; Dany Lamothe M.D.; Derek Pipolo M.D.; Yelizaveta Sher M.D.*

**Educational Objectives:**

Objective One: Understand the incidence epidemiology and clinical features of the most common Metabolic disorders masquerading as psychiatric illness. Objective Two: Describe the neurologic and psychiatric presentations of the most common endocrine disorders present with. Objective Three: Understand the incidence epidemiology and clinical features of the most common AutoImmune disorders masquerading as psychiatric illnesses. Objective Four: Improve recognition of primary neuropsychiatric manifestations of Neurocysticercosis HIV and Herpes Encephalitis from secondary complications and guiding effective therapeutic interventions. Objective Five: Increase knowledge regarding the neuropsychiatric manifestations of autoimmune encephalitis including opportunities for collaboration with neurology and medicine colleagues regarding management.

**Summary:**

Psychiatric masquerades are medical and/or neurological conditions which present primarily with psychiatric or behavioral symptoms. This course will focus on the important differential of such disorders common presentations and guidelines for treatment. The conditions included in this category range from to metabolic disorders (e.g. Wilson's disease hepatic encephalopathy porphyria nutritional deficiencies) to endocrine disorders (e.g. thyroid adrenal parathyroid and pancreatic) auto immune disorders (e.g. SLE MS fibromyalgia) to cancerous conditions (e.g. paraneoplastic syndromes) to infectious diseases (e.g. syphilis herpes Lyme disease PANDAS HIV) to a variety of neurological conditions (e.g. epilepsy NPH dementia Huntington's disease). During this course presenters will start with a case that exemplifies what psychiatric masquerades are all

about: cases that initially present with what appear to be a classic psychiatric disorder just to later discover that a more thorough investigation uncovers a physiological disorder as the cause for the psychiatric symptoms demonstrating why psychiatrists must be physicians first and rule out all potential biological explanation for their patient's presentations. Presenters will focus on pearls for timely diagnosis and discuss potential management and treatment strategies. The proper work-up and correct identification of the underlying process relies on accurate history taking careful mental status examination neurological exam obtaining collateral information and supporting laboratory and imaging data will be explored. The faculty are all members of the faculty of Stanford University Department of Psychiatry & Behavioral Sciences.

**Course**

**Tuesday May 07**

**Disasters and Mental Health: Building Your Skills to Care for Patients through Wildfires Chemical Spills Pandemics Climate Change and Beyond**

*Joshua Morganstein M.D.; James West M.D.; Leslie Gise M.D.; Robert Rohrbaugh M.D.; Anthony Ng M.D. D.F.A.P.A.*

**Educational Objectives:**

Objective One: Review the range of behavioral and psychological responses risk and protective factors and interventions to protect mental health during disaster response and recovery Objective Two: Engage in an evolving and case-based disaster table top exercise scenario in collaboration with other participants to enhance critical thinking and real world application Objective Three: Implement various role play actions for patients providers responders and community leaders throughout the disaster scenario using evidence-based interventions Objective Four: Discuss strategies for approaching challenges in patient care delivery and other measures to protect public mental health for individuals and communities during and after disasters

## Summary:

Psychiatrists play a crucial role in caring for patients consulting to leaders and educating the public during disasters to help optimize resilience and long-term community recovery. The Maui wildfires and Hurricane Idalia mass violence in schools places of worship and public spaces and infectious disease outbreaks such as the COVID-19 pandemic cause far-reaching and long-lasting adverse behavioral and psychological responses. Distress reactions risky health behaviors and psychiatric disorders produce significant morbidity and mortality causing dysfunction and impairing recovery. Certain populations are at increased risk such as individuals with severe and persistent mental illness children elderly emergency responders those of low socioeconomic status and marginalized communities. Awareness of risk and protective factors can enhance cultural competence and reduce health disparities in disaster response and recovery. Early interventions reduce distress by enhancing feelings of safety calming social connectedness efficacy and hope. Risk and crisis communication is a critical population health intervention following disasters that enhances trust and community engagement in health behaviors. Crisis leadership actions are critical to restoring well-being and improving functioning. The course will help psychiatrists understand unique aspects of different disasters to aid patients and their communities. Climate-related disasters are frequent and severe disrupting and displacing large populations. An understanding of challenges related to evacuation destruction of homes loss of access to healthcare resources and other factors enables providers to prepare their patients and practices for these extreme events. Pandemics and other disasters involving exposure and contamination such as chemical spills and bioterrorism result in unique fear-based responses. Uncertainty about exposure isolation and quarantine concerns about the supply and safety of treatment measures and trust in institutions shape community response. Mass violence events amplify fear and undermine feelings of safety. Acts of terrorism increasingly targeting groups based on race religion and gender

identity furthers community disruption.

Participants are strongly encouraged to complete the free CME training “Disaster and Preventive Psychiatry: Protecting Health and Fostering Community Resilience” at the APA Learning Center prior to this course:

<https://education.psychiatry.org/Listing/27739b95-b783-443e-9965-c7182691d26c>. During the course participants will review fundamental principles in disaster and preventive psychiatry with an emphasis on leveraging their current psychiatric skills to aid patients and communities before during and after disasters. Participants will then engage with one another during an interactive disaster tabletop exercise using role play and simulation. Q&A audience engagement networking and the provision of high-quality action-oriented resources will be used throughout the course.

## Course

**Monday May 06**

### Essential Skills in Psychiatric Leadership

*Tobias Wasser; Luming Li M.D.; Victor Buwalda; Manish Sapra M.D.; James Rachal M.D.*

### Educational Objectives:

Objective One: Identify various components of leadership in psychiatry  
Objective Two: Outline important career dynamics to consider when presented with leadership opportunities in psychiatry  
Objective Three: Improve capacity to function as a psychiatric leader  
Objective Four: Identify avenues for further career development  
Objective Five: Apply physician leadership techniques including negotiation quality improvement financial management and leadership theory to daily work and future career as a physician in leadership

## Summary:

This course developed by the American Association of Psychiatric Administration and Leadership (AAPAL) is geared towards early career psychiatrists who may be interested in administrative roles for the first time or

experienced psychiatrists interested in growing their leadership skills. This program will introduce learners to important elements of leadership training in a practical and pragmatic manner as it applies to the field of psychiatry. The course will cover several important topics within leadership including career development the role of influence negotiation quality improvement and fiscal management. Faculty presenters will also review the benefits and challenges of leadership roles. Participants will be given an opportunity to consider and participate in case-based discussion considering nuanced challenges of psychiatric leadership and to have ample opportunity to engage faculty presenters to further explore their individual questions.

## **Course**

**Sunday May 05**

### **Neurology for the Psychiatrists**

*Sanjay Singh M.D.; Rammohan Sankaraneni M.B.B.S.*

#### **Educational Objectives:**

Objective One: to review the basics of neurological diagnosis Objective Two: to review the updates in diagnosis and treatment of neurological disorders Objective Three: to review the current and future state of Neurology

#### **Summary:**

This course will review the basics of neurological diagnosis and pathophysiology of neurological disorders. This course will discuss the Localization of Lesion a critical concept in understanding neurological evaluation. This course will provide updated and complete information about STROKE EPILEPSY PARKINSON'S and DEMENTIA. This course will also provide an insight of recent developments in the field of Neurology.

## **Course**

**Sunday May 05**

### **MindGames Masters: Subspecialty Review for the General Psychiatrist**

*Vishal Madaan M.D.; Tobias Wasser; Smita Das M.D. Ph.D. M.P.H.; Rashi Aggarwal M.D.; Rajesh Tampi M.D.;M.S.; Arden D. Dingle M.D.*

#### **Educational Objectives:**

Objective One: Identify gaps in knowledge in core psychiatry subspecialty content as part of an exercise in individual learning Objective Two: Review high-yield subspecialty topic areas in an interactive format Objective Three: Analyze multiple-choice questions pertinent to clinical subspecialty topics

#### **Summary:**

The inaugural MindGames Masters is a three-part educational experience that allows psychiatrists to assess their knowledge in and learn more about five subspecialties in an engaging fun and competitive format! The subspecialty review will be led by experts and focus on: Geriatric Psychiatry Addictions Psychiatry Forensics Psychiatry Consultation-Liaison Psychiatry and Child and Adolescent Psychiatry. The format will allow the learners to gain access to an online self-assessment that focuses on the aforementioned subspecialties. This assessment will include 100 questions and participants will be provided with 90 minutes to complete the assessment which will also serve as the pre-qualifying exam for the in-person competition. The questions will be based on core concepts and high-yield topics in the subspecialties. At the annual meeting participants will have the opportunity to join a review of these questions and concepts in an in-person course format and led by by experts in the field. Finally the self-assessment score will be used to identify the top three contestants to participate in the finale of the MindGames Masters event that will include a jeopardy style event covering various aspects of general psychiatry on stage at Annual Meeting on Monday May 6. Upon completion of the self-assessment learners will be able to claim 8 SA-CME credits. Participation in the 4-hour training course at the APA Annual Meeting (on Sunday May 5) to further knowledge on the five subspecialty topics will



provide the learners with 4 CME credits. The MindGames Masters finals a jeopardy style event will be held at the Annual Meeting on Monday May 6 at 12 noon at the Mental Health Innovation Zone stage. The top three contestants will compete in a 1-hour game for one contestant to win the inaugural MindGames Master's trophy. This activity does not offer CME. Participants have the ability to opt out of being considered for the on-stage event.

## **Focus Live**

### **Monday May 06**

#### **Focus Live! Assessment and Management of Bipolar Disorder**

*Katherine Yin; Trisha Suppes; Holly Swartz M.D.; Ayal Schaffer M.D.; Mark Rapaport*

#### **Educational Objectives:**

Objective One: Review first-line pharmacological and current treatment guidelines for bipolar I disorder and bipolar II disorder Objective Two: Demonstrate an understanding of the relationship between suicide risk and bipolar disorder Objective Three: Describe the most current approaches to managing suicidal ideation in bipolar disorder Objective Four: Distinguish different presentations in bipolar disorder including bipolar II disorder from other psychiatric disorders

#### **Summary:**

In Focus's recent issue on bipolar disorder a range of topics related to patients with this illness were covered. Critical topics including recent extensive treatment guidelines from CANMAT and the ISBD jointly were reviewed as well as an often-overlooked group in treatment studies that of patients with bipolar II disorder. Additional areas reviewed in this edition were up-to-date approaches to managing suicidal ideation attempts in patients with bipolar disorder cutting-edge considerations of the cognitive impact of the illness and current approaches toward the growing older-age population with bipolar disorder. In this session we will focus on the

extensive pharmacological guidelines presented in the issue as well as consider newer treatments released since publication of the guidelines. We will also consider the range of presentation and the treatment of bipolar disorder including patients with bipolar II and/or mixed symptoms. During the session we will also focus on suicide in patients with bipolar disorder. This patient group is known to be at a substantial risk for suicide as well as to often experience suicidal ideation. Questions and answers will provide a platform to discuss some of the newest findings and approaches to this difficult topic. Participants will have the opportunity to claim MOC-2 credit for Focus Live! in the APA Learning Center. This 90-minute interactive session will allow participants to test their knowledge of bipolar disorder psychopharmacology treatment and management presentation and treatment of bipolar disorder including bipolar II and mixed presentations and the newest approaches to addressing suicidal ideation and attempts. In support of improving patient care American Psychiatric Association (APA) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. Focus Live! Assessment and Management of Bipolar Disorder: The American Psychiatric Association designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

## **General Session**

### **Monday May 06**

#### **J1 Waivers Contract Negotiations and Financial Wellness for IMGs**

*Vishal Madaan M.D.; Lucy Magardichian Esq; Carlos Fernandez Robles*

#### **Educational Objectives:**

Objective One: Highlight current trends related to IMG recruitment and workforce Objective Two: Review current and upcoming legal issues related to visas visa-waivers and permanent residency for non-USIMGs Objective Three: Understand basics related to contract negotiation Objective Four: Examine opportunities for financial wellness for IMGs

### **Summary:**

IMGs are a heterogeneous group of physicians who have received their initial medical education outside the US. IMGs play a unique and significant role in the delivery of mental health care in the US. They are more likely than their USMG peers to serve patients who are severely ill publicly insured socio-economically disadvantaged rurally located and ethnic and racial minorities. They are also more likely to work in public sector clinical settings and inpatient units. IMGs add to and improve diversity of workforce in mental health. Trends in psychiatric workforce reveal a significant decrease in IMG applications in psychiatry residency. The number of IMG PGY-1s has decreased from more than 30% in 2013 to approximately 16% in 2024 with the numbers of non-USIMGs being around 8% only. Not only will these declining numbers impact provision of psychiatric services in public sector and rural domains but will also result in a downstream effect in subspecialty recruitment. IMGs face a variety of challenges that are unique while transitioning from being a trainee to getting integrated into the psychiatric workforce as an Early Career Psychiatrist (ECP). These challenges include acculturation financial and economic hardships post-immigration rapidly evolving state laws and immigration policies. It is important to identify demystify and discuss these challenges including visa-related J-1 waivers employment opportunities career pathways and financial wellness during this critical time of career development. With interactive Q&A with the panelists learners will be able to understand opportunities for J1 waivers specific aspects of contract negotiation and avenues to advance their financial wellness by attending this session.

## **General Session**

**Saturday May 04**

### **Aspiring to an Integrated and Balanced Life During Training**

*Adrianna Lam; Sallie DeGolia M.D. M.P.H.; Benjamin Belai M.D.; Elizabeth Chern; Rashi Aggarwal M.D.*

#### **Educational Objectives:**

Objective One: Describe strategies towards developing a sense of belonging within training Objective Two: Describe strategies to integrate and balance life during training Objective Three: Identify potential barriers to establishing a balanced life within training

#### **Summary:**

Finding balance within medical training has been a topic of significant focus over recent years. The culture of medical training is well known for its long hours high expectations and its lack of control over time (Bynum Artino Uijtdehaage Webb and Varpio 2019). Trainees are continually evaluated during a time of uncertainty and vulnerability which only exacerbates the high levels of impostor syndrome and perfectionism in this cohort (Ogunyemi et al 2022). And if that were not enough trainees manage interpersonal workplace conflicts deal with patient deaths or suicide and often experience discrimination in the workplace compounded sometimes by unresponsive program leadership. Concomitantly they juggle personal demands at home and navigate the impact of a myriad of societal and global issues all aggravated by sleep deprivation. Not unexpectedly residents are more likely to experience burnout compared with the general population (Summers et al. 2020). Even before the global pandemic studies found that up to three quarters of residents suffer from burnout (Lin et al 2019). While solutions to burnout lie in the need for widespread systemic changes (West Dyrbye and Shanfelt 2018) we will focus on two vital elements – belonging and work/life balance. To move beyond surviving to thriving within psychiatry training it is essential to find a sense of belonging support and ways to balance work with life outside work. Belonging a basic human need is

important for establishing a foundation of safety comfort and acceptance to be our best selves – whether as a colleague clinician or learner. In addition to developing a sense of belonging trainees must seek to integrate work and non-work life during residency to maximize wellbeing (West Dyrbye and Shanfelt 2018). This workshop will focus on helping learners anticipate and establish a sense of belonging within a training program while also strategizing how to enhance work-life integration. We will explore a variety of workplace personal and community supports that may help trainees knowing that one size solutions do not fit all.

## General Session

Tuesday May 07

### Current Considerations in Management of Behavioral Addictions Involving Gambling Gaming Pornography and Social Media

*Tesiya Franklin BS; Andrea Guerrero M.D.;M.B.A.; Sanya Virani M.D.; Marc Potenza M.D. Ph.D.; Jon Grant; Dongchan Park M.D.; Caridad Ponce Martinez M.D.*

#### Educational Objectives:

Objective One: To describe the clinical presentation of various behavioral addictions including gambling disorder internet gaming disorder and problematic online pornography and social media use. Objective Two: To summarize existing and novel management techniques such as pharmacotherapy and digital interventions including applications for gambling disorder and pornography. Objective Three: Compare management of behavioral addictions and substance use disorders.

#### Summary:

The internet has created opportunities for gambling persistent/recurrent gaming behavior and has perceived anonymity and often free access to sexually explicit materials which have been associated with increased use of pornography in people of all age groups including adolescents and children. However the internet also provides opportunities for enhancing

interventions including digital delivery of therapies that may overcome barriers to treatment. This workshop will include an overview of behavioral addictions and current and newer strategies of management with a focus on applications (apps) and digital interventions. Current efforts of the WHO to develop culturally informed screening and diagnostic instruments for ICD-11-based gaming disorder and efforts to develop and empirically validate digital interventions to help people with gambling disorder will be considered. Pharmacological advances and overlaps between gaming and gambling will be discussed. The association between excessive use of social networking sites and mental health is also raising serious concerns among professionals. Findings from brain imaging studies of internet gaming disorder and problematic social network site use will be summarized. Presenters will discuss the relationships between early and/or frequent exposure to pornography and psychosexual development hypersexual risky or violent sexual behaviors and quality of life. Highlights from recently concluded studies reviewing problem-gambling problematic internet use and pornography-specific apps will be presented to show the importance of evidence-based and engaging features in apps designed to help people with these addictions. Mobile phone apps may provide an effective and scalable therapeutic option. Three of the four presenters have evaluated publicly available mobile apps aimed at improving problematic gambling behavior (14) and problematic online pornography use (12). To date there are no published studies that have evaluated the quality of publicly available smartphone apps for problem gambling and pornography in the USA. There is thus a significant gap in knowledge of existing apps for addressing these problems. Results from these recent studies will be presented to include a review of 26 apps to show that those that incorporated cognitive-behavioral therapy concepts and in-app communities were associated with better aesthetics and information quality scores. Additionally in-app communities were associated with better engagement scores. Results will also highlight the importance of evidence-based and engaging features in apps designed to help people

with problem gambling and problematic online pornography use.

## **General Session**

**Tuesday May 07**

### **Disrupting the Medical Education Status Quo: Experiencing a Narrative-Centered Humanistic Interactive Teaching Model**

*Johnathon Lueck; Rachel Hammer M.D.; John Bostwick*

#### **Educational Objectives:**

Objective One: - evaluate their own experience of being a student in a Disruptions in Development class session and appreciate advantages of this alternative to traditional lecture-style didactics

Objective Two: - strategize about how to make narrative-centered changes to psychiatry curricula they teach

Objective Three: - integrate data from a fictional portrayal and an actual patient interview to better understand the personal and societal implications of substance use disorders unresponsive to state-of-the-art treatment

#### **Summary:**

In contemporary medical teaching there is neither an excuse nor a need for educators to deliver PowerPoint data dumps from the lectern. Adult learning theory research (Knowles 1984) demonstrates that lectures do little to stoke inquiry or improve retention in learners. With vast online question banks and resources mere keystrokes away students are well-equipped to access the content of medicine and psychiatry outside the classroom. What is needed are interactive methods and role models who can help students learn how to apply what they have learned to complex non-multiple-choice problems they will face in their clinical work. Disruptions in Development a course Bostwick has developed over the past 15 years at Mayo Clinic Alix School of Medicine embodies one such alternate method. This course teaches first and second-year medical students the critical influence of psychosocial factors not only on how

patients present but also on how they – as future physicians – should respond to their patients. Each 90-minute session features 1) a brief concept lecture introducing the class theme; 2) a narrative drawing upon clinical material ranging from live interviews to videotapes to role plays related to that theme; 3) a paired work of art (visual literary or musical) as a touchstone for reflection and 4) a discussion during which students and instructor collaborate in integrating conceptual and clinical material for the specific patient they have just encountered while deriving humanistic principles for working with patients more broadly. Workshop attendees will have an immersive experience as they take up the student role under the tutelage of Drs. Bostwick and Hammer in a class taught according to the Disruptions model. In keeping with the annual meeting theme the concept lecture will focus on a harm reduction model for managing patients recalcitrant to traditional addiction treatment. A videotaped interview entitled “Wet House Dropout” will follow in which a patient shares why she has failed dozens of interventions including residency in a local facility for chronically alcoholic treatment-resistant patients from which she was ejected. Participants will read brief excerpts from Barbara Kingsolver’s *Demon Copperhead* and discuss parallels between the videotaped patient and a central character in the novel. Class will then be dismissed so that students can become teachers again and discuss how they might adapt the Disruptions model to their specific situations at their home institutions.

## **General Session**

**Tuesday May 07**

### **Help for the Healer: A Statewide Initiative to Support Medical Professionals**

*Chap-Kay Lau; Sara Coffey D.O.; Frank Clark*

#### **Educational Objectives:**

Objective One: Participants will learn about implementation and ongoing programming of physician wellness supports at a state-wide level

Objective Two: Participants will develop an

appreciation regarding the intersectionality of the arts and humanities in healthcare. Objective Three: Participate in a writing exercise and discuss reflections regarding the activity. Objective Four: Participants will engage in a mindfulness exercise

### **Summary:**

Project ECHO (Extension for Community Health Care Outcomes) is a collaborative model of medical education and care management that empowers clinicians in rural and underserved communities to provide specialty care to more people right where they live. Through the use of technology Project ECHO connects an interdisciplinary team at the OSU Center for Health Sciences with community providers to discuss treatment for chronic and complex medical conditions. Launched in 2003 by the University of New Mexico Project ECHO operates more than 90 hubs worldwide covering more than 45 diseases and conditions. ECHO has been used across the world to support health care workers mental health clinicians and others looking to both gain knowledge and find support in a caring community. During COVID surveys from Mental Health America noted that 93% of health care workers completing the survey reported they were experiencing stress 86% reported experiencing anxiety 77% reported frustration 76% reported exhaustion and burnout and 75% said they were overwhelmed. With a population in such need and a duty to reach and support our heroic health care workers ECHO provided a platform to sustain individuals and agencies wishing to support the needs of health care workers. With the end of the COVID public health emergency the strain on health care workers is of increasing concern across the United States and more notably in Oklahoma. In the recent article *The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19* continued reports of high rates of burnout and intent to leave the job across healthcare roles persists. Finding ways to address healthcare worker burnout is essential for the wellbeing of healthcare professionals and the community. Virtual platforms such as ECHO can be used to help support this importance

workforce. The scope of our Help for the Healer ECHO will allow for other community health and mental health care workers to learn and be supported in a psychologically safe community reviewing the impact of COVID on mental health and healthcare workers and exploring a variety of techniques to support mindfulness. These techniques are offered through a socio-ecological framework to provide solutions from an individual interpersonal institutional community and policy framework to help participants become aware of the opportunities for proactive solutions to burnout. Regular participants to our Help for the Healer Line have expressed the value of the program and our Help for the Healer team has been able to offer a variety of special topics and guest lecturers across the nation to support the needs of our healing community.

### **General Session**

#### **Monday May 06**

#### **Mental Illness Beyond Bars: Psychiatrists' as a Contributor and Advocate for Change**

*Arteen Rasti; Molly Nguyen; Dionne Hart M.D.; Elizabeth Ford; Danielle Kushner M.D.; Derrick Stroud*

#### **Educational Objectives:**

Objective One: To provide early exposure to mental health care within a correctional facility to distinguish access and treatment options compared to other community settings. Objective Two: To examine the unmet needs of carceral populations Objective Three: Critically discuss the experience of carceral populations from the perspective of a mental health professional with lived experience Objective Four: To review the needs standards and limitations of providing and receiving mental health care in correctional settings

#### **Summary:**

The United States has four percent of the world's population yet houses twenty-five percent of the world's prisoners. Incarcerated patients have a high burden of chronic health disorders including severe mental illness substance use disorders



and trauma. Lock-up facilities (including local and state jail and prisons federal prisons immigration detention centers and Indian Affairs centers) are the largest mental health providers in the United States. An estimated two in five people who are incarcerated have a history of mental illness (37% in state and federal prison and 44% in local jails). These institutions are severely underserved. Jails and prisons have difficulty hiring and retaining mental health professionals. The workforce shortages were exacerbated by the COVID-19 pandemic, which contributes to profound shortages in the availability and retention of psychiatrists who can provide psychiatric care and leadership in these settings. Despite the high need and workforce shortages psychiatric physicians in training do not regularly receive routine education or clinical training regarding this clinical care setting despite the fact that most training programs are within four miles of a jail or prison. The lack of training leads to significant missed opportunities to improve the quality of care for this patient population. First early exposure to care within these facilities increases the likelihood of trainees considering carceral/correctional health care as a profession. Second each year; more than 600,000 individuals are released from state and federal prisons. Another 9 million cycle through local jails. Therefore even if psychiatrists do not choose a career in this field they must have minimal competency in carceral systems and incarcerated patients will improve the quality of care these individuals receive both while incarcerated and in the community following release.

## **General Session**

### **Monday May 06**

#### **Social Determinants of Health: Impact on Addiction Prevention Treatment and Recovery**

*Adrienne Carter; Nora Volkow M.D.*

#### **Educational Objectives:**

Objective One: Describe some of the factors that impact an individual's risk for drug taking  
Objective Two: Gain an appreciation of how social

determinants of health can influence drug use prevention and treatment strategies  
Objective Three: Better understand how social determinants of health can contribute to health inequities and result in intergenerational risk for substance use and overdose

#### **Summary:**

Scientific evidence has shown that while the propensity to use drugs and the transition into addiction has strong genetic and neurodevelopmental underpinnings social factors and in particular adverse childhood experiences profoundly impact an individual's risk for drug taking addiction propensity to seek treatment and their therapeutic outcomes. Stressors can influence the expression of key brain neurotransmitter systems involved in drug reward and addiction including dopamine which help explain why stress exerts such a negative effect on drug taking. Stress effects on brain and mental health are most prominent during childhood and adolescence and recent research has shown that social determinants of health (SDH) such as low income neighborhood deprivation and limited parental education can have a deleterious impact on neurodevelopment and function as well as on cognitive performance. SDOH can influence drug use in various ways. For example people living in poverty or experiencing homelessness may be more likely to use drugs as a coping mechanism for stress and trauma. The negative effects of stress in the risk of drug use also occurs in adults as evidenced by the exacerbation of drug use during the COVID-19 pandemic which had the largest impact on those suffering from a substance use disorder (SUD). Factors contributing to the increase of 50% in overdose deaths in the US during the COVID pandemic reflect socioeconomic challenges such as housing instability and incarceration as well as reduced access to health care and recovery support services. This presentation will highlight scientific advances in our understanding of the contribution of SDH in the prevention of treatment of and recovery from drug addiction with special emphasis on its effects on children and adolescents.

## General Session

Tuesday May 07

### The Neuromodulation Revolution: Novel Approaches to Difficult-to-Treat Neuropsychiatric Illness

*Anjali Chandra M.D.; Andrew Leuchter M.D.; Linda Carpenter M.D.*

#### Educational Objectives:

Objective One: Discuss the principles of neuromodulation treatments Objective Two: Educate patients about clinical applications of Repetitive Transcranial Magnetic Stimulation Trigeminal Nerve Stimulation Transcranial Direct Current Stimulation and other non-invasive therapies Objective Three: Explain differences between neuromodulation therapies approved for clinical use (i.e. rTMS) and those for research use (i.e. Deep Brain Stimulation) or sold direct to consumer Objective Four: Evaluate potential usefulness of emerging brain stimulation and neuromodulation devices

#### Summary:

Electroconvulsive Therapy (ECT) is a well-established neuromodulation treatment but newer neuromodulation devices offer hope for treatment-resistant depression and other neuropsychiatric disorders. Repetitive Transcranial Magnetic Stimulation (rTMS) is approved for treatment of MDD OCD and smoking cessation; it also can be highly effective for chronic pain tinnitus PTSD and other syndromes. Beyond rTMS there are a host of other non-invasive devices such as Trigeminal Nerve Stimulation (TNS) Transcranial Direct Current Stimulation (tDCS) and Cranial Electrotherapy Stimulation (CES) that can be used for home treatment. Deep Brain Stimulation (DBS) is FDA-cleared for treatment of OCD in limited situations and Vagus Nerve Stimulation (VNS) is cleared for depression. Additionally there are other promising brain stimulation technologies under development such as Focused Ultrasound (FUS) that promise to transform treatment in the future.

It can be difficult for the psychiatrist to evaluate evidence for the benefit of these treatments and when they can be helpful for individual patients. In addition some of these devices can be purchased online and used with little or no medical supervision making it difficult to advise patients regarding their use. This session will educate clinicians about mechanisms of action for neuromodulation treatment the approved and off-label uses and the evidence supporting the efficacy of different treatments. Participants will learn about cutting-edge research that have the potential to revolutionize psychiatric treatment.

## General Session

Sunday May 05

### When the Patient Isn't Getting Better: A Psychodynamic Perspective on the Difficult Patient"

*Margaret Hua; Matthew Zahn; Dhruv Gupta MD MS; Eric Plakun; Samar Habl M.D.*

#### Educational Objectives:

Objective One: Utilize psychodynamic principles to improve outcomes with patients experienced as "difficult" Objective Two: Describe evidence that supports a biopsychosocial over a biomedical model for psychiatry Objective Three: List psychosocial factors contributing to the phenomenon of treatment resistance Objective Four: Anticipate and respond to transference paradigms with survivors of abuse

#### Summary:

Some wonder whether psychoanalysis and a psychodynamic perspective remain relevant in psychiatry. This presentation argues that the answer is a resounding "Yes" especially when dealing with patients we come to experience as "difficult" and/or as not responding to treatment. The presentation reviews competition between biomedical and biopsychosocial models of psychiatry suggesting that evidence from neuroscience and genomic research better supports core assumptions of a biopsychosocial rather than a biomedical model. The presentation

demonstrates how failure to attend adequately to biopsychosocial and psychodynamic issues contributes to the experience of patients as “difficult” and to the phenomenon of treatment resistance especially in patients with significant childhood adversity and personality disorders. It then uses jargon-free language to review and illuminate concepts from psychoanalysis that are relevant to biopsychosocial psychodynamic engagement of those patients we experience as “difficult” or presenting with treatment resistant disorders. These concepts include a psychodynamic perspective on the therapeutic alliance the uses and pitfalls of transference and countertransference the utility of a psychodynamic approach to psychopharmacology and problems that are likely to arise in work with patients with immature defenses and/or trauma histories. The presentation explains the concept of enactment in ordinary language including how to detect analyze and make use of enactments in clinical work and addresses how selection of the most appropriate level of care can improve outcomes.

## **General Session**

**Tuesday May 07**

### **“Does Not Meet Criteria: ” Increasing Clinical Access for Complex Cases With Aggression Personality Pathology Trauma and Substance Use**

*Hannah Kearney M.D.;M.Sc.; Merrill Rotter M.D.; Jennifer Goldman; Abhishek Jain M.D.; Joshua Berezin*

#### **Educational Objectives:**

Objective One: Identify unique considerations of serving clients who present with personality pathology trauma substance use and aggression  
Objective Two: Summarize potential differential diagnoses and etiologies for clients who present with emotional dysregulation  
Objective Three: Discuss pathways for collaboration across levels of clinical care and between clinical and criminal-legal systems

#### **Summary:**

Clients who present with a combination of personality pathology complex trauma substance use criminal legal contact and aggression may represent a minority of individuals with mental illness but they understandably consume a disproportionate degree of time attention and concern. Individuals with this constellation of clinical and psychosocial issues frequently interact with traditional behavioral health systems and forensic settings but these services are not always equipped to meet their specialized needs. The criminal legal system often also has contact with these individuals but similarly struggles to identify the appropriate role of the courts and law enforcement in these cases. These issues figure prominently in many of the highest profile cases that come to the attention of clinical legal social and political policy planners. In this panel discussion senior clinical administrators from the New York State Office of Mental Health (NYS OMH) will use a case-based format to describe the clinical and systems challenges associated with this small but significant client population. We will explore how public mental health systems have not always been able to prioritize primary prevention or address social determinants of mental health both of which could potentially prevent or at least mitigate some of the drivers of dangerous behavior among this population. We will examine challenges faced by systems of care in treating this complex population and how the siloed nature of many public services often adds to these challenges. We will identify how providers across the spectrum of behavioral health services - including crisis outreach respite centers residences outpatient clinics ACT and FACT teams emergency settings and inpatient units - also struggle to meet the needs of these clients and to assure the safety of their other clients their staff and the community at large. We will particularly highlight approaches to developing an integrated comprehensive and coordinated program - including specialized inpatient residential settings outreach services and emergency departments with staff and peers trained in trauma informed care substance use modalities behavioral planning and evidence-based treatments for personality disorder. Outcomes from existing similarly focused OMH-supported intensive

inpatient and residential projects will be presented. An interactive discussion of cases will allow for clinical policy and systems feedback from the audience. Ultimately the audience may consider lessons learned from these experiences and discussions and how they may apply in their own settings and practices.

## General Session

Sunday May 05

### 50 Years After Dr. Anonymous: Remembrance of a Symposium Past Psychiatry: Friend or Foe to Homosexuals? A Dialogue"

*Chase Watson MS3; Gene Nakajima M.D.; Richard Dudley M.D.; Howard Rubin; Saul Levin M.D. M.P.A. FRCP-E FRCPsych; Petros Levounis M.D.*

#### Educational Objectives:

Objective One: Understand the struggle for equal rights by the first gay (though masked) psychiatrist to speak at the APA annual meeting. Objective Two: Analyze a primary source and discuss the historical context of Fryer's speech Objective Three: Explain the bravery of early gay and lesbian activists who challenged the American Psychiatric Association's nosology and science.

#### Summary:

This session will highlight a recently rediscovered audio recording of the 1972 APA Symposium Psychiatry: Friend or Foe to Homosexuals? A Dialogue and examine the significance of this session to the history of LGBTQ rights gay affirmative psychiatry and to its participants. The symposium featured John Fryer MD as Dr. Anonymous-- a masked gay psychiatrist-- two lesbian and gay activists Barbara Gittings and Frank Kameny PhD and two straight psychiatrists APA Vice President Judd Marmor MD and Robert Seidenberg MD who spoke about the need for the APA to depathologize homosexuality. In an award winning documentary Cured about the APA's decision to delete homosexuality from DSM-II in 1973 film makers Bennett Singer and Patrick Sammon included a live excerpt of Dr. Fryer's speech. He was disguised as Dr. Henry

Anonymous wearing a Nixon mask and oversized clothes and using a voice modulator because at the time an openly gay psychiatrist would have had difficulties keeping a job or obtaining a medical license. Singer listened to several unmarked cassettes in the Fryer archives at the Historical Society of Pennsylvania and made a remarkable discovery--a tape of Fryer's talk and the whole symposium. In this session the audience will be able to hear excerpts from all the talks which were 5 minutes long each and the dialogue afterwards. The monumental 1972 symposium was pivotal in the drive for the APA to depathologize homosexuality and to write a position statement supportive of civil rights for homosexuals. The APA also called for the elimination of laws against homosexuality. It led to the formation of a lesbian gay and bisexual psychiatry organization in 1978 now called AGLP: The Association of LGBTQ Psychiatrists [www.aglp.org](http://www.aglp.org) In this session in addition to Dr. Fryer we will focus on the contributions of 1) Barbara Gittings an activist who started the New York Chapter of Daughters of Bilitis a national lesbian group in 1958. 2) Frank Kameny PhD an activist who organized the first public gay protest in front of the White House in 1965. 3) Judd Marmor MD a psychoanalyst who was then the Vice President of the APA and soon to become its President. Gene Nakajima MD will chair the session. Richard Dudley Jr MD was a medical student and attended the 1972 symposium and will talk about his experience as an audience member. Saul Levin MD MPH the American Psychiatric Association CEO and medical director and Mary Barber MD a psychiatrist an interviewer of Gittings will present. Petros Levounis MD MA the APA president will introduce the session and speak briefly about his meetings with Fryer when he was a medical student. Fryer was a church organist and choir director as well as the organist for several APA opening sessions. We will look at his archives to find an appropriate chorus copy the music and have audience members participate in singing one of his favorite pieces.

## General Session

**Sunday May 05**

**A Novel Approach to Morbidity and Mortality Conferences: Developing a Fellow-Led Child Mental Health Systems Improvement Series**

*Michael Tompkins M.D.; Manal Khan M.D.; Misty Richards M.D.; Mahta Baghoolizadeh*

**Educational Objectives:**

Objective One: To understand the purpose of Morbidity and Mortality conferences in medicine with a special focus on child psychiatry Objective Two: To recognize systemic influences on adverse outcomes in child psychiatry Objective Three: To understand how to implement a fellow-led effective discussion around safety events with child psychiatry fellows

**Summary:**

Systems-Based Practice is one of the six core competency requirements set forth by the Accreditation Council of Graduate Medical Education. Systems-Based Practice requires trainees to adequately analyze patient safety events disclose them and participate in quality improvement. Unlike other medical specialties there isn't a strong tradition for Morbidity and Mortality (M&M) conferences in child psychiatry. The reasons for that are multifold though include fears about fostering a culture of blame and lack of clarity regarding what truly qualifies as an adverse event in child psychiatry. However M&M conferences allow for investigation of a patient safety event through self-reflection peer review and root-cause analysis. Even with the best intentions however the impact of an M&M conference may fall short. If the appropriate patient selection is not made discussion is curtailed the presentation delves into a lecture and ideas for quality improvement are forgotten after the conference the potential of M&M conferences is not fully realized. Literature shows that participation of a multi-disciplinary team and leadership buy-in contribute to the success of M&M conferences as an educational tool and catalyst for systemic change. Inspired by the literature on the role of M&M conferences in patient safety and quality improvement a trainee at the University of California Los Angeles (UCLA)

undertook an initiative along with program leadership to design and implement M&M conferences in the child and adolescent psychiatry fellowship. Labeled as the Child Mental Health Systems Improvement Series (CMHSIS) and modeled after Yale's adult residency M&M series the focus was to promote a robust understanding of systems and systems-thinking to deliver effective patient care in child psychiatry. This underscores the importance of integrating endeavors like M&M conferences in psychiatry and subspecialty psychiatry training. Our highly interactive session will introduce the concept of M&M conferences in psychiatry to participants. Through presentations and small and large group discussions we will review the literature to highlight the importance of M&M conferences anticipate and elicit challenges associated with designing and implementing M&M conferences and collaboratively develop strategies to address those challenges. We will also include trainee and program leadership perspective on developing and implementing such programming. This session will allow participants to learn from each other's experiences through small and large group format. We will also include interactive tools such as a word cloud to elicit participants' thoughts about M&M conferences. As we prepare to face our future it is imperative that we routinely evaluate our systems for improvement. Training residents and fellows to take charge of such initiatives with faculty mentorship and support will lead to the development of a workforce that is open collaborative and innovative.

**General Session**

**Wednesday May 08**

**Acquired ADHD as a Consequence of Digital Tech Addiction: Is This a Thing?**

*Alexander Bourdon M.D.; Jiin Choi M.D.; Andrea Guerrero M.D.; M.B.A.; Wendi Waits M.D.*

**Educational Objectives:**

Objective One: Be familiar with the DSM-5-TR criteria for Attention-Deficit/Hyperactivity Disorder Objective Two: Be familiar with proposed



criteria for Digital Tech Addiction Objective Three: Name at least 3 screening tools available to quantify the use of Digital Tech Objective Four: Discuss treatment strategies for ADHD symptoms potentially related to Digital Tech overuse

### **Summary:**

The DSM-5-TR diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) requires that individuals have evidence of symptoms during childhood. However adults are presenting with increasing frequency complaining of ADHD symptoms while lacking the requisite evidence of impairment during childhood. Many of them are legitimately inattentive easily distracted and have difficulty finishing projects and some have even faced occupational consequences and relationship discord leaving one to wonder if there may be such a thing as acquired ADHD. And if such a condition exists could it possibly be a consequence of over-using Digital Technology i.e. electronic devices such as computers tablets cell phones video games televisions etc? This presentation will review ADHD criteria discuss the concept of Digital Tech addiction and examine the evidence for and against acquired ADHD. It will also recommend assessment tools and treatment strategies to help psychiatrists navigate this emerging 21st century conundrum.

## **General Session**

**Monday May 06**

### **Addictions in Sports: An Athlete's Achilles Heel**

*Andrea Guerrero M.D.;M.B.A.; Hannah Kearney M.D.;M.Sc.; Bhagwan Bahroo M.D.; Marissa Manning D.O.; Thanh Nguyen M.D.; Katrina Wachter M.D.*

#### **Educational Objectives:**

Objective One: Discuss the link between perfectionism compulsion and addiction to high-performing individuals such as elite athletes. Objective Two: Identify critical points in the lives of athletes when they are most vulnerable and at the highest risk for addiction. Objective Three: Differentiate common addictions seen in various sports and existing strategies and interventions.

Objective Four: Examine the effects of behavioral addictions and compulsions on an athlete's performance mental health and personal life. Objective Five: Evaluate proposed enhancements or new approaches where gaps exist.

### **Summary:**

Elite athletes are high-performing highly driven individuals praised for their work ethic attention to detail and at times perfectionism. These traits give athletes the competitive edge to win and their prowess is rewarded not only with lucrative brand deals and salaries but also through nature with a flood of dopamine in the brain to reinforce it. Could it be that the very traits that elevate their athletic game to the next level also elevate their risk of developing addiction? It is hard to delineate function from dysfunction when a behavioral addiction bolsters sports entertainment. We resume our discussion of the role of Mental Health in Sports from the previous year and we will focus on the added complications of Addictions throughout the lifespan of athletes. These high-achieving individuals are celebrated for their unparalleled drive and pursuit of excellence and tread a delicate balance between peak performance and behavioral addictions. These addictions can vary from exercise compulsion and disordered eating to compulsive gambling and sexual addictions. The thrill associated with extreme feats especially in high-risk sports blurs the distinction between function and dysfunction. Even in seemingly safer sports the unyielding drive to excel can breed maladaptive behaviors like the misuse of performance-enhancing drugs. The mounting societal expectations further add to pressure on the athletes which may lead to the fear of not being able to live up to it. Our session offers a holistic insight into these addictions pinpointing triggers and ramifications. Exploring the vast realm of sports disciplines we identify unique risk factors and inherent pressures predisposing athletes to these addictive behaviors. Leveraging a mix of clinical insights and cutting-edge research our session highlights how various sports from perilous free climbing to intense team competitions can intensify these challenges impacting athletes' performance mental health

and overall well-being. The presentation will dig deeper into various stages of an athlete's life from school and college sports to professional sports career and the retirement period each with its unique challenges and stressors. This exploration is as diagnostic as it is prescriptive. Drawing from real-world case studies across an athlete's career we detail existing treatment strategies and preventive measures assess their effectiveness and propose tailored enhancements. Our primary goal is to give attendees an in-depth comprehension of addiction in sports. Our session hopes to foster and champion better mental health strategies through this lens ensuring our sporting icons lead balanced lives from start to finish. Navigating athleticism and addiction our session underscores the paramount importance of comprehensive mental health care advocating for our sports champions so they may lead more productive and healthy lives. ""

## **General Session**

### **Saturday May 04**

#### **Affective Computing and the Mind: Harnessing Novel Technology to Improve Medical Education for Substance Use Disorders**

*Thao Le Ph.D.; Giselle Appel; Aidana Daulbayeva MSc; Rosalind Picard ScD; Jonathan Avery MD*

#### **Educational Objectives:**

Objective One: Understand the concept of stigma in medical training as it relates to substance use disorders and recognize its negative impact on individuals communities and treatment outcomes. Objective Two: Engage in self-reflection to identify personal biases related to substance use disorders how this is passed onto trainees and explore how affective computing tools can help challenge these biases. Objective Three: Recognize and discuss the ethical implications of using affective computing technologies in medical education particularly in the context of sensitive topics like substance use disorders. Objective Four: Recognize the importance of interdisciplinary collaboration in harnessing affective computing to create effective

educational tools for substance use disorder topics.

#### **Summary:**

Physicians in the spirit of the Hippocratic Oath vow to use their ability and judgment to help the sick regardless of who the sick might be. Thus it is often assumed that the professionals in the medical community hold unbiased attitudes toward their patients including toward individuals with substance use disorders. However healthcare professionals show greater bias against SUDs than other conditions. This can become apparent during clinical interactions where providers may unintentionally convey negative emotions or judgments through their facial expressions. Most people learn how to control their outward expression of emotion through their childhood and upbringing. Only a few subgroups such as actors have affective training as adults. Given that a physician's ability to communicate effectively is associated with better patient outcomes the result of these negative clinical interactions is that patients might receive worse care. It is therefore critical to educate future physicians about the stigma of addiction and the importance of empathetic communication in clinical interactions. Given the rising SUD prevalence and increasingly more visible intersectionality of addiction innovative methods are required to educate future doctors on stigma. One promising approach is through a technology called affective computing. Also called emotional artificial intelligence affective computing enables computers to recognize interpret process and simulate human emotion. Weill Cornell Medicine and MIT Media Lab's Affective Computing Group have developed computer-based training to educate future medical professionals about the discrimination faced by patients with substance use disorders. The technology uses virtual scenarios to immerse learners recording their facial interactions with virtual patients and providing real-time feedback to enhance empathy and combat stigma in medical education. This innovative method showcases how immediate expression feedback might drive learning through increased awareness of self and other and thus has the potential to

decrease stigma. Our session aims to familiarize participants with the notion of stigma related to substance use disorders in medical settings. We will explore the potential of integrating affective computing into digital educational tools as a novel strategy to tackle this problem as well as highlight recent technological advancements. Participants will be divided into large groups to engage in immersive experiences using affective computing tools and scenarios. These experiences will lead to a group debrief and discussion about the emotional and cognitive insights gained from the activity. Finally we will conclude with a discussion on the future of medical education exploring how the integration of innovative technologies like affective computing can revolutionize the field. Ethical considerations and potential challenges will also be addressed in this context.

## **General Session**

**Wednesday May 08**

### **Brian Mechanisms Relevant to Substance Use Initiation in Youth: Novel Findings From the ABCD Study**

*Janelle Ruiz; Iliyan Ivanov M.D.; Omid Kardan; Muhammad Parvaz; Chelsea Sawyers Ph.D.*

#### **Educational Objectives:**

Objective One: Participants will learn about the scope and the objectives of the ABCD study  
Objective Two: Participants will learn about novel investigations into mechanisms underpinning initiation of substance use in youth  
Objective Three: Participants will learn about the neglected environmental pathways to early substance use initiation.

#### **Summary:**

Substance use initiation in adolescence is a critical issue given its association with substance dependency and associated problems in adulthood. However due to the dearth of fine-grained longitudinal studies the factors associated with early initiation are poorly understood especially in minority youth. There has been increasing scientific attention directed to

studying risk for substance use and mechanisms that increase resilience to such risk. The ABCD study that collects longitudinal data from over 11000 children ages 9-10 over the period of 10 years was the basis for some novel investigations examining neural mechanisms predisposing youth to early substance use. Dr. Kardan will present results from a series of multivariate analyses predicting alcohol nicotine and cannabis use (SU+) in the ABCD 3rd & 4th year data (Y3-4; ages 13-14) using family and neighborhood environment (n = 4014) and brain functional connectivity (rsFC; n = 2280) data at both baseline (Y0; ages 9-10) and 2nd year (Y2; ages 11-12). Neighborhood perceived safety pollution lack of greenspace density of alcohol outlets and cannabis dispensaries and familial conflicts at Y0 predict SU+ at Y3-4 above and beyond parental income education age and race/ethnicity (SES\*). In the rsFC domain a wide-spread longitudinal pattern of connectivity differences at Y0-2 reliably distinguishes SU+ teens at Y3-4 from their SU-peers (matched for SES\*; n = 242). Dr. Sawyers will present results from a baseline ABCD study examining the role of VS in attentional function in terms of reaction time variability (RTV) to presented cues. Results show RTV was significantly associated with both externalizing symptoms and VS activation during the anticipatory phase of a reward task when controlled for age sex site and family covariates. Greater RTV was also associated with decreased earnings in trials. Dr Parvaz will present data on the effects of prenatal drug [commonly used substances (i.e. alcohol cigarettes and marijuana)] exposure (PDE) childhood trauma (CT) and their interactions on the neurobiological markers for emotion processing in a non-clinical sample of pre-adolescents from the ABCD study. The results showed that PDE was associated with widespread reductions in response bias related to the processing of fearful compared to happy faces in widespread cortical regions (including the superior frontal and fusiform gyri and the inferior parietal lobule) and are consistent with the diathesis-stress model and suggest that PDE may confer vulnerability to the effects of later CT through altered neurodevelopment. In summary these presentations will discuss novel

approaches to understanding the mechanisms of drug use initiation in youth and their relevance to the development of preventive treatments.

## **General Session**

**Sunday May 05**

### **Connection Creativity and Collapse: Mental Health and Problematic Social Media Use**

*Yezhe Lin; Simone Bernstein M.D.; Avani Patel M.D. M.H.A.; Marc Potenza M.D. Ph.D.; Robert Lovern M.D.*

#### **Educational Objectives:**

Objective One: Explore social media's positive and negative effects on mental health. Objective

Two: Understand recent research on how problematic social media use shapes diagnoses and neurodevelopmental considerations.

Objective Three: Learn practical tools to counsel a patient and the family of a child about the influence of social media on mental health.

Objective Four: Identify the clinician's role in managing and screening for social media use in patients.

#### **Summary:**

Social media has become a vehicle for disseminating information and creating connections. With emerging concern over the problematic use of social media and its association with worsening mental health and suicidality particularly in the adolescent population a report was created in 2023 by the U.S. Surgeon General. While there are known risks of social media such as worsening mood self-esteem and social development sleep disturbance high-risk behaviors involving self and others and privacy and safety issues there is also evidence supporting its benefits such as creative expression support groups which foster inclusivity and peer connection which may encourage civic and community engagement and promote help-seeking behaviors. Therefore it is essential to approach adolescents with nuance given these uncharted waters. We will discuss the use of terminology to discuss social media use including problematic use versus addiction. Problematic

use is defined as excessively using digital media or internet/electronic communication to the point of dysfunction. The frequency of use is not the defining or sole factor; instead it is how one uses digital or social media. The impact of social media use on one's function delineates problematic versus normative use. Most research on digital media utilized problematic internet use criteria based on pathological gambling criteria to conceptualize dysregulated media use. Since then research has expanded to "problematic use" to encapsulate one's dysregulation and the potential to harm individuals other than the user. With problematic internet use healthcare professionals must take an active approach to be part of the solution. Ultimately social media is here to stay and adolescents need support and education to develop skills to manage their use responsibly and safely with their mental health in mind. In this workshop the leaders will present an overview of the data on the adolescent population surrounding social media usage including information regarding differences in sex and underrepresented minorities. We will discuss practical aspects of diagnoses including how it is represented by the World Health Organization and within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and International Classification of Diseases (ICD-11). Each presenter will target a specific area of problematic social media use including the risks and benefits diagnostic and neurodevelopmental considerations and opportunities to screen and counsel patients. As caregivers and healthcare professionals regardless of specialty our role is to screen support and educate adolescents on managing their social media use responsibly and safely. This session will also provide tangible approaches through case-based discussions practical tips and screening tools to manage social media use.

## **General Session**

**Sunday May 05**

### **Cross-Cultural Adaptation and Testing of Motivational Interviewing for Low-Resource**

## **Settings: Lessons From a Depression Study in Rural Nepal**

*Xiaofeng Yan M.D.;Ph.D.; Kripa Sigdel; Pragya Rimal; Bibhav Acharya; Srijana Shrestha Ph.D.*

### **Educational Objectives:**

Objective One: List potential concerns in adapting motivational interviewing for cross-cultural populations Objective Two: Apply strategies to conduct cross-cultural adaptation of counseling techniques such as motivational interviewing that were originally developed for Western populations Objective Three: Describe strategies to assess fidelity to MI among non-specialists in resource-limited settings

### **Summary:**

Motivational Interviewing (MI) has substantial evidence base in facilitating behavior change with roots in treatment of substance use disorders and is feasible to be administered by non-specialist providers. MI places emphasis on patient autonomy acknowledges their unique worldview and fosters a collaborative approach for behavior change. However given its roots in Western setting and focus on individual autonomy cross-cultural implementation can be challenging in settings where individualism and autonomy may not be as prominent. A related challenge is that it is difficult to know if non-specialist healthcare workers who are newly trained in using MI can use it with high fidelity. This symposium will describe our experiences from an NIH-funded study in adapting MI in rural Nepal co-developing an mHealth (mobile health) intervention to assist non-specialist (for example Community Health Workers (CHWs)) in using MI to improve depression adherence and assessing CHW's fidelity to MI in real-world settings. The first presentation outlines the process of adapting and implementing MI in settings with strong family or community orientation. It utilizes innovative strategies that respect patients' autonomy and recognize their position within a complex social fabric. The second presentation describes the process of iteratively co-developing COMMIT-D a mobile health app using the five-step human-centered design approach incorporating inputs

from CHWs their supervisors and relevant stakeholders. In the third presentation we share the preliminary results from COMMIT-D's acceptability drawing insights from CHWs supervisors and clients with depression. We will also provide a demonstration of the COMMIT-D app and describe processes used to assess CHW's fidelity to using MI via a culturally-modified MI treatment integrity tool (MITI). The overall results demonstrate that the adaptation and implementation of MI by non-specialists is promising. It enhances treatment adherences and engagement while maintaining fidelity with the intervention. We will conclude with a discussion of generalizable implications of cross-culturally adapting and testing MI and its potential application in behavior change in mental health and addiction treatment in other cross-cultural low-resource settings.

## **General Session**

### **Tuesday May 07**

## **Developing a Hospital-Based Buprenorphine Practice to Address Healthcare Disparities in the Treatment of Opioid Use Disorder: A Multi-Pronged Approach**

*Jordan Paluch; Marc Manseau M.D.;M.P.H.; Jennifer Mark M.D.; Dan Schatz; Emily Carter MSW*

### **Educational Objectives:**

Objective One: Accurately describe the disparities in medications for opioid use disorder (MOUD) by demographic factors with a specific focus on race Objective Two: Appraise the clinical social environmental and other health factors that contribute to the observed racial disparities in MOUD Objective Three: Formulate individual system and structural efforts to address racial disparities in MOUD

### **Summary:**

Racial and socio-economic disparities exist in the treatment of Opioid Use Disorder (OUD). National literature and data compiled by our session presenters indicate that white and socio-economically advantaged patients are more likely



to be treated with buprenorphine while Black and other minorities as well as socio-economically disadvantaged patients are more likely to be treated with methadone. Differences between buprenorphine and methadone with respect to access visit frequency and regulations as well as safety profile favoring buprenorphine have resulted in racial discrepancies in clinical outcomes. Our session will begin with a review of the history and literature around racial disparities in access to and maintenance of MOUD. We will then provide a comprehensive example of how a large urban public hospital treating primarily socio-economically disadvantaged patients of color undertook a multi-pronged approach to address these disparities in MOUD. We will present patient case studies and hospital data on medication initiation and retention before and after the intervention aggregated by race and other sociodemographic characteristics. Specifically we will discuss three strategies within our approach. The first strategy we will discuss is developing an Addiction Medicine hospital-based service with multiple service access points that promoted buprenorphine as the preferred treatment for OUD including the Emergency Department Inpatient Medical/Surgical and Inpatient Psychiatry units Outpatient Chemical Dependency and Methadone Maintenance clinics and a walk-in clinic with same-day access to buprenorphine inductions. The second strategy we will discuss is implementing buprenorphine micro-induction protocols to comfortably start patients onto treatment in inpatient outpatient and emergency settings. Lastly the third strategy we will discuss is improving patient retention in treatment by offering follow up settings tailored to patient requests and monthly long-acting injectable buprenorphine (xr-buprenorphine) injections for patient convenience. Following the case study presentation we will break into groups to think through additional barriers factors and interventions that could address racial discrepancies in treatment and will reconvene as a larger group to share ideas and strategies that came up in the discussion groups.

## **General Session**

**Tuesday May 07**

### **Echoes of the Console: Navigating the Narrative of Internet Gaming Disorder**

*Erin Davis; Chaden Nouredine M.D.; James Sherer M.D.; Michael Mangold M.D.;M.P.H.;M.S.*

#### **Educational Objectives:**

Objective One: Deepen the understanding of the history and diagnostic criteria of Internet Gaming Disorder (IGD) Objective Two: Explore the neurobiology behind addictive behaviors in gaming Objective Three: Engage and empathize with personal narratives of patient who have lived experience with IGD Objective Four: Reflect and discuss through a forum simulation debrief and Q&A panel

#### **Summary:**

There has been a notable rise in video game consumption with the industry receiving unprecedented funding. With the increase in consumption follows the risk of over-consumption and overuse. Internet Gaming Disorder (IGD) is characterized by excessive and compulsive gaming leading to significant impairment in daily life. Emerging as a concern in the digital age IGD shares parallels with substance use disorders. The DSM V-TR categorizes IGD in the section recommending further investigation. The literature suggests that IGD triggers neurobiological responses similar to those seen in addictive behaviors affecting reward pathways and cognitive control mechanisms. Gamers with IGD often experience withdrawal symptoms loss of interest in other activities and deteriorating social interactions. Online forums of personal narratives highlight the emotional struggles isolation and disrupted routines faced by those grappling with IGD. They also reflect on how gaming can be used as a helpful coping tool in times of stress. As mental health care providers it is important for us to pay attention to these spaces as they offer an unparalleled insight into the experiences of our patients who are spending an increasing amount of their time online. This session will aim to shed light on those spaces. The session will begin with a review of the disorder's history and diagnostic criteria building a foundational understanding. It

then delves into the neurobiological pathways that drive addictive behaviors shedding light on the impact of gaming on brain structures and reward circuits. A unique feature of the session is its narrative perspective using real-life stories and personal accounts from individuals who have experienced IGD. This approach provides participants with insights into the emotional social and psychological challenges faced by those dealing with the disorder with the hope of fostering empathy and dispelling myths. Participants will then apply their newly learned perspective and engage in a simulated online gaming forum allowing them to experience real-time interactions. Through interactive features like liking disliking quoting and commenting participants gain firsthand insights into the dynamics of virtual communities and their influence on individuals with IGD. After the simulation a facilitated debrief and small group discussion will aim to encourage participants to reflect on the experience exploring emotional responses. The session concludes with a moderated panel Q&A. The goal of the session will be to combine historical context neurobiological insights personal narratives and interactive experiences to deepen understanding foster empathy and promote open dialogue about Internet Gaming Disorder.

## **General Session**

**Wednesday May 08**

### **Enhancing Brain Health and Well-Being in Older Adults: Innovations in Lifestyle Interventions**

*Joy Li; Sehba Husain-Krautter; John Beyer M.D.; Ebony Dix M.D.; Helen Kyomen M.D.*

#### **Educational Objectives:**

Objective One: Identify three evidence-based strategies involving physical and cognitive activities to encourage brain health and well-being in older adults and discuss related innovative plans for intervention. Objective Two: Describe three nutritional psychiatric practices to support brain health and well-being in older adults and discuss related innovative treatment strategies.

Objective Three: Recommend three approaches for improving sleep to promote brain health and wellbeing in older adults and discuss related innovative strategies for sleep enhancement. Objective Four: Discuss the strengths and shortcomings of mindfulness-based practices in older adults incorporate this knowledge into clinical care practices and examine innovative strategies for intervention.

#### **Summary:**

Ageing well includes fundamental elements such as healthy physical and cognitive exercise nutrition sleep and mindfulness. In this session clinicians will be provided with current evidence-based guidance to help older adult patients make lifestyle changes that promote brain health and well-being from these perspectives. In addition the gaps in knowledge in these four areas including ethical and legal viewpoints and ramifications will be discussed to support the development of innovative clinical research and administrative/systemic strategies and guidelines for the benefit of older adults.

## **General Session**

**Monday May 06**

### **Family Connections: A Program for Relatives of Persons With Borderline Personality Disorder**

*Emma Brennan; Thanh-Lan Ngo M.D. M.Sc.; Lynn Courey; Danielle Pind; Shaylene Pind*

#### **Educational Objectives:**

Objective One: Describe family-centered therapeutic approaches for people with borderline personality disorder Objective Two: Intervene with families by integrating dialectical behavior therapy skills; Objective Three: Recommend the Family Connections program

#### **Summary:**

Borderline personality Disorder is a high prevalence and often chronic mental health condition. Prevalence estimates of personality disorders in outpatient and inpatient samples are

92% in outpatient services and up to 66% in inpatient services (Huxley et al 2019). It is characterised by chronic patterns of affective instability difficulties in interpersonal relationships behavioral dysregulation and alterations in cognitive processes. The rate of suicide attempts is 60-70% and of completed suicide is 5-10% (Lieb et al. 2004). A significant proportion of inpatients and patients followed in outpatient clinics It is associated with significant more impairment at work in social relationships and at leisure than patients with major depressive disorder (Skodol et al 2002). This creates challenges in close relationships. Studies show that carers experience elevated objective and subjective burden grief impaired empowerment and mental health problems including depression and anxiety. The burden can be greater than for family members of patients with other serious mental illnesses. Different psychotherapeutic approaches have been shown to be effective for the treatment of borderline personality disorder but interventions targeting family members including their influence on the treatment of patients with BPD as well as on the wellbeing of family members have been relatively understudied (Guillen et al 2020). This symposium will start with an overview of the evidence base for interventions for family members and carers of patients with borderline personality disorder then go on to describe the Family connections program an adaptation of dialectical behavior skills training for family members shown to decrease the subjective experience of burden perceived discomfort depression and grief and an increase in relative's coping strategies (Flynn et al 2017). A group leader family member and loved one with a diagnosis of BPD will share their expertise and lived experience.

## **General Session**

**Tuesday May 07**

### **Implementation of Digital Tools Into Care: Doors App Evaluation and the Digital Navigator**

*Rikinkumar Patel MD MPH; Bushra Khan MD MPH FRCPC;  
Durga Bestha M.D.; Elana Perlmutter; Bridget Dwyer; Kelly  
Chen; John Torous M.D.; Jonathan Chevinsky M.D.*

#### **Educational Objectives:**

Objective One: Assess which digital phenotyping data streams could be most useful in helping understand your patients' clinical trajectories and list three risks and benefits of this method of data collection  
Objective Two: Apply a digital literacy frame to be able to evaluate which of your patients may most benefit from digital health and which first require training / support  
Objective Three: Define digital phenotyping and list three risks and benefits of this method of data collection  
Objective Four: List the four stages of the APA app evaluation framework in order of use  
Objective Five: Be able to guide a patient through informed decision making in using a mental health related smartphone app

#### **Summary:**

Intro: As technology expands its role in mental health we must ensure that it is equitable and expands access to care for all patients including minoritized people and those with serious mental illnesses. Thus this talk focuses on efforts to increase digital literacy and informed app selection as an example of how technology use can be designed to fit the needs of any patient. Topics covered in this talk include hands-on examples of community-based digital literacy the APA app evaluation model and the digital navigator role. Methods: This talk will cover three programs around digital literacy equity and implementation into care. First the digital navigator program will introduce a new team member who is a technologically equipped care team member who supports digital literacy to advance clinical care health equity and recovery. Second the APA app evaluation framework and related MindApps database will be covered as an example of informed app selection. Finally and third the DOORS digital literacy teaching program will be introduced as a ready-to-deploy program designed to teach digital skills to any population. Results: The digital navigator program has already been deployed at many sites around the country and results will cover new 2023 updates and

outcomes around patients served and clinical impact. New data and updates will be presented on the APA app evaluation framework as well as the MindApps database with hands-on teaching examples. Finally results for the newest versions of the DOORS digital literacy teaching program will be shared alongside hands-on examples of lessons and teaching tips. Discussion: The expansion of technology into healthcare necessitates attention to digital equality. The programs introduced in this session offer examples of evidence-based and ready-to-deploy programs that are free and ready for APA members to utilize today.

## **General Session**

**Tuesday May 07**

### **Integrating Psychiatry Into Alcohol-Associated Liver Disease (AALD) Clinics: Enhancing Patient Adherence and Outcomes**

*Andrew Romano; Sung Min Ma M.D.; Marina Serper M.D. M.S.; Robert Weinrieb M.D. FACLIP; Robert Weinrieb M.D. FACLIP*

#### **Educational Objectives:**

Objective One: Examine the epidemiological trends in alcohol-associated liver disease (AALD) and alcohol relapse rates with a focus on the post-transplant population. Objective Two: Evaluate the challenges and risks of alcohol relapse in liver transplant patients from the perspectives of hepatology and psychiatry. Objective Three: Develop an understanding of the integrated AALD-Psychiatry model at the University of Pennsylvania. Objective Four: Apply existing and potential treatment modalities for addiction and relapse prevention in liver transplant patients. Objective Five: Recommend methods to enhance patient adherence to psychiatric interventions in the integrated clinic setting.

#### **Summary:**

The relapse rate among alcohol-associated liver disease (AALD) patients especially patients who are post-transplant remains alarmingly high and poses clinical and ethical challenges [12]. Existing literature and epidemiological data underscore

both the magnitude of the problem and the need for innovative interventions [3]. The University of Pennsylvania has recognized a gap in care: when hepatologists refer AALD patients to psychiatrists to manage alcohol use disorder adherence to psychiatric appointments has historically been low. In response a novel approach to care was initiated by establishing a multidisciplinary clinic that integrates hepatologists and psychiatrists who function as a unified care team. This innovative model aims to leverage patients' commitment to their liver health in order to engage them in psychiatric care and a program of recovery for their alcohol use disorder. This presentation will delve into the foundational principles explore the epidemiological landscape and existing literature review the University of Pennsylvania's AALD-Psychiatry clinic model and offer a comprehensive view of the potential impact on the broader transplant community.

## **General Session**

**Wednesday May 08**

### **International Medical Graduates(IMGs) After Training: What Should I Do? Where Do I Go? What Do I Become?**

*Aditi Agrawal M.D.; Sudhakar Shenoy M.D.; Kamalika Roy M.D.; Raman Baweja; Vishal Madaan M.D.*

#### **Educational Objectives:**

Objective One: To discuss various challenges faced by International Medical Graduates (IMGs) after graduation from a structured training program (Residency/Fellowship) and successful transition into the psychiatric Objective Two: To discuss the systemic barriers that restrict and prevent IMGs from pursuing different career options in psychiatry. Objective Three: To demonstrate possible pathways to IMGs in navigating J-1 waivers H-1 visas and job searches with a focus on common pitfalls in contract negotiations. Objective Four: To provide resources and skills that could help IMGs in pursuit of leadership in professional societies and organized medicine.

## Summary:

IMGs form 33% of all Psychiatry residents 36% of all Child and Adolescent Psychiatry (CAP) fellows and 30% of the entire Psychiatry workforce in the United States. Non-US IMGs form 10.6% of CAP fellows and 19% of Consultation-Liaison Psychiatry (CLP) fellows as per recent NRMP data [1]. In 2023 16.37% of matched PGY-1 Psychiatry applicants were IMGs with 42.57% being non-US IMGs and 57.71% being US IMGs. [2] Both US-IMGs and non-US-IMGs face various challenges that are unique while transitioning from being a resident/fellow to getting integrated into the psychiatric workforce as an Early Career Psychiatrist (ECP) [3]. These challenges include acculturation financial and economic hardships post-immigration fast-changing immigration policies availability of visas and travel restrictions especially during the pandemic; administrative and bureaucratic support and online resources [4 5]. After graduation from a structured residency/fellowship training program many new graduates immediately feel a lack of peer support guidance and mentoring both at a personal and professional level including wellness barriers and increased susceptibility to burnout [6 7]. With one-third of all psychiatrists being IMGs it is important to identify demystify and discuss these challenges including visa-related J-1 waivers job opportunities career pathways and scope for leadership during this critical time of career development. With interactive Q&A with the panelists participants will be better equipped to face the ECP phase and find peer mentoring support among IMGs. Our session will introduce participants to themes of (i) career development after graduation with a focus on job search especially J-1 waivers and H1-B visas including common pitfalls and contract negotiation; (ii) transitioning through the ECP phase with a focus on academic and research opportunities; (iii) leadership and advocacy opportunities in professional societies and organized medicine. Overall we aim to provide resources and develop strategies for a successful balance of professional and personal priorities of IMGs in their early careers.

## General Session

### Monday May 06

#### Lessons Learned From Building Capacity for Quality Improvement in Mental Health

*Katherine Yin; Karen Wang M.D.; Andrea Waddell M.D. M.Ed.; Tara Burra M.D. M.A.*

#### Educational Objectives:

Objective One: Describe the Maturity Matrix framework used to assess for stage of readiness in QI implementation Objective Two: Explore challenges associated with building capacity for QI and identify appropriate solutions and strategies for engaging people establishing appropriate processes and evaluating priority programs Objective Three: Apply critical learnings around QI implementation to participants' own educational and institutional context

#### Summary:

Developing quality improvement initiatives in mental health has been a challenging and onerous undertaking for many institutions worldwide. Despite the US Institute of Medicine reports: Crossing the Quality Chasm in 2001 and Improving the Quality of Health Care for Mental and Substance Use Conditions in 2006 the tasks of building structure process and outcomes that can target system-wide issues of access equity efficiency while simultaneously delivering safe quality patient care remains a difficult and tenuous goal at times. In this interactive seminar three academic quality improvement clinicians reflect on the challenges of building QI capacity at the local university and provincial levels. Starting with a self-assessment exercise to ascertain an institution's readiness for QI work the maturity matrix framework will be reviewed in addition to a brief overview of the literature in the arena of QI capacity building. Reflecting on over a decade of collective efforts to enhance Quality Improvement/Patient Safety initiatives locally and provincially Drs. Wang Burra and Waddell will then present the data from their respective areas of expertise. Dr. Wang will share lessons learned from the ongoing implementation of measurement-based care within a local Toronto



hospital mental health division with over 200 clinical staff. Dr. Burra will discuss the strategies and approaches to equip faculty and trainees in building quality improvement academic hubs that foster networking exchange of ideas advocacy for QI compensation and support academic productivity. Using a case study of a needs assessment from 16 academic sites affiliated with the University of Toronto's Department of Psychiatry key enablers were identified: an academic position description alignment with organizational strategic plans and creation of a funding competition in quality innovation and safety. Dr. Waddell will share her experiences on how to create consensus on quality guidelines develop performance metrics for high-quality care and build evaluation platforms for mental health programs at the provincial level. Specific examples include the development of a provincial dashboard for managing schizophrenia in the inpatient setting. The Ontario Structured Psychotherapy program a stepped-care model of psychotherapy for mood anxiety and trauma providing care to more than 17000 Ontario residents will also be discussed. Participants will be able to learn some of the strategies that have been utilized to overcome barriers around human and technological resources identify approaches to build knowledge and consensus around quality improvement discuss with other small groups and share their collective learnings on building capacity.

## **General Session**

### **Sunday May 05**

#### **Lithium: A Practical Guide**

*yuebo yang M.D.; Junpei Tarashi; Christopher Aiken M.D.; Robert Post M.D.; Janusz Rybakowski M.D. Ph.D.*

#### **Educational Objectives:**

Objective One: Recognize lithium's efficacy in 1) Bipolar depression mania and maintenance 2) Unipolar depression and 3) Suicide prevention  
Objective Two: Identify the characteristics of an ideal lithium responder  
Objective Three: Appreciate the difference between lithium's short-

term and long-term effects  
Objective Four: Understand the medical risks with lithium as well as new research on its medical benefits including anti-viral effects and lower risks of dementia cancer stroke and overall mortality.  
Objective Five: Gain skill in dosing lithium and managing its adverse effects and drug interactions

#### **Summary:**

Many guidelines rank lithium first-line in bipolar disorder but its use has declined since the 1990's as other mood stabilizers have become available. New research calls these trends to question finding that patients live longer function better and have fewer mood episodes hospitalizations and suicide attempts on lithium compared to other medications. Yet lithium is not for everyone and in this session you will learn the characteristics of an excellent lithium responder. We will review new research on lithium's medical risks as well as findings on potential medical benefits including anti-viral and anti-COVID effects and lower risks of dementia cancer and stroke. Contrary to its reputation lithium is often well tolerated and in recent studies had higher rates of patient adherence than other mood stabilizers. Participants will learn specific strategies to manage lithium's side effects including nausea tremor weight gain erectile dysfunction acne psoriasis nephrogenic diabetes insipidus renal impairment and hyperparathyroidism. They will learn how to personalize the dose based on the patient's diagnosis age ethnicity and drug interactions.

## **General Session**

### **Monday May 06**

#### **Managing Anti-LGBTQ Bias and Racism as a Trainee: Understanding and Addressing Discrimination in Patient-Provider Relationships**

*Junpei Tarashi; Candice Johnson; Molly Nguyen; Omid Cohensedgh; Jennings Hernandez; Caroline Yi; Jean-Marie Alvez-Bradford*

#### **Educational Objectives:**

Objective One: Understand the impact of racism and homophobia on medical students and residents Objective Two: Identify key components of the ERASE framework to address discrimination from patients Objective Three: Discuss transference and countertransference dynamics in psychiatric care in the context of racism and homophobia

### **Summary:**

Mistreatment of medical trainees based on race sexuality or gender expression remains a poignant challenge. Patients and their families may often be sources of mistreatment especially for sexual gender and racial/ethnic minority trainees. A nationwide survey of emergency medicine residents found that patients and families were the primary source of mistreatment for LGBTQ+ residents<sup>2</sup>. Another nationwide study found patients to be the most common source of unwanted verbal sexual attention towards LGBTQ+ surgery residents<sup>3</sup>. Marginalized trainees with multiple identities are at particular risk for experiencing mistreatment. In a nationwide survey of 27504 medical students individuals identifying as female non-white and LGBTQ+ carried the largest burden of mistreatment<sup>4</sup>. Minority residents reported challenges in balancing professional and personal identities when addressing subtle or overt mistreatment-<sup>5</sup>. Navigating mistreatment in real time is important because interactions between attending physicians trainees and patients set the standard for what is acceptable and unacceptable behavior. Ultimately addressing mistreatment is essential for training a diverse cohort of physicians<sup>6</sup>. Several models have been proposed to address patient mistreatment of trainees. The ERASE framework a standardized approach to address mistreatment in clinical encounters has been used in roleplay-based workshops for psychiatric educators and trainees<sup>1 7</sup>. In this workshop presenters will use brief case presentations to illustrate key components of the ERASE framework while acknowledging the complex interplay of transference and countertransference dynamics. Interactive exercises will encourage participants to apply the ERASE framework principles to

specific situations. In small groups participants will discuss possible responses to patient encounters from the perspective of a trainee. After each exercise we plan to elicit feedback and reflections from the group at large. Time will be allocated for open discussion and additional questions. All our panelists are trainees of color and members of the LGBTQ+ communities. Caroline Yi is a bisexual Korean-American medical student at the University of Maryland; Jennings Hernandez is a gay Cuban-American medical student attending Washington University of Health and Science in Belize; and Omid Cohensedgh is a gay Iranian-American medical student attending Columbia University.

## **General Session**

### **Sunday May 05**

#### **Mind Over Menopause: Unraveling Diagnostic Challenges and Psychiatric Considerations in Perimenopause**

*Adrianna Lam; Amanda Koire M.D.; Reid Mergler M.D.; Saira Kalia*

### **Educational Objectives:**

Objective One: Understand the definition and symptoms of perimenopause menopause and postmenopause Objective Two: Learn how to screen for and diagnose mental health disorders during this hormonal transition period Objective Three: Review existing evidence base for current and exploratory treatments for psychiatric conditions and symptoms of menopause

### **Summary:**

Menopause defined as the absence of menstrual periods for one year is a time in a woman's reproductive life cycle that can have profound physical psychological and social consequences. Estimates state that in the United States 1 million women experience menopause each year (Peacock and Ketvertis 2018). An average woman will experience menopause at age 51 and therefore spend approximately one third of her life in postmenopause. In addition most women experience estrogen decline and cycle length

irregularity in the preceding five to ten years spent in perimenopause. During this period of transition women may experience physical symptoms including hot flashes and vaginal dryness; socially menopause may align with changing partner and family dynamics. From a psychiatric perspective perimenopause increases risk for emergence and recurrence of depression with research indicating that depressive symptoms occur in 45-68% of menopausal women (Maki et al. 2018). Patients may also present during this time reporting new onset cognitive dysfunction and disordered sleep. Similarly psychotic disorders including schizophrenia may emerge or be exacerbated during this transition (Musial et al. 2021; Sommer et al. 2022). Diagnosis can be complicated given the overlap of perimenopause symptoms including changes in sleep appetite concentration and libido with major depressive disorder and other psychiatric conditions. In this session we will help clinicians identify key considerations and questions for a psychiatric evaluation in this population. History taking with appropriate tools collaboration of other healthcare providers and collateral from family can be helpful for diagnostic clarity. We will emphasize and explore the role and neurobiological effects of estrogen and how it pertains to mood sleep and psychotic disorders during the menopausal transition. This session will delve into the existing evidence base concerning antidepressants hormonal therapy and neurosteroid analogs for managing psychiatric issues during this reproductive transition. At the conclusion of this session the participant will have gained insights into innovative treatment directions reinforcing their capacity to comprehensively address the multifaceted challenges posed by psychiatric conditions during the menopausal transition. Through this session participants will become well-informed about pertinent considerations empowering them to adopt an integrative approach to managing mood sleep and psychotic disorders in perimenopausal individuals thus enhancing patient outcomes and bolstering their clinical confidence.

## **General Session**

## **Saturday May 04**

### **Motivational Enhancement and Cannabis Use: Implementing a Brief Cannabis Cessation Protocol**

*Gabriel Zamora; Siddharth Prasad; Sam Lookatch; Aimee Chiligiris; Elizabeth Evans M.D.*

#### **Educational Objectives:**

Objective One: Identify barriers to improvement engagement and change as related to treating individuals with cannabis use disorder. Objective Two: Implement clinical skills through a brief protocol to increase motivation for change with cannabis use disorder. Objective Three: Summarize the current literature on off-label pharmacotherapy for cannabis use disorder or cannabis withdrawal to aid in change-oriented goals. Objective Four: Explain the ways pharmacotherapy can be used in combination with motivational enhancement strategies to treat cannabis use disorder.

#### **Summary:**

In the United States 16.3 million individuals were diagnosed with a cannabis use disorder (CUD) in 2021. Few seeking treatment for CUD can achieve a substantial reduction or abstain from cannabis use. Due to the effects of cannabis use (i.e. decreased learning attention memory motivation) even problematic use can negatively impact treatment retention engagement and outcomes. When working with individuals in various therapeutic modalities it can be helpful to sample abstinence even for brief periods of time to ensure maximum treatment benefit. General social belief is that cannabis is non-addictive and therefore easy to discontinue at will. However change and cessation are often more difficult targets than expected. Cannabis withdrawal can also lead to resumption of use or premature treatment termination. Engaging in a brief motivational interviewing and cognitive behavioral therapy-based pre-treatment protocol to build motivation and understanding of use as well as increase confidence and awareness of coping skills can aid clients in successfully stopping or significantly reducing cannabis use while in treatment. This protocol begins by eliciting motivations for a

change in cannabis use and then identifying barriers to and benefits from this desired change. Subsequently it assesses the client's confidence in their ability to change while recognizing high-risk situations including potential withdrawal symptoms that may serve as barriers to successful change. Collaboratively practitioner and client identify various adaptive coping skills to address these vulnerabilities without substances thereby building the client's self-efficacy and increasing the likelihood for implementation outside of the session. Finally the intervention concludes with identification of supports and creation of a plan to address any return to cannabis use. This session will also cover the current state of pharmacotherapy for cannabis use disorder and withdrawal and consider ways to utilize off-label medications in combination with this pre-treatment protocol. This session will include an interactive component whereby participants will engage in role plays and practice the protocol.

## **General Session**

### **Monday May 06**

#### **Novel Biomarkers of Response to Intravenous Racemic Ketamine for Treatment-Resistant Depression**

*Anjali Chandra M.D.; Balwinder Singh M.D. M.S.; Sagar Parikh; Fernando Goes; Stephen Murata*

#### **Educational Objectives:**

Objective One: To understand the evidence-base of blood-based inflammatory biomarkers of antidepressant response to ketamine in treatment-resistant depression (TRD) Objective Two: To understand the evidence-base of neurocognitive changes with serial ketamine treatments in TRD Objective Three: To review the change in the brain derived neurotrophic factor as a potential biomarker for ketamine response.

#### **Summary:**

Racemic ketamine and its enantiomer (S)-ketamine (esketamine) can produce rapid and substantial antidepressant effects. However

individual response to ketamine/esketamine is variable and there are no well-accepted methods to differentiate persons who are more likely to benefit. Objective markers are needed to clarify underlying biological mechanisms with translational potential. Several potential central (brain-based) and peripheral (blood-based) biomarkers are being investigated but their current utility is unclear. In an effort to develop preliminary biomarkers of ketamine response a multi-site (Johns Hopkins Hospital Mayo Clinic Pine Rest Christian Mental Health Services and University of Michigan) conducted an open-label single-arm clinical trial in adult (18-65 years of age) patients with treatment-resistant non-psychotic unipolar major depression or bipolar depression. Racemic ketamine was administered intravenously at a subanesthetic dose of 0.5 mg/kg delivered over 40-minutes or 100-minutes of infusion time. Enrolled subjects received a total of three acute phase infusions delivered at least every other day within a time window of up to 11 days including the first infusion day. This symposium will discuss the emerging biomarkers for ketamine response and also present novel data regarding the effect of ketamine with possible mechanistic pathways. This session will cover off-label use of IV ketamine for TRD. Dr. Sagar Parikh will Chair this thought-provoking symposium. Presenters will be Dr. Stephen Murata (blood-based inflammatory kynurenine and vascular-endothelial biomarkers) Dr. Balwinder Singh (neurocognitive signatures of ketamine associated response) and Dr. Fernando Goes (BDNF as a predictive biomarker for ketamine response).

## **General Session**

### **Sunday May 05**

#### **On Decisional Capacity Treatment Over Objection and Hope in the Care of Severe SUDs**

*Mari Miyoshi M.D.; Thao Le Ph.D.; Laila Knio M.D. M.S.; Teofilo Matos Santana M.D.; Noah Capurso; David Hoffman J.D.*

#### **Educational Objectives:**

Objective One: Examine the current landscape of mandatory substance-use treatment including the difference between civil commitment quasicompulsory court-mandated and coerced treatment Objective Two: Compare various instruments to assess decisional capacity to accept or reject treatment in patients with substance use disorders Objective Three: Distinguish when treatment over objection is ethically permissible and when refusal choices should be respected even in the face of questionable decisional capacity to accept/reject treatment Objective Four: Understand ideas of medical futility in cases of severe SUD and consider novel harm reduction strategies employed in severe SUD Objective Five: Recognize ways that provider perceptions of patients with addiction can affect clinical care and contribute to feelings of burnout

### **Summary:**

The ethics of treatment over objection for severe substance use disorders (SUDs) is fraught and under-theorized. Our panel presentation will explore the ethics of treatment without consent and the notion of medical futility in the care of severe SUDs. The panel includes 2 addiction-trained psychiatry faculty: Noah Capurso MD MHS leads an addiction service at the VA and Teo Matos MD has experience leading both emergency and CL psychiatry services at Yale University. David Hoffman JD is a bioethicist at Columbia University interested in challenging the limitations placed on patient autonomy in the name of medical beneficence. Chairing the panel is Laila Knio MD MS - a PGY-2 psychiatry resident oriented towards a career in addiction/palliative care. We will open with an illustrative case presentation of a 27-year-old conserved man with a history of multiple SUDs (cocaine opioids marijuana PCP) TBI substance-induced mood disorder prior SAs and homelessness well-known to our department. After a 3-month inpatient stay he was committed by the probate court for SUD treatment spent 23 days in a state hospital and returned to use the day after discharge. He continues to struggle with addiction amassing over 50 psychiatric evaluations in 2023 alone as of 8/19. The session will then explore the landscape of mandatory SUD treatment its philosophy/controversy and

literature suggesting its limited efficacy. TM will then introduce decision-making capacity assessments including Applebaum criteria James Dranes thresholds Mac-CAT-T – and ways in which SUDs challenge these instruments and the inferences they make. TM will also briefly explore behavioral economic considerations that could help engage patients in discussions of risks/benefits of SUD treatment. Mobilizing the sometimes-conflicting ethical principles of autonomy and beneficence DH will dimensionalize the practice of non-voluntary treatment for SUDs. He will suggest that clinicians have a moral obligation to apply a substantial measure of humanity and humility in assessing whether the benefits of proposed treatment over objection can be justified given the implications of depriving a patient of their autonomy and liberty. We will return to the opening case. The idea of medical futility and terminality in addiction will be explored and novel harm reduction strategies (Housing First safe supply international updates to MAiD for SUDs and mental illness) will be discussed. The panel will conclude with an exploration of how we maintain hope and avoid treater attrition while providing care for this population. NC will discuss provider perceptions of patients with addiction and how this can impact care. Specifically moralizing views of addiction lack of effective treatment options high recidivism rate and inadequate training can lead to feeling defeat exhaustion and burnout. Yet it is specifically those most vulnerable patients who need our compassion and acceptance the most.

## **General Session**

### **Sunday May 05**

#### **Policy Design and Critical Reflections on Behavioral Health Crisis Services for People Experiencing Homelessness**

*Sungsu Lee M.D.;Ph.D.; Samuel Jackson M.D.; Matthew Goldman M.D.; Enrico Castillo; Keris Myrick*

### **Educational Objectives:**

Objective One: Articulate the current state of knowledge on what constitutes high-quality and



equitable mental health crisis services for people experiencing homelessness Objective Two: Identify the structural vulnerabilities of people experiencing homelessness and necessary safeguards for mental health crisis services Objective Three: Differentiate ways that crisis services can be tailored for people experiencing homelessness Objective Four: Describe the role of peers on mental health crisis services and increasingly evidenced based outcomes

### **Summary:**

People experiencing homelessness (PEH) including people with serious mental illness (SMI) and substances use disorders (SUD) comprises a large heterogeneous group with unique challenges engaging in the crisis continuum. Compounding the struggles with mental illness substance use disorders and homelessness with the sense of community rejection there is a real lack of meaningful opportunity both in improving their immediate situation as well as receiving care. Given the high level of needs and ongoing crises this complex population are frequently high utilizers of public services including during acutely dangerous crises when individuals in this group are involuntary committed to an inpatient psychiatric unit incapacitated by overdose in a medical ED or imprisoned in jail for public disorder. These traumatic interactions with public systems and crisis services leads to further isolation entrenched despair and narrows the window for change and engagement. Often lacking a home to sleep in they also lack a home within the crisis continuum. Considering the extent of trauma the sense of rejection both from and towards other standard components of the crisis continuum and the meaningful reticence for change or treatment within the population of PEH including SMI and SUD additional elements of the crisis continuum are needed for communities to address the diverse and unique needs of this heterogeneous group. In this session emerging leaders and seasoned experts in crisis system design and program implementation will equip participants to address the challenges of establishing equitable and effective crisis services for people experiencing homelessness. We will identify the structural vulnerabilities of PEH in

crisis and outline necessary safeguards that crisis services must incorporate when serving this population. We will provide an overview of the current standards of services clinical practice and accountability & financing for crisis systems and emphasize the importance of incorporating housing interventions alongside mental interventions when providing crisis care to PEH. Then we will explore ways in which each level of a crisis system from call centers to mobile crisis teams can be tailored to meet the crisis needs of people experiencing homelessness. Finally we will emphasize the important role of peers in crisis services. Participants in this session will have the opportunity to engage with the panelists in a Q&A with the focus of how psychiatrists and system leaders can shape crisis service implementation and evaluation in their own communities.

## **General Session**

### **Monday May 06**

#### **Providing Free Mental Health Services to the LGBTQ+ Community Using an Interdisciplinary Student-Run Clinic Model**

*Yezhe Lin; Constance Zhou; Christopher Ceccolini; Kate Fruitman M.D.; Tacina Outram*

#### **Educational Objectives:**

Objective One: Recognize the outstanding need for financially accessible and culturally competent mental health services especially psychotherapy in the LGBTQ+ community Objective Two: Identify strengths and weaknesses of a modified student-run clinic model to provide mental health services for underserved communities Objective Three: Identify importance of early training exposure and vertical mentorship to building cultural competency in mental health care

#### **Summary:**

The Weill Cornell Medicine (WCM) Wellness?Clinic?is the first free student-run mental health clinic serving the LGBTQ+ population of New York City regardless of insurance status. Members of the LGBTQ+

community experience disproportionately high rates of mental health disorders including increased rates of depression anxiety suicidality post-traumatic stress disorder and substance use. Basic tenets of culturally responsive care including the use of preferred pronouns and limiting assumptions about patients' gender and sexual orientation have been shown to improve healthcare utilization and outcomes in LGBTQ+ populations and need to be continuously integrated into the daily practice of medical professionals. Because this community is heterogeneous and encompasses many identities and experiences further research is needed to characterize the needs of especially vulnerable subpopulations within the LGBTQ+ community and to design specialized accessible resources and interventions. The WCM Wellness Qlinic addresses these concerns by providing culturally responsive LGBTQ+-affirming mental health care in a supportive environment that is financially accessible to uninsured or underinsured patients while also creating a clinical training site for mental health care providers across disciplines and conducting outcomes-based clinical research. The Wellness Qlinic integrates medical students residents attending psychiatrists psychologists and social workers into an interdisciplinary care team providing individual therapy medication management and DBT-based group therapy to its patients in a virtual telehealth setting. In this general session we will present background information about mental health disparities in the LGBTQ+ community and an overview of demographic and clinical data from our patient population highlighting outstanding needs. We will discuss how the Wellness Qlinic modified the traditional student-run clinic model to include interdisciplinary and intergenerational practice and mentorship to provide psychotherapy a highly demanded service within the patient population which student-run mental health clinics traditionally are unable to provide. We will also discuss the experiences and skills learned from medical student resident and attending perspectives and future directions in expanding the scope of our clinic and ensuring sustainability. Through this general session we hope participants will gain an increased understanding of the

strengths and weaknesses of an amended student-run mental health clinic model in addressing health disparities and supplementing clinical training and will gain insights implementable to clinical practice and design.

## **General Session**

**Monday May 06**

### **Psychoanalysis: What's It Ever Good for? Possibly Something but Really We Need to Talk (About the Holmes Commission Report and BIPOC Experiences)**

*Stephanie Pham; Ravi Chandra M.D.; Constance E. Dunlap M.D.; Jyoti M. Rao L.M.F.T*

#### **Educational Objectives:**

Objective One: Understand micro- and macro-aggressions in institutional or communal conversations online and off Objective Two: Understand the impact of institutional resistances and defenses to change on issues of racial justice on individuals and communities Objective Three: Understand the dispute in therapeutic technique from relationally minded analytic and relational-cultural theory perspectives Objective Four: Understand and describe theoretical and practical frameworks for repair and reparation Objective Five: Understand how the broaching of ethnoracial identity in treatment dyads deepens allyship and therapeutic potential

#### **Summary:**

Audre Lorde called for "the transformation of silence into language and action." There are silenced but still active analytic disputes over the nature of the therapeutic relationship. There are also silenced but still active traumas visited upon BIPOC clinicians as we interact with individuals and institutions of the dominant culture. Both these silenced areas involve power and a dearth of accountability and relatedness. Many trainees worry about the use of their power and influence and being called out for "mistakes" by supervisors. Simultaneously BIPOC clinicians have sought voice relatedness and influence in institutions and have been met not with welcome

but with resistance defensive retreats and outright aggression. The Holmes Commission Report on Racial Equality in Psychoanalysis was released on Juneteenth 2023. It named widespread feelings of inadequacy at dealing with issues of race inadequate institutional responses to racism and amplified vulnerability of BIPOC trainees and clinicians even as many transformed silence into language and action. Racial enactments were named as “ubiquitous” even public. The Commission wrote “[f]ear of retaliation for addressing race was intense and widespread. Both BIPOC and white candidates were wary of being seduced into carrying the lion’s share of the work to be done on race only to be too often tokenized pathologized or problematized in doing so or conversely dismissed or erased. White faculty and candidates were fearful of showing racism or ignorance. These strong subjective states among BIPOC and white faculty and candidates can lead to superficial and ineffectual engagement of race and racism and even stasis.” While this all may be considered part of the “growing pains” of the culture there is fallout - personal and institutional. The only repair can be in dialogue but what to do when “the line goes cold?” Where do those harmed find belonging which is the opposite of suffering? Indeed what does belonging mean to us as psychiatrists or analysts? How might insight into our own needs for belonging and repair help us articulate a therapeutic stance towards our patients’ suffering? We are living in both opioid and loneliness epidemics and both are tied to frustrated attachment and belonging. Patients clinicians and even affects need belonging the opposite of suffering but institutional and cultural ruptures turn Balint’s basic fault into a great chasm. Freud wrote in “The Unconscious” the unconscious can only be known “after it has undergone transformation or translation into something conscious.” We propose we are most unconscious of our own relatedness and also of how our distresses are connected and communicate without our awareness or consent. We will discuss our predicament of disconnections and hoped for repairs through this panel discussion and audience engagement in

hopes of creating a necessary island of belonging healing and allyship in a sea of painful rifts.

## **General Session**

### **Saturday May 04**

#### **Student-Run Medical Evaluations for Asylum as an Early Access Point to Forensic Psychiatry**

*Thanvi Vatti; Madeline Schmiedeknecht; Yusuf Sendil M.D.; Kate Morant M.D.; Kavya Tangella; Lidia Klepacz*

#### **Educational Objectives:**

Objective One: Summarize the current asylum seeking system and how medical/psychiatric evaluations can expedite the asylum seeking process. Objective Two: Explain the value of medical student run asylum clinics in the asylum seeking process using New York Medical College Center for Human Rights (NYMC CHR) as an example. Objective Three: Summarize misconceptions about vulnerable populations who interact with the United States legal system including asylum seekers people in jails and prisons and people otherwise justice-involved. Objective Four: Explain misconceptions about forensic psychiatry and how advancement of this academic subspecialty can serve critical needs in psychiatry at large and in our society. Objective Five: Explain how student run asylum clinics can foster an interest in forensic psychiatry as an additional rationale for obtaining funding and volunteer resources.

#### **Summary:**

The New York Medical College Center for Human Rights (NYMC CHR) is a student-run clinic that was formed in 2017 to provide forensic medical evaluations to asylum seekers and human trafficking victims. This session will share the story of the creation of the clinic for those who may be interested in replicating it at their home institution or engaging in likeminded work and will explore such avenues as an opportunity to increase interest among trainees in the field of forensic psychiatry. Forensic evaluations are a critical component in determining asylum or legal protective status in the United States. NYMC CHR

was inspired by local clinics such as that at Weill Cornell Medical College to expand services to people in Westchester seeking protections. Students are frequently motivated to participate in these clinics for personal reasons related to their own immigrant backgrounds and gain unique skills required to evaluate clients objectively in a trauma-informed manner. These are the same motivations and skills well suited to serve other justice-involved populations. Student participation in similar programs has been found to shape professional identities and visions for later careers motivating interest in social justice policy or human rights. Such students often pursue residency and post-graduate positions in which they continue to work with underserved populations. An often overlooked vulnerable population is people in jails and prisons the majority of whom live with mental illness and many with serious mental illness. Exposure to forensic processes and their intersection with medicine could serve to increase empathy and creative solutions among future doctors who will encounter legal processes no matter their chosen specialty. Integrating awareness of the inherent value of asylum clinics with the broader goals of forensic psychiatric practice could encourage fundraising recruitment of volunteers and focused education. In addition to serving public needs these clinics can inspire student interest in academic forensic psychiatry. There is a national shortage of psychiatrists with subspecialty fellowship training despite increasing numbers of applicants to psychiatry residency programs over the last five years. Early exposure to specialty experiences has been associated with the decision to pursue psychiatric subspecialty fellowship training. The amount of exposure to forensic psychiatry that general psychiatry residents receive varies tremendously depending on the individual residency program which is likely reflective of similar trends in medical schools. Clinical experience such as that provided through asylum clinics may be more beneficial in cultivating positive attitudes among trainees and in countering misconceptions.

## **General Session**

**Wednesday May 08**

### **The (Inadequate) Hours: How Medical Education Has Failed LGBTQ Patients and Solutions to Rectify This Problem**

*Lucy Nasser (Fisher); Brandon Johnson M.D.; Jason Lambrese; Gabriella Meyerson; Emma Banasiak M.D.*

#### **Educational Objectives:**

Objective One: Understand the importance of LGBTQ focused medical education for patient care  
Objective Two: Learn about the landscape of training on LGBTQ issues in undergraduate and graduate medical education  
Objective Three: Appreciate various models of including LGBTQ health issues in medical education  
Objective Four: Consider ways to improve education on LGBTQ health issues at your institution

#### **Summary:**

Despite the body of evidence highlighting unique healthcare needs and disparities experienced by LGBTQ+ populations there has been slow inclusion of relevant topics into medical education and training. This submission will focus on the status of both undergraduate and graduate medical education in psychiatry as it pertains to the inclusion of LGBTQ+ topics through formal presentations and an interactive panel discussion. In the first presentation the state of medical education and training around LGBTQ+ topics including assessments of competency by both psychiatry residents and program directors will be presented. The relevance of the overall lack of confidence in treating LGBTQ+ individuals will be highlighted as it relates to disparities in this population. Next a study conducted at the Cleveland Clinic Lerner College of Medicine will be presented. They created the LGBTQ+ Curricular Change action group consisting of faculty and students; the goals were to conduct a needs assessment of the preclinical curriculum develop teaching materials to fill identified gaps by integrating concepts into pre-existing sessions and survey students longitudinally to evaluate change in knowledge attitudes and beliefs regarding the LGBTQ+ population. The needs assessment identified 64 areas of potential integration in the preclinical curriculum. After one

year of implementation 31 (48%) of those points were successfully integrated into existing curricula which led to improved confidence in working with this population. Psychiatry trainees have reported a lack of education regarding LGBTQ+ care and some program directors have reported difficulty finding faculty to provide this educational experience. The final presentation will provide an overview of LGBTQ educational opportunities commonly present in psychiatry residencies and ways to expand upon them in the form of clinical electives and didactic education. Clinical opportunities discussed include an elective in a transgender multidisciplinary clinic in which the trainee will conduct mental health management of common psychiatric conditions. Considerations to help recruit and retain LGBTQ faculty to help implement these initiatives and information regarding fellowship opportunities in transgender psychiatry will also be presented. Finally there will be a panel discussion about training on LGBTQ+ topics from the perspective of our presenters. The identities of our presenters will be incorporated in order to provide the perspective of learners and educators who identify as members of the LGBTQ+ community. This panel will incorporate questions and feedback from the audience in order to collaborate on ways that each of us can contribute to improved LGBTQ+ training and education at our respective institutions.

## **General Session**

### **Tuesday May 07**

#### **The IMG Journey: Snapshots Across the Professional Lifespan**

*Urja Parikh; Vishal Madaan M.D.; Muhammad Zeshan M.D.; Consuelo Cagande M.D.; Naziya Hassan M.D.; Ahmad Hameed M.D.*

#### **Educational Objectives:**

Objective One: Recognize the challenges faced by international medical graduates (IMGs) during both residency training and professional advancement in their practice of psychiatry.  
Objective Two: Identify successful strategies to

overcome obstacles that may prevent IMGs from realizing their optimal potential in their careers in psychiatry. Objective Three: Discuss various practical strategies for program to foster a culturally diverse and IMG friendly training and teaching environment

#### **Summary:**

International Medical Graduates (IMGs) constitute a significant proportion of both trainee residents and practicing faculty in Psychiatry across the United States. Recent data suggests that IMGs are 24.3% of practicing physicians 30 % of practicing psychiatrists and 33% of psychiatry residents in the U.S. Historically IMGs constitute a substantial percentage of the practicing psychiatrists' workforce in various practice settings which range from the private sector to practicing in underserved areas public sector and academic settings. IMGs thus play a significant critical role in the delivery of psychiatric care to an increasingly diverse patient population. Despite being an indispensable aspect of the American healthcare system IMGs commencing psychiatry residency training can struggle with overcoming cultural barriers understanding aspects of the psychosocial framework verbal and non-verbal communication skills and understanding psychotherapy from an American perspective. This is further complicated by their attempts at acculturation which may continue to hinder their academic progress even beyond the initial training years. The IMG Early Career Psychiatrists (ECPs) similarly face unique dilemmas in their career trajectory which range from lack of federal research funding opportunities to establishing a niche for themselves with the local population if practicing in the community. As senior faculty the IMG psychiatrists may similarly encounter challenges related to obtaining leadership positions. In this unique workshop we will explore the challenges that IMGs face at various stages of their professional development identify potential corrective strategies and discuss innovative measures to consolidate strengths while addressing areas of growth. The speakers will also highlight successful strategies to facilitate supervision and mentorship of IMG trainees and early career psychiatrists improve interviewing



skills approaching psychotherapy from an IMG perspective and providing resources to access research and career opportunities. We will accomplish this by interacting with the audience using real- life case scenarios and presentations by speakers ranging from a resident to a senior professor. The workshop will also be useful to colleagues and supervisors of IMGs. Conclusion: The career trajectory of an IMG has numerous challenges in addition to acculturation and professional stressors and it is important to address them to promote professional development and job satisfaction.

## General Session

**Saturday May 04**

### **The Pathway to Violence: A Model and Empirical Lessons From Terror Research**

*Asad Khan; Rachel Shenoi M.D.; Najat Khalifa M.D.; Philip Candilis M.D.; Allen Dyer M.D. Ph.D.; Sean Cleary Ph.D. M.P.H.*

#### **Educational Objectives:**

Objective One: To distinguish between narrative and empirical models of the pathway to violence  
Objective Two: To describe the strengths of  
Objective Three: To identify empirically based factors leading to violence

#### **Summary:**

The pathway to violence is a multifaceted process with no single theory or approach to explain it. Although research has focused on understanding the process in crime interpersonal violence and terrorism there is still a dearth of studies on empirically driven pathways. We defined an empirically driven pathway to violence using data on adverse childhood experiences (ACEs) conduct disorder (CD) antisocial personality disorder (ASPD) ideology views about causes of political violence and the severity of violent acts. Derived from a sample of convicted terrorists an empirical pathway was constructed from a questionnaire based on established risk factors. Statistical path analysis was used to define the best fit model for the survey data. After adjusting for age employment and geographical location the

analysis indicated that ACEs had a significant positive effect on CD ASPD religion as a guiding principle and attitudes towards violence. The diagnosis of ASPD had a significant positive effect on political commitment and attitudes and a significant inverse effect on current religious commitment. Attitudes towards violence had a significant direct effect on the severity of violent behavior. These findings are presented in the context of different forms of violence the importance of an empirical model over narrative ones and in support of the complex and interdependent nature of childhood and adult experiences on the development of both attitudes and the severity of violent behavior."''

## General Session

**Wednesday May 08**

### **Treating Narcissistic Personality: Transference-Focused Psychotherapy**

*Aditi Agrawal M.D.; Frank Yeomans M.D.; Diana Diamond*

#### **Educational Objectives:**

Objective One: The participant will be able to understand and appreciate the range and types of narcissistic pathology  
Objective Two: The participant will be able to recognize and work with the grandiose self structure that underlies the symptoms of narcissistic personality disorder  
Objective Three: The participant will learn treatment techniques that address narcissistic resistances and help engage the patient in therapy  
Objective Four: The participant will learn treatment techniques that help patient and therapist work with the anxieties beneath the grandiose self  
Objective Five: The participant will understand and learn how to work with the typical attachment styles of narcissistic patients

#### **Summary:**

Narcissistic disorders are prevalent and have long been a challenge to clinicians. Narcissistic patients hold onto an internal system of thought that interferes with genuine positive self-regard with establishing relations and with successfully

integrating into and functioning in the world. While aggrandizing the self either overtly or covertly those with narcissistic pathology devalue and dismiss others. Even though some people with Narcissistic Personality Disorder (NPD) may appear to lead successful lives their capacity for experiencing satisfaction and intimacy is severely limited. An initial challenge for the clinician is that NPD has multiple presentations depending on the subtype or the level of personality organization. Our symposium will: distinguish the principal types of narcissism present a theoretical framework for understanding NPD and describe a practical approach to treating individuals with the disorder. This treatment model comes from the Personality Disorders Institute at the Weill Cornell Department of Psychiatry where a team of clinician-researchers has been studying narcissistic pathology for more than 10 years. The specific treatment approach we will present is a manualized psychodynamic psychotherapy Transference-Focused Psychotherapy (TFP) that has been modified to treat patients with NPD. We will review the therapeutic techniques that can help clinicians connect with and treat these patients. These techniques start with an emphasis on establishing an adequate frame for the therapy in the treatment contracting phase. The work then proceeds to using techniques to help the therapist maintain full empathy with the internal world of the NPD patient in all its emotional intensity. The therapy includes helping therapists overcome the strong countertransference reactions such as anger boredom or incompetence that can interfere with working with narcissistic patients. In this model of therapy the therapist helps the patient gain access to painful internal states that must be dealt with before the patient can establish a full solid sense of self and have a chance of experiencing the expectable satisfactions of life.

## **General Session**

**Wednesday May 08**

**Unveiling Bipolar Disorder: Biomarkers Social Media Listening Substance Abuse AI-Powered**

## **Environmental Analysis and Cutting-Edge Lithium Therapy**

*Nathan Carroll D.O.;M.B.A.;M.P.H.; Ana Gonzalez Pinto; Lorea Mar-Barrutia; Juan Pablo Chart-Pascual; Miguel Alvarez De Mon*

### **Educational Objectives:**

Objective One: 1. To showcase advancements in identifying two potential emerging biomarkers in Bipolar Disorder: The retina and inflammation markers. Objective Two: 2. To delve into the application of artificial intelligence in analyzing the social perception of psychopharmacological treatment for Bipolar Disorder through social media channels. Objective Three: 3. To scrutinize progress in identifying environmental factors associated with Bipolar Disorder using artificial intelligence techniques. Objective Four: 4. To deepen our understanding of lithium as the gold standard treatment for Bipolar Disorder presenting the latest updates and recommendations for its optimization.

### **Summary:**

This general session delves into recent advancements in Bipolar Disorder (BD) research and treatment. We focus on three essential areas that influence our understanding and approach to this complex psychiatric condition. First we look at advances in identifying emerging biomarkers. Dr. Juan Pablo Chart Pascual presents research on using the retina as a new possible indicator of neurocognitive dysfunction and the clinical relevance of inflammation markers in BD offering promising insights for earlier and more accurate detection. Next Dr. Miguel Álvarez Mon's presentation focuses on using artificial intelligence (AI) to analyze public perceptions of psychopharmacological treatment for Bipolar Disorder using social media listening. This innovative approach aims to uncover insights reduce stigma and enhance patient-provider communication in the realm of mental health. His exposition promises to bridge clinical expertise with public understanding for improved treatment outcomes. Dr. Lorea Mar will also address the audience shedding light on the risk of consuming

toxic substances for Bipolar Disorder. Her presentation will showcase studies conducted with the assistance of artificial intelligence (AI) to examine the effects of toxic substances on individuals with BD. By leveraging AI and extensive data her research will provide valuable insights into environmental triggers and risk factors potentially leading to personalized interventions. Lastly Dr. Ana González Pinto's exposition underscores the pivotal role of lithium in BD treatment. Beyond mood stabilization lithium's neuroprotective and pro-cognitive functions offer significant promise for individuals with BD. It highlights how lithium stands as a cornerstone in enhancing both symptom management and overall well-being in BD patients. This session provides a comprehensive view of current developments in the field of BD from biomarkers to AI the role of lithium and Dr. Mar's insights into toxic substance consumption. We hope this proposal is of interest to the American Annual Meeting of Psychiatry 2024 and that the session contributes to advancing knowledge in the field of Bipolar Disorder.

## **General Session**

### **Monday May 06**

#### **Violence in Healthcare – Psychiatry Contributions to Safety Initiatives**

*Chap-Kay Lau; Laura Safar M.D.; Laura Safar M.D.; Rebecca McCarthy; Patrick Aquino*

#### **Educational Objectives:**

Objective One: Identify the types of violent safety events more frequently reported in a general hospital and a psychiatry department. Objective Two: Discuss available violence risk assessment tools. Objective Three: Provide examples of interventions that have been tested to reduce the incidence of violent events in healthcare settings. Objective Four: Describe interventions that can help mitigate the negative effects of exposure to workplace violence in health care professionals.

#### **Summary:**

Violent events are increasingly prevalent in the healthcare environment. The experience of violence has profound consequences for healthcare professionals as well as other members of the healthcare milieu including other patients. Healthcare organizations increasingly encourage staff members to report violent or unsafe events in centralized electronic systems. Interventions to identify risk and prevent workplace violence are becoming more widespread. Our session will present data on safety events at our hospital a large tertiary care academic center and our psychiatry department over a three-year period. We will discuss a summary of the literature regarding violence risk assessment in the healthcare environment and the available evidence regarding the effectiveness of interventions to prevent violence in that setting. We will describe a hospital-wide initiative launched at our institution to increase violence risk awareness identification and response. We will address interventions that help health care staff members mitigate effects of violence and trauma in the workplace and increase their resilience. Teaching methods throughout the session include: Engagement of the audience through discussion of case vignettes - actual reports of violent events and the implemented responses; use of multiple choice questions to elicit active participation; review of take-home messages at the end of each talk and at the end of the session; further encouragement of audience's engagement during the Q&A session.

## **General Session**

### **Tuesday May 07**

#### **Female Led Entrepreneurship in Mental Health- a Global Journey of Transformation**

*Ayesha Mian*

#### **Educational Objectives:**

Objective One: 1. Identify the unique skill set required to embark on the entrepreneurship pathway in mental health Objective Two: 2. Appreciate the value of multiple transformations by overcoming internalized

barriers and embracing graceful story telling  
Objective Three: 3. Explore opportunities of cross sectoral and cross cultural collaboration and innovation in mental health

### **Summary:**

This session aims to create a collective space for psychiatrists interested in exploring and discussing entrepreneurship within the context of their clinical and academic endeavors. It will explore how staying at the forefront of cross sectoral developments enhances the courage to take leaps of faith and contributes to professional autonomy. Using the presenter's personal narratives of professional development the session will delve into the entrepreneurial opportunities these advancements offer allowing psychiatrists to shape their professional journeys and introduce autonomous elements into their practice. Background: As the face of global mental health evolves there is a growing recognition that entrepreneurship built on the principles of embracing geo-socio-economic developments can significantly contribute to advancing clinical practices research endeavors and professional autonomy. This session addresses this shift by establishing a platform for professionals to collectively explore and integrate entrepreneurial principles within mental health. It addresses the opportunity psychiatrists have to adapt innovate and explore entrepreneurial opportunities in creating autonomous practices that can often promote public health efforts health equity and personal health and wellness. Methods: Participants will be acquainted with the foundational knowledge necessary to embrace the entrepreneurial mindset. This will be imparted through interactive presentation of descriptors case examples and audience discussions on the fundamentals of clinical independence innovative mindset and autonomy. They will be led through reflective practices that support the building of self and transformation process necessary A discussion on internalized barriers specifically for women and minorities will lead to an introduction to the concept of graceful story telling. In the end participants will explore cross-sectoral collaboration strategies that promote integration of technology community-grounded initiatives and

interdisciplinary professionals for innovative approaches within mental health.

Conclusions: Clinician health wellbeing and independence are crucial to support the clinical workforce needed to address the mental health crisis globally. Women minoritized people and early career psychiatrists are often left scrambling on their own to sort out the complexities of the healthcare system and jobs that do not provide fulfilment and gratification. This session will follow an individual journey of transformations nudged by need and the changing global milieu to present a framework for professional development for a psychiatrist with a focus on autonomy integrity inclusivity and equity.

## **General Session**

### **Monday May 06**

#### **Mental Health Care Works Campaign: You Make The Call**

*Ramaswamy Viswanathan M.D.;DSc; Saul Levin M.D. M.P.A. FRCP-E FRCPsych; Monica Taylor-Desir M.D.; Avani Patel M.D. M.H.A.; Tonja Miles; Rawle Andrews J.D. Esq.*

### **Educational Objectives:**

Objective One: Understand the short term midterm and long-term goals of the Mental Health Care Works campaign Objective Two: View the transition plan for Mental Health Care Works... When You Make The Call Objective Three: Understand the call-to-action for the Mental Health Care Works campaign Objective Four: Share a link to the [www.mentalhealthcareworks.org](http://www.mentalhealthcareworks.org) landing page and #MentalHealthCareWorks Objective Five: Take postcard handouts to share with your community

### **Summary:**

There is no health without mental health. The way patients and family caregivers approach their mental health campaign should mirror their physical healthcare: from conversation to prevention to treatment. The APA and APA Foundation are committed to being the voice that says: "Mental Health Care Works... When You

Make The Call.” This session will feature clinicians and persons with lived experience who are supporting this nationwide multi-year multi-media campaign to raise awareness influence behaviors and change attitudes. Among other things this expert panel will discuss and debate best practices or promising practices to raise awareness about common mental health concerns encourage struggling individuals and family caregivers to speak with healthcare providers about these conditions and ultimately normalize the public’s attitude towards mental health and well-being. This session is presented by the APA Foundation.

## **General Session**

### **Monday May 06**

#### **From Crisis to Care: The Intersection of 988 Certified Community Behavioral Health Clinics and the Crisis Continuum**

*Billina Shaw M.D. M.P.H.; David de Voursney M.P.P.; Michele Reid M.D.*

#### **Educational Objectives:**

Objective One: Describe the three pillars of SAMHSA’s vision for the crisis continuum and 988. Objective Two: Describe how the Certified Community Behavioral Health Clinics (CCBHC) model works and its potential impact on service delivery nationwide. Objective Three: Describe how CCBHCs play a role in crisis prevention intervention and postvention. Objective Four: Summarize updates in CCBHC certification criteria and their implications for elevated standards in care delivery including crisis care.

#### **Summary:**

The simultaneous rapid development of the crisis continuum as catalyzed by the 988 Suicide & Crisis Lifeline and expansion of Certified Community Behavioral Health Clinics (CCBHC) are two demonstrations of why this time is critical and transformative period in the behavioral health service delivery infrastructure in the United States. This SAMHSA-led session will provide an overview and update regarding two of these major

initiatives and the interconnected between them. It will cover updates about 988 SAMHSA’s vision and progress towards the development of the crisis continuum and well as the growth of CCBHCs. There are currently over 500 CCBHCs across the U.S and they create access to a coordinated comprehensive behavioral health care in the community. CCBHCs are an innovative model that plays a vital role in crisis prevention intervention and postvention. CCBHCs serve anyone who requests care for mental health or substance use regardless of their ability to pay place of residence or age. The session will also provide practical perspective into the work being done by an exemplar CCBHC in Detroit Michigan. This session is ideal if you want to learn the latest information about the status of 988 and the crisis continuum as well as CCBHCs. If you work in an established CCBHC are part of a new CCBHC refer individuals to a CCBHC or are just curious about how to work with CCBHCs in your community then we invite you to join us to learn more.

## **General Session**

### **Tuesday May 07**

#### **The Face of Stigma: Addressing the Underutilization of 988 Crises Lifeline in Minoritized Settings**

*Farha Abbasi M.D.; Tonja Miles; Eric Rafta-Yuan M.D.*

#### **Educational Objectives:**

Objective One: At the end of this session the participant will be able to recognize and understand the goals of establishing a 988 Suicide and Crisis Lifeline. Objective Two: At the end of this session the participant will be able to comprehend the limitations to broader utilization and sustainability of the 988 Suicide and Crisis Lifeline. Objective Three: At the end of this session the participants will gain insight into the prevalent stigma leading to the underutilization of 988 Suicide and Crisis Lifeline in minoritized settings. Objective Four: At the end of this session the participant can apply an equity perspective to understanding the gaps in mental health



treatment experiences by race ethnicity and gender. Objective Five: At the end of this session the participants will gain the competency and confidence to augment using the 988 Suicide and Crisis Lifeline in their practices and encourage their patients students and

### **Summary:**

The transition of the National Suicide Prevention Lifeline (NSPL) to the 988 Suicide and Crisis Lifeline on July 16 2022 introduces a transformative three-digit dialing code (Purtle et al. 2023; Miller et al. 2022; LEAD 2022). The 988 service ensures a 24/7 response to calls chats or texts offering assistance for suicidal thoughts mental health challenges and substance use crises. Trained crisis counselors are ready to connect with those seeking support. A comprehensive survey by the National Alliance on Mental Illness and IPSOS delves into public perceptions of 988 and crisis responses. With a sample size exceeding 2000 adults the findings are illuminating. A staggering 82% of Americans remain unfamiliar with the 988 Suicide & Crisis Lifeline underscoring a lack of awareness. This knowledge gap is compounded by a trust deficit particularly concerning law enforcement's involvement in crises. On average 60% of respondents fear potential harm from police intervention during mental health crises. This apprehension is higher among marginalized groups with 78% of LGBTQ+ individuals 77% of Black individuals and 75% of Hispanic individuals expressing concern compared to 53% of white individuals. The U.S. Surgeon General's 2001 report Mental Health: Culture Race and Ethnicity" highlights gaps in mental health care and underutilization of services in minoritized settings. Structural barriers including transportation limitations low care provider availability cost constraints and insurance barriers contribute to disparities. Escalating rates of suicide substance use and severe mental illnesses coupled with pervasive stigma and limited access to care exacerbate the vulnerability of the BIPOC and LGBTQ+ population. Women Black Hispanic and LGBTQ+ Americans hope for a culturally racially and ethnically appropriate crisis response from mental health providers favoring this approach

over police involvement. In March 2023 the Lifeline expanded LGBTQ+ services offering 24/7 access to specialized counseling for those under 25 and introducing a Spanish text and chat service. Spanish-speaking individuals can connect directly with crisis counselors through various channels enhancing accessibility. The imperative for 988 Crisis Lifeline Services lies in developing multicultural and multiethnic resources. This strategic focus aims to better the quality and availability of crisis services for individuals at risk of suicide grappling with behavioral health crises and contending with substance use disorder (SUD). The emphasis on underserved or high-risk communities is crucial for addressing existing disparities. This session is presented by the APA Foundation."

## **General Session**

### **Sunday May 05**

#### **Reviving Lithium: An Undervalued Gem in Psychiatry**

*Stephanie Wiafe M.D.; Adrian Cheng; Stephen Stahl; Jonathan Meyer MD*

#### **Educational Objectives:**

Objective One: Understand the limitations of antipsychotics for bipolar I maintenance the reproductive harms of valproate and how to use lithium during pregnancy and breastfeeding. Objective Two: Appreciate the evidence supporting lithium's unique benefits on risk for completed suicide its neuroprotective effects and the hypothesized mechanisms underlying these effects. Objective Three: Understand lithium's renal journey its ENaC affinity polyuria pathophysiology why polyuria is an early signal of lithium related renal dysfunction and how to monitor for and manage polyuria.

#### **Summary:**

There is universal agreement among treatment guidelines that lithium is the gold standard mood stabilizer for patients with a history of mania due to its broad spectrum of mood stabilizing properties and its unique impact on risk of

completed suicide and development of dementia. Lamentably lithium utilization remains low worldwide in part due to clinician fear of adverse effects discomfort with monitoring for and managing certain issues (e.g. polyuria) and misperceptions regarding its efficacy. However recent events have prompted a rethinking of lithium's place in the treatment armamentarium including bans on use of valproate in women of reproductive potential in the European Union and United Kingdom due to high rates of fetal valproate syndrome following in utero exposure (i.e. 30%-40%) publications that highlight the limitations of maintenance antipsychotic monotherapy for bipolar I disorder and newer understandings regarding lithium's risk for renal dysfunction and its use during pregnancy and breastfeeding. Importantly human and animal research now indicate why lithium's entry into distal collecting principal cells via the epithelial sodium channel (ENaC) underlies the risk for renal dysfunction and the fact that polyuria is the earliest manifestation of this process. This symposium will thus present the modern view of lithium exploring its distinct therapeutic benefits methods for mitigating renal adverse effects and management of common nonrenal issues. Utilization in women across the reproductive spectrum will also be emphasized while noting the markedly lower recent estimates of risk for major cardiovascular malformations from 1st trimester exposure and evidence for lithium's safety during breastfeeding. One important goal of this session is to demystify lithium's journey through the kidney explain the basis for drug interactions and provide a rational polyuria monitoring scheme given the crucial need to detect this early sign of lithium related renal dysfunction. From this new understanding of the pathophysiology of lithium induced polyuria use of the ENaC inhibitor amiloride (a potassium sparing diuretic) will be covered as it remains the primary evidenced based treatment to manage polyuria. In 2023 clinicians must be adept at prescribing lithium given the need to avoid valproate in women and the comparatively higher rates of treatment failure versus lithium when bipolar I patients are treated with antipsychotic monotherapy. The lithium renaissance is upon us.

## **General Session**

**Wednesday May 08**

### **Technological Addictions: The New Frontier in Addiction Psychiatry**

*Adrian Cheng; Petros Levounis M.D.*

#### **Educational Objectives:**

Objective One: List five forms of Technological Addictions as they appear in the scientific literature of 2024. Objective Two: Describe the psychology and culture surrounding Internet Gaming addiction. Objective Three: Distinguish between normal and pathological use of technology.

#### **Summary:**

Addiction to video games cybersex internet gambling social media texting and emailing and online auctions can be as addictive as substances. These technological addictions have real-world ramifications and lead to the loss of jobs money and loved ones. As technology becomes integrated into many facets of modern life the appreciation of such addictions has become increasingly challenging. This session will explore the addictive potential of technology and discuss the legitimacy of technological addictions as psychiatric conditions worthy of medical assessment diagnosis and treatment.

## **General Session**

**Sunday May 05**

### **Mental Health and Wellbeing: An Interactive Workshop for Trainees**

*Lindsay Adams BS; Kathryn Schwarzmann; Carol Bernstein M.D.; Laurel Mayer M.D.*

#### **Educational Objectives:**

Objective One: Identify key factors contributing to stress burnout wellbeing and resilience especially as they impact trainees in medicine.. Objective Two: Increase knowledge of different strategies to

employ when working under dynamically changing sometimes traumatic and often stressful clinical conditions. Objective Three: Identify resident driven systemic solutions as well as practical techniques that can enhance growth and promote resilience

#### **Summary:**

The prevalence of mental health problems among trainees has received significant attention in the medical literature especially in the past ten years and in the aftermath of the Covid Pandemic. Depression and anxiety disorders are reported in more than 1/3 of the medical community and studies suggest that suicidal ideation has become increasingly common among medical students and residents. In addition there has been much conflation of the terms “wellbeing” and “mental health” as well as “depression” and “burnout.” While programs and institutions around the country have attempted to address these issues the complex interaction between systemic and individual factors has confounded many efforts and contributed to confusion around best practices. Moreover few if any studies have attempted to integrate trainee recommendations into the conversation. In this interactive session there will be an initial 30 minute presentation which frames the challenges to our understanding of these concepts as they impact trainees followed by 60 minutes of facilitated group work led by psychiatrists working in these areas including stimulus questions to help identify recommendations from the trainee community towards building the scaffolding of a wellbeing program. We will also include discussion of specific challenges for BIPOC and sexual and gender minority trainees particularly when they occur at the systemic level. Finally we will apply a public health lens to frame the complex interactions which occur between individual trainees and the health care systems in which they work.

### **General Session**

**Saturday May 04**

### **Securing the Digital Future: What Psychiatrists Need to Know About Health AI**

*Jesse Ehrenfeld M.D.*

#### **Educational Objectives:**

Objective One: Understand the role of augmented intelligence in supporting clinical teams Objective Two: Describe the factors driving physician adoption of digital technologies Objective Three: Learn how technology can be developed with an equity lens

#### **Summary:**

Digital Health marked by the integration of technology into healthcare practices has become a cornerstone in modern healthcare systems. From wearable devices tracking vital signs to telehealth platforms connecting patients and healthcare providers the digital revolution has redefined the patient experience. AI on the other hand adds a layer of intelligence to this transformation with the ability to process vast datasets identify patterns and deliver personalized insights. In this session Dr. Ehrenfeld will describe the current landscape of Digital Health highlighting key technological advancements that have reshaped patient care. Wearables remote patient monitoring and telemedicine have not only improved accessibility but have also empowered individuals to actively engage in their well-being. The integration of Electronic Health Records (EHRs) has streamlined information flow enhancing communication among healthcare professionals and leading to more informed decision-making. He then outline regulatory obstacles and considerations for ensuring that emerging technologies meet with needs of patients and physicians alike. Ethical considerations and challenges associated with the intersection of Digital Health and AI will also be discussed.

### **General Session**

**Wednesday May 08**

## **Mind Body & Soul: Combatting John Henryism and Suicidality in African American/Black Men and Boys**

*Sidney Hankerson; Dwight Kemp M.D.; Nicolas Fletcher M.D.; V. Antoine Keller; Michael A Walrond Jr*

### **Educational Objectives:**

Objective One: Identify socio-cultural factors that contribute to racial disparities in mental health care Objective Two: Define the concept of “John Henryism” and understand its medical impact of on African American men and boys Objective Three: Identify how faith-based organizations can promote community healing and partner with academic medical centers to improve health outcomes Objective Four: Gain examples of culturally responsive methods of engaging Black men in mental health treatment Objective Five: Identify risk factors and causes of the risk of suicidal behaviors in Black men and boys

### **Summary:**

Black men face unique socio-cultural challenges that increase risk of psychiatric disorders and there are significant mental health treatment inequities for Black men. These inequities have trickled down to Black youth. From 2000 to 2020 Black and Latino/a youth ages 10-19 experienced the largest increase in suicide rates by 78%. Additionally from 2018 to 2021 the rate of suicide among Black individuals aged 10-24 years increased 37%. Despite increased need less than 30% of Black and Latino Americans with a mental health condition seek care through traditional mental health clinics. In fact African Americans and Mexican Americans have the lowest rates of depression treatment in the United States. “John Henryism” is a term coined by epidemiologist Sherman James in the 1980s to characterize an individual with “a strong personality disposition to engage in high effort coping (mental and physical) against social and economic adversity...with physiological consequences.” Numerous studies on John Henryism assess the correlations between psychosocial stressors including structural racism and hypertension mental illness and premature death. It suggests that individuals who exhibit high levels of John Henryism may be

more susceptible to the physical and mental toll of chronic stress. The association between psycho-social stress and cardiovascular disease has been well described. Experimental findings have also supported the biological underpinnings of the hypothesis implicating psychosocial factors as a prime factor in the development of chronic cardiovascular disease and decreased life expectancy. The mental health sequelae of John Henryism are profound. For example Black adults with major depressive disorder (MDD) experiencing greater illness burden and more severe symptoms yet lower treatment rates compared with White adults. We posit that structural racism is a fundamental driver of these disparities. Indeed the American Psychiatric Association recently issued a formal apology for its support of structural racism. Mental health professionals need to recognize the effect of structural individual and internalized racism on individuals with depression symptoms. Examined through the lens of “John Henryism” the purpose of this session is to explore factors contributing to the rise in suicidal thoughts and behaviors among Black boys and men. Participants will be able to identify the types of individuals most susceptible to John Henryism better understand their risk factors and determine how best to mitigate the effects through novel community-based interventions such as faith-based programming and other ways of engaging Black men in mental health care. Participants will also learn how to advocate for policies and programming that address social and economic inequalities improve access to education and healthcare and create opportunities for economic advancement.

### **General Session**

**Sunday May 05**

### **Everything the Psychiatrist Needs to Know About ECGs**

*Marcel Bertsch-Gout; Adaobi Nwabuo MBBS MPH; Rachel Shenoi M.D.; Jacky Salomon Petion M.D.; Brandon Woolfson; Margo Funk*

### **Educational Objectives:**

Objective One: Accurately measure the QT interval and calculate the QTc using an appropriate formula. Objective Two: Correlate ECG waves and intervals including the QT interval QRS complex and T wave to the underlying electrophysiologic processes. Objective Three: Describe indications for obtaining an ECG when initiating psychiatric medications with elevated cardiac risk. Objective Four: Accurately interpret the risk of Torsades de Pointes in a patient with a pacemaker or implantable cardioverter defibrillator.

### **Summary:**

Psychiatrists frequently prescribe psychotropic medications that are associated with cardiac risk. Such risks may include conduction abnormalities tachyarrhythmias such as Torsades de Pointes and sudden cardiac death. The 12-lead electrocardiogram (ECG) is a common tool used to screen for functional and structural cardiac abnormalities. Psychiatrists should be proficient in ECG interpretation with the ability to recognize key components of the ECG (such as the QRS complex and T-wave) measure specific intervals between wave forms (QT and JT intervals) and utilize appropriate formulae to correct for heart rate or other clinical contributors. Psychiatrists should understand the electrophysiologic effects of certain psychotropics to make informed decisions based upon ECG findings including risk mitigation via dose adjustments medication discontinuation referral for cardiology consultation collaboration with other specialists and appropriate reliance on cardiac implantable electronic devices such as pacemakers and implantable cardioverter defibrillators (ICDs). This interactive case-based session is geared toward participants of all stages of learning and experience. The session will begin with a review of ECG basics including basic wave forms intervals and correlation with the underlying electrophysiology. Psychotropic medication classes will be described according to effects on specific components of cardiac conduction. Considerations for when and whom an ECG should be ordered will be discussed. The session will continue with a discussion of advanced ECG interpretation considering the approach to an

existing bundle branch block ventricular pacing and implications of ICDs. The session will conclude with a series of interactive high-yield clinical cases followed by a 15-minute question and answer session.

## **General Session**

### **Sunday May 05**

#### **Association of Academic Psychiatry (AAP) Medical Student and Resident-Fellow Curriculum Vitae (CV) Bootcamp**

*Vincent Zhang; Thomas Donnelly; Shielene Vargas; Nithin Edara M.D.; Michael Peterson M.D.; Ph.D.*

### **Educational Objectives:**

Objective One: Evaluate their current CV and identify areas for improvement (eg – revised phrasing; areas to cultivate more experience or areas to further edit) Objective Two: Contrast specific CV formats required for a range of training award and employment opportunities. Objective Three: Integrate personal experiences accomplishments and achievements into concise and compelling descriptions within a CV format. Objective Four: Develop a plan for regularly tracking activities and incorporating them into an updated CV.

### **Summary:**

The curriculum vitae (CV) is the most common document for communicating experience and accomplishments in medical settings. Medical Students Residents and Fellows are required to create a CV for residency fellowship award and job applications but rarely have any formal guidance in how to create cultivate and improve their CVs. An effective CV must be able to convey a detailed summary of experiences skills and expertise in an organized and chronological format. A successful CV requires thoughtful planning to show the reader who the applicant is and what they will bring to the program department or organization. Additionally the applicant must be aware of required formats for specific applications. CVs are living documents that depend on consistent reporting and cultivation of professional and



biographical information. Starting this developmental document with a planful and organized approach is a key step in professional development. This workshop will provide the opportunity for medical student and RFM participants to engage with experienced AAP academic faculty mentors from universities across the United States and Canada. Attendees should bring a copy of their current CV (hard copy or electronic) to review with a mentor who will provide feedback and suggestions for improvements. Participants will be provided resources and examples of model CVs. Tips for the electronic residency application service (ERAS) format CV will be provided to residency and fellowship applicants. This is an excellent opportunity for residents to get practical advice on their CVs and can serve as an opportunity for them to network and seek career mentorship with academic psychiatrists. Please bring an electronic device with your current CV to the session.

## **General Session**

**Sunday May 05**

### **Confronting Stigma and Bias Through the Arts: An Interactive Visual Thinking Strategies Session**

*Melissa Chen; Margaret Chisolm M.D.; Mary Blazek MD MEHP; Meher Kalkat; Susan Lehmann M.D.*

#### **Educational Objectives:**

Objective One: List 4 functions that arts and humanities learning activities serve in psychiatry education and treatment Objective Two: Explain the evidence supporting the impact of VTS on the knowledge skills and attitudes essential to psychiatry education and treatment Objective Three: Describe how the key elements of VTS can be applied to address specific objectives of psychiatry education and treatment Objective Four: Experience - as a participant facilitator and/or coach - 3 VTS discussions of images related to the theme of addiction Objective Five: Reflect on how VTS enhanced the awareness of your own bias

#### **Summary:**

Stigma and bias towards individuals with psychiatric conditions have been recognized as threats to patient outcomes and public health. Healthcare professionals - including psychiatrists - are not immune from such harmful attitudes. Medical educators learners and patients are all seeking effective ways to reduce stigma and enhance bias awareness among all healthcare professionals. However facilitating conversations about our own biases towards the patients we serve can be challenging. The Association of American Medical Colleges; National Academies of Sciences Engineering and Medicine; and World Health Organization all emphasize the fundamental role of the arts and humanities in medical education. The arts and humanities have been shown to support the development of multiple clinically relevant skills (e.g. close observation communication critical thinking) while enhancing attributes that are crucial to ensuring equity across training and clinical environments including empathy and implicit bias awareness. They can also spark joy and enhance renewed excitement for the field. Discussions of works of visual art for instance can leverage these pieces as an entry point for introspection and revelation while preserving psychological safety. Structured pedagogical frameworks that emphasize the perspectives and experiences of participants such as the Visual Thinking Strategies (VTS) approach can lead to open-ended and collaborative discussions where participants can safely explore their assumptions in a space that encourages productive discomfort. This interactive session will immerse participants in a vibrant active learning environment. First participants will engage in a VTS conversation of one image in a large group. Next we will ask participants to reflect on and discuss: 1) what they experienced 2) methods the facilitator used to hold the group in inquiry and 3) the relevance of the activity to their own clinical practice and teaching particularly as related to stigma and bias awareness. After a brief didactic presenting the key elements of VTS and its evidence base in medical education participants will move into small groups where they will have an opportunity

to engage in two more VTS discussions acting as a participant or facilitator. After reflecting individually on the impact of the experience on their own bias awareness participants will come back together as a large group to share their reflections and ask questions. No prior knowledge or experience in the arts is necessary.

## **General Session**

**Sunday May 05**

### **Make Your Psychiatry Residency Application Shine: Tips From Program Directors and Faculty**

*Lia Mandavalli; Bria Hawkins BA;M.A.; Margaret Hua; Daphne Okoro; Simone Bernstein M.D.; Daniel Gih M.D. B.S.; Benedicto Borja*

#### **Educational Objectives:**

Objective One: Establish a plan to increase their chances for a successful psychiatry residency match. Objective Two: Understand how to organize essential components of a strong residency application including academic and extracurricular activities letters of recommendation and crafting a personal statement. Objective Three: Interpret how the inclusion of the supplemental application impacts the residency application. Objective Four: Emphasize the importance of seeking mentors who offer guidance and support throughout the application process. Objective Five: Understand how to prepare for residency interviews with tips to answer questions and ask questions of program directors faculty and residents.

#### **Summary:**

The residency match is monumental in a physician's career. As match applicants embark on the residency match journey this workshop will provide guidance on how to match into residency covering application tips and interview preparation. In this workshop we will explore tips from faculty and program directors to prepare for the residency match and help demystify the residency application process as psychiatry becomes an increasingly popular specialty choice resulting in a more competitive match. We will

discuss various components of the match including applying to programs assessing program fit answering interview questions and exploring opportunities for mentors to support applicants. Preparing for the Electronic Residency Application System (ERAS) and seeking mentorship are crucial steps in the residency application. Preparation is critical allowing applicants to be in the best position possible for the match. We will explore the importance of thoroughly reviewing program requirements. In addition the Supplemental Application adds a new layer to the ongoing complexities for students and advisors involved in applying to psychiatry. The Supplemental Application is now embedded in the main ERAS application. The Supplemental Application represents an opportunity to expand the applicant's background and values beyond the traditional academic record. Applicants need to stay updated with the latest information and data to determine their strategy for obtaining a psychiatry match. To help students prepare for the match we will present updated lessons from Match 2024 and the latest ERAS format explore challenges faced and provide practical tips for success for upcoming applicants. This workshop is given from the perspective of faculty and program directors who are well-versed in the residency match and have evaluated many residency applications. It is an "insider's view" into the residency match process and will provide many valuable tips to applicants as they contemplate their next steps in the application.

## **General Session**

**Wednesday May 08**

### **Pharmacological Approaches to Treatment-Resistant Depression (TRD)**

*Diana Kim; Maurizio Fava M.D.*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to become familiar with the most common pharmacological treatment approaches for patients with treatment-resistant depression. Objective Two: The

participant will become knowledgeable of the empirical evidence for the efficacy of these interventions in treatment-resistant depression. Objective Three: The participant will learn about to best select these interventions based on the clinical characteristics of the depressed patients and their level of resistance.

### **Summary:**

Treatment-resistant depression (TRD) typically refers to inadequate response to at least one antidepressant trial of adequate doses and duration. TRD is a relatively common occurrence in clinical practice with up to 50% to 60% of the patients not achieving adequate response following antidepressant treatment. A diagnostic re-evaluation is essential to the proper management of these patients. In particular the potential role of several contributing factors such as medical and psychiatric comorbidity needs to be taken into account. An accurate and systematic assessment of TRD is a challenge to both clinicians and researchers with the use of clinician-rated or self-rated instruments such as the Antidepressant Treatment Response Questionnaire (ATRQ) being quite helpful in the assessment process. It is apparent that there may be varying degrees of treatment resistance. A number of staging methods to assess levels of treatment resistance in depression are available. When depressions do not respond adequately to treatment with an antidepressant clinicians may opt to double or triple the dose of the antidepressant (high-dose strategy) or to switch to another antidepressant of either the same class or a different class (switching strategy). Clinicians may also choose to keep the same antidepressant and add another augmenting" compound (augmentation strategy). Such augmentation strategies involve the use of a pharmacologic agent that is not considered to be a standard antidepressant but may boost or enhance the effect of an antidepressant. A number of atypical antipsychotic agents such as aripiprazole, quetiapine, brexpiprazole and cariprazine are FDA-approved for the treatment of depressed patients with inadequate response to antidepressants. Both the combination of olanzapine and fluoxetine and the intranasal esketamine are approved for

treatment resistant depression. A large number of other augmentation strategies are available although typically derived from off-label uses. Alternatively clinicians may choose combination strategies in which they combine the antidepressant that did not produce adequate response with another antidepressant typically of a different class. There are only a limited number of controlled clinical trials of these four strategies among patients with treatment-resistant depression or among patients who have only partially benefited from antidepressant treatment. Some of the times therefore clinicians' decisions rely on anecdotal reports, case series and on some relatively smaller uncontrolled clinical trials. All these TRD strategies are typically quite safe although drug-drug interactions may sometime limit the use of some of the augmentation and combination strategies."

## **General Session**

### **Sunday May 05**

#### **TikTok Tweets and...Trouble? A Conversation About Social Media Use in Psychiatry**

*Mwamba Malekani M.D.; Alisha Khanna; Sandra DeJong M.D.*

#### **Educational Objectives:**

Objective One: Describe potential risks and benefits of using social media as a psychiatrist in a variety of settings. Objective Two: Distinguish between personal and professional use of social media. Objective Three: Access significant professional recommendations and guidelines regarding the use of social media. Objective Four: Outline some overarching ethical questions relevant to working with patients in the digital age

#### **Summary:**

The digital revolution has transformed psychiatric practice resulting in new "e-professionalism" concerns and dilemmas. Professionalism breaches by physicians online have resulted in multiple bad outcomes including loss of license for the provider. No single set of standards exists to guide psychiatrists in how to conduct

themselves professionally when using digital technology. In the United States physicians have been expected to monitor their own profession. This session will focus on the use of social media by psychiatrists. Potential risks and benefits for social media use in clinical and other settings will be reviewed. Drawing upon the work of the AADPRT Professionalism and the Internet Taskforce and a professionalism/legal/ethical framework it will illustrate through interactive case discussion the types of e-professionalism concerns that can arise in practice and offer an approach for mitigating and avoiding them. Potential uses of social media to enhance professionalism will also be examined. Compliance with professionalism standards and competence in using technology to promote professional development patient care and the profession will both be emphasized. Finally the overarching ethical issues and unintended consequences around technology will be explored with an eye to a more intentional use of technology including Artificial Intelligence in the future.

## **General Session**

### **Saturday May 04**

#### **The War in Ukraine: A Panel Discussion**

*Jeffrey Duong; Sofia Matta M.D.; Gregory Fricchione MD; Gary Chaimowitz M.D.; Rebecca Brendel MD JD*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be knowledgeable about the psychiatric impact of the Russian invasion of Ukraine.. Objective Two: At the conclusion of this session the participant will be knowledgeable about the scope of the mental health impact of the war in Ukraine. Objective Three: At the conclusion of this session the participant will be knowledgeable of the resources available for those working with refugees and people directly impacted by the war in Ukraine. Objective Four: At the conclusion of this session the participant will be knowledgeable about global efforts regarding

the war in Ukraine by the APA and World Psychiatric Association.

#### **Summary:**

Russia invaded Ukraine on February 24 2022 in an escalation of a war that started in 2014. The APA released a statement of support for Ukraine on March 02 2022. Exposure to the war in Ukraine can lead to serious physical and psychiatric problems ranging from exposure to blasts and resultant Traumatic Brain Injuries (TBI) trauma-related stressors loss of loved ones fear and acute stress responses in adults and children. Acute Stress Response and Post-traumatic stress disorder (PTSD) may present in the setting of medical hospitalizations after acute injuries as well as hospitalizations for other comorbid medical problems including TBI bodily injuries pain and alcohol and substance use. Resources that have been developed through the American Psychiatric Association and the Center for Study of Traumatic Stress include “Rapid Psychological First Aid” “Helping Others Calm an Acute Stress Response” and the Behavioral Health Concerns of Healthcare and Aid Workers that are available in English Ukrainian Polish and other languages. The World Psychiatric Association gathered on February 24 2023 on the anniversary of the Russian invasion of Ukraine in a hybrid conference with in-person sessions in Warsaw Poland and online worldwide. These leaders expressed their concerns over the conflict and agreed to work together to identify services and resources to support the many children adolescents and families that have been affected. As of November 2023 there are now 14.4 million displaced: 5.4 million internally 8.1 million externally (33% of the Ukrainian population). These refugees include an estimated 5 million children many of whom are unaccompanied or separated from their families. There has been an impact on schools buildings and businesses supply chains power water food internet and government services. Additionally between 20000 – 50000 Ukrainian amputees face trauma on a scale unseen since WWI with close to 70000 killed. This panel will bring together Rebecca Brendel MD JD APA Immediate Past President and Director of the Center for Bioethics Harvard Medical School and Gary Chaimowitz MB ChB

who serve on the Lancet Psychiatry Commission on the Future of Mental Health in Ukraine: Vision for Change and met at the World Psychiatric Association Congress in Vienna in September 2023 Gregory Fricchione MD Associate Chief of Psychiatry at Massachusetts General Hospital (MGH) and Director of the Chester M. Pierce Division of Global Psychiatry at MGH and Sofia Matta MD Senior Director of Medical Services at MGH Home Base program. We will discuss the Russian invasion of Ukraine impact on Ukraine those displaced and refugees along with the development of resources for those impacted and on-going efforts to work with Ukrainian colleagues the World Psychiatry Association the Lancet Psychiatry Commission MGH Home Base and Division of Global Psychiatry and the Harvard Program in Refugee Trauma.

## **General Session**

### **Saturday May 04**

#### **#Childrenofpsychiatristsunplugged: Stories Beyond the Couch**

*Claudia Roldan Rivera; Thanvi Vatti; Michelle Riba; Maria Lapid; Steven Dickstein*

#### **Educational Objectives:**

Objective One: Describe the varied lived experiences of individuals raised by psychiatrist parents from different backgrounds. Objective Two: Examine the primary challenges and advantages associated with their parents' profession and its implications for family dynamics. Objective Three: Formulate strategies to optimize work-life balance and improve family communication drawing from the insights presented by the panel.

#### **Summary:**

The complex landscape of mental health is often viewed through the lens of the psychiatrist with little consideration given to those closest to them - their children. This session entitled #ChildrenOfPsychiatristsUnplugged: Stories Beyond the Couch features a panel of speakers who are children of psychiatrists and delves into

the intricacies and nuances of growing up in a household where one or both parents are psychiatrists. Children of psychiatrists have a unique set of experiences and influences stemming from their parents' line of work. This includes exposure to psychological knowledge heightened awareness of mental health adeptness at expressing feelings and understanding other's emotions and potential pressures. These lived experiences are shaped by the intersection of their parents' professional expertise with their personal lives. The "Children of Psychiatrists" session was originally created by Drs. Leah Dickstein and Michelle Riba and has consistently garnered overwhelming interest with standing room only every year. Before the pandemic the session marked its illustrious 20th anniversary further cementing its esteemed legacy. Drawing from a blend of anecdotal experiences and expert insights this session explores the multifaceted lives of children of psychiatrists. In an era where mental health is becoming increasingly destigmatized understanding their perspectives is imperative. A key component of the session is the examination of protective factors and coping strategies employed by these individuals providing valuable insights for psychiatrists aiming to support their children effectively. The panel discussion can be beneficial for the education of practicing psychiatrists by understanding the professional impact of their profession on their families personally reflecting on how to balance professional and personal responsibilities humanizing the profession and appreciating the significance of strong family and support systems from the child's perspective. This session employs an interactive format involves a panel of speakers composed of children of psychiatrists from a diverse age group and backgrounds encourages audience engagement through Q&A and collaborative discussions. Attendees will leave with a comprehensive understanding of the challenges and triumphs faced by children of psychiatrists. Furthermore the insights garnered will provide tools and strategies for psychiatrists to foster positive familial relationships while navigating the demands of their profession. The session "#ChildrenOfPsychiatristsUnplugged:



Stories Beyond the Couch" promises an insight into uncharted territory shedding light on an often-overlooked perspective in the realm of mental health. Join us as we unravel the complexities and celebrate the resilience of those who have grown up in the shadow of the therapy couch."

## General Session

Saturday May 04

### Addressing Treatment and Training Gaps in Perinatal Mental and Substance Use Disorders

*Daphne Okoro; Ziba Colah M.D.; Shahrzad Hassanbeigi Daryani; Diana Clarke Ph.D.; Diana Clarke Ph.D.; Adrienne Grzenda M.D.; Ph.D.; Jonathan Alpert M.D.; Ph.D.*

#### Educational Objectives:

Objective One: Provide an overview of the Perinatal Mental and Substance Use Disorder Needs Assessment initiative. Objective Two: Summarize the self-reported challenges encountered by pregnant and postpartum individuals in accessing mental and substance use disorder care. Objective Three: Summarize the behavioral health specialists' perspectives on the issues causing limited access to mental and substance use disorder care in the perinatal populations. Objective Four: Summarize the perspectives and insights of Department Chairs Vice Chairs and Training Directors across behavioral health training programs Objective Five: Review treatment and training recommendations in this domain.

#### Summary:

Untreated perinatal mental illnesses (i.e. mental and substance use disorders) are associated with high-risk pregnancy and a range of deleterious outcomes for the pregnant person and their fetus or infant including spontaneous abortions fetal distress preterm birth and negative neurodevelopmental trajectory.<sup>1-3</sup> Yet pregnant persons are often considered therapeutic orphans" due to low rates of psychiatric treatment and a lack of research on best practices for their mental health care.<sup>24</sup> Also physician and nonphysician behavioral healthcare (PANPBH)

practitioners (e.g. psychiatrists psychologists) often receive little or no specialized training on the treatment of perinatal mental illnesses<sup>5</sup> For example only 59% of US psychiatry residency programs require training in reproductive psychiatry and only 36% of residency training directors believe residents need to be competent in this area.<sup>5</sup> These findings and anecdotal reports of pregnant and postpartum persons being dropped by or not able to access behavioral health practitioners underscore the need to understand factors that impede patient access as well as barriers to training in reproductive psychiatry across disciplines. All efforts related to this initiative were informed by a task force of clinical and research experts in perinatal mental health across physician and nonphysician behavioral health disciplines including psychiatry psychology social work counseling and nursing. A combination of qualitative (i.e. focus groups) and quantitative (i.e. surveys) methods were used to examine: 1) the experience and unmet needs of pregnant and postpartum persons with psychiatric illness who sought mental health care during the perinatal period; 2) PANPBH practitioners' experiences with attitudes toward and level of comfort providing perinatal mental health care; 3) potential barriers PANPBH practitioners' experience in treating pregnant persons with psychiatric illnesses; and 4) gaps in PANPBH practitioners' training in perinatal mental health care. During this symposium we will discuss the results of the analysis of the qualitative and quantitative data on the perspectives of pregnant and postpartum persons behavioral health practitioners and Department Chairs Vice Chairs and Training Directors from Behavioral Health Training Programs concerning gaps and barriers in the screening diagnosis and treatment of perinatal mental health and/or substance use disorders as well as gaps in training for PANPBH practitioners in the screening diagnosis and treatment of perinatal mental and substance use disorders in this vulnerable population. Additionally we will present recommendations to address the identified gaps and barriers. The symposium will consist of three 20-minute presentations and a 30-minute session for questions answers and discussions."

## General Session

Sunday May 05

### Assessing Pain in Persons With Opioid Use Disorder: Biological Psychological and Social Considerations

*Nicholas Flugrad M.D.; Dania Albaba M.D.; Julio Nunes Silva M.D.; Peggy Compton Ph.D. R.N.; Joao De Aquino M.D.*

#### Educational Objectives:

Objective One: Appreciate the multidimensional nature of the pain experience and how opioid use disorder may impact pain assessment. Objective Two: Summarize how specific biological psychological and social factors may affect the experience of pain among persons with opioid use disorder. Objective Three: Describe opioid-related pain responses including opioid-induced hyperalgesia tolerance and pain in the setting of opioid withdrawal. Objective Four: Summarize the use of various forms of pain assessment including: (1) traditional self-reported methods; (2) behavioral observations and physiological indicators; (3) as well as emerging laboratory-based Objective Five: Criticize the current knowledge regarding how these pain assessment methods are applicable to people living with opioid use disorder.

#### Summary:

Pain and opioid use disorder (OUD) are inextricably linked as the former is an important risk factor for the development of the latter and as chronic pain affects up to 60% of people with OUD. Assessing pain among those with OUD is challenging particularly because few pain assessment tools have been validated for this population and because this population is uniquely affected by opioid-related phenomena that modify their experience of pain. In this session we discuss the fundamentals of pain assessment in populations with OUD. First we describe biological psychological and social aspects of the pain experience among people with OUD as well as how opioid-related phenomena (such as opioid induced hyperalgesia) and social-

healthcare disparities (including those related to racism and racism-related stress) may affect the pain experience in this population. Second we review methods to assess pain including: (1) traditional self-reported methods such as visual analog scales and structured questionnaires; (2) behavioral observations (e.g. facial expressions abnormal movements actigraphy) and physiological stress indicators (e.g. heart rate blood pressure); (3) and laboratory-based approaches such as quantitative sensory testing. These methods are considered from a perspective that encompasses both pain and OUD and implications for future research. Substantial gaps persist in our knowledge particularly regarding the applicability and validation of current methods of pain assessment to OUD populations as well as generalizability of the existing results. As research linking pain and OUD evolves considering the needs of diverse populations with complex psychosocial backgrounds and understanding the role that such psychosocial variables may play in the worsening of pain and OUD we will be better equipped to reduce treatment gaps. The central take-home message for participants is: assessing pain is a complex task which is made more challenging by co-occurring OUD. As treating and assessing pain among persons with OUD requires nuance and multidimensional considerations psychiatrists with expertise in pain have a crucial role in addressing the opioid crisis.

## General Session

Saturday May 04

### Clinical Considerations of Cannabis and Novel Cannabinoids

*Siddharth Prasad; Kaitlyn Kutzko; Adrianna Lam; Sandra Jovanovic M.D.; Emily Shen M.D.; Dania Mofleh M.D.; M.P.H.; Shweta Sahu DO*

#### Educational Objectives:

Objective One: Review the structure function and significance of the endocannabinoid system Objective Two: Recapitulate the mechanism of action of exogenous cannabinoids including cannabis its derivatives and synthetic versions

Objective Three: Summarize novel methods of exogenous cannabinoid extraction/synthesis and the impact of pseudo-legal cannabis use in patient populations  
Objective Four: Understand the interplay between different forms of exogenous cannabinoids and psychotropics  
Objective Five: Conclude how exogenous cannabinoid use in patient populations shapes clinical decision making

### **Summary:**

Delta-8 CBD hemp delta-10 THC kush etc all of these exogenous cannabinoids and more are frequently grouped together and their differences often get overlooked by patients and providers. The nuanced distinctions within the cannabis related products can get confusing which makes it difficult for providers to ascertain the clinical impact of which cannabis related products their patients are consuming. The cannabis industry is perpetually evolving with new by-products and synthetics constantly entering the market and it can get overwhelming for providers to keep track of what all our patients could potentially be consuming. The clinical impact of cannabis byproducts and synthetic cannabis is widespread and is a growing field of research. The present session will provide a review of the existing cannabis and synthetic cannabis byproducts including recent developments such as the evolution of delta-10. The session will first provide an overview of the endogenous cannabinoid system to understand how the cannabis related products are impacting the body. The session will then review how the various products are synthesized and how legal gray areas influence which products patients choose to consume. There is a substantial amount of research on the various cannabis related products that is only growing with the advent of new products entering the market and the growing popularity of cannabis related products in general. We will summarize the most recent research detailing the multitude of clinical impacts of the various cannabis related products. We will review the clinical correlates for providers to consider when working with patients who use cannabis related products. The clinical correlates will be based off of the most recent research and will include but not be limited to

interpreting drug tests understanding the effect of cannabis related substances on psychotropic metabolism and utility and reviewing possible psychiatric side effects from cannabis related product use. The session will allow time for and encourage discussion amongst audience members on how the rapid expansion of cannabis related products has impacted the clinical setting. At the end of the session audience members will have an understanding and confidence in the distinctions between the cannabis related products how they are synthesized and clinical considerations to keep in mind when they have patients who use the cannabis related products covered in the presentation.

## **General Session**

### **Sunday May 05**

#### **Does Psychiatry Need a New Epistemology?**

*Alicia Leong; Andrew Howie MB.Ch.B.; Susan Hatters-Friedman M.D.; Philip Candillis M.D.; Kiri Prentice MB.Ch.B.*

#### **Educational Objectives:**

Objective One: describe concepts and tools in analysis research and cultural sensitivity that improve psychiatric practice  
Objective Two: explain sources and effects of epistemic injustice in psychiatry  
Objective Three: describe interventions and corrections to mitigate epistemic and other forms of injustice  
Objective Four: examine the impact of racial cultural gender and LGBTQIA and spiritual factors in shaping psychiatric knowledge  
Objective Five: reflect on how a shift in epistemology might affect psychiatric practice in diverse contexts specifically New Zealand Australia and North America

#### **Summary:**

Psychiatric clinical decision-making uses information from many sources including interviews observations collateral information experience training education and research. However all of these are affected by biases known to the field as cognitive implicit explicit confirmation hindsight and many others. In the

context of established social cultural and racial effects on mental health outcomes psychiatrists face clinical and scientific uncertainty which call for more systematic approaches to case analysis. Epistemology (understanding how we know what we know) provides insights that professionals across different fields can utilize to improve the quality and certainty of information including the development of valid research methods and the enhancement of critical thinking skills in clinical settings. This panel aims to provide practitioners with practical tools and perspectives from the US and international contexts including the New Zealand Maori experience that can be adapted to assess the quality of psychiatric information minimize bias and address the epistemic differences among mental health consumers carers stakeholders systems and providers.

## **General Session**

**Wednesday May 08**

### **Experiences of Doctors With Substance Use Disorders and Mental Illness Who Have Been Reported to a Medical Regulator**

*Janelle Ruiz; Marie Bismark*

#### **Educational Objectives:**

Objective One: To reduce stigma around substance use disorders among doctors

Objective Two: To understand the role of medical regulators in protecting patient safety

Objective Three: To identify risk factors and protective factors for substance use disorders among doctors

Objective Four: To encourage further research with doctors with substance use disorders

#### **Summary:**

**BACKGROUND** When substance use disorders or poor mental health impairs a doctor's ability to safely practise medicine poor patient outcomes can result. Psychiatrists are pivotal in supporting and treating unwell doctor-patients. In parallel medical regulators play a critical role in protecting the public from impaired doctors by requiring

monitoring and treatment. However regulatory processes may paradoxically harm doctors with potential adverse implications for the community. There is little prior research examining the experiences of doctors with prior mental health or substance use disorders who are subject to regulatory notifications and processes relating to their health. **METHOD** A thematic analysis was conducted of semi-structured interviews with 21 doctor-patients and four doctors' health experts. **RESULTS** Doctor-patient participants had experienced a past or family psychiatric history personal loss or trauma access to drugs at work workplace stress or recent patient death or suicide. Many avoided seeking care and were significantly unwell when notified to medical regulators. Participants reported that mandated treatment improved aspects of their health but that fear of regulatory processes delayed them seeking treatment. Participants told us that regulatory processes triggered psychological distress symptom relapse and financial pressures and work difficulties. **DISCUSSION** To improve health outcomes for unwell doctors and to create safer healthcare for the community we propose: 1) greater awareness and education of the medical profession about the thresholds and requirements for mandatory reporting of health impairment; 2) better integrating specialised doctors' health services into existing regulatory pathways; and 3) adoption of a more therapeutic approach to regulation by medical regulators.

## **General Session**

**Sunday May 05**

### **Field-Based Mental Health Teams: Developing & Integrating Street Psychiatry**

*Raul Salazar; Oyinlola Sawyerr; Alexa Hooberman M.D.; Dale Shepherd; Curley Bonds; Shayan Rab M.D.; Aubree Lovelace; Darnell Ferrer R.N.*

#### **Educational Objectives:**

Objective One: Review traditional models of mental health care and the barriers faced by individuals experiencing homelessness in accessing traditional mental health services.

Objective Two: Understand the role that healthcare barriers play in perpetuating the cycle of homelessness and how field-based mental health teams overcome these barriers. Objective Three: Describe the scope and core principles of street psychiatry after reviewing a model developed in LA County that integrates street psychiatry with field-based mental health teams. Objective Four: Understand the role of large-scale health system navigation in complex care scenarios and discuss strategies to integrate higher levels of care with field-based services. Objective Five: Discuss mental health conservatorship in unhoused individuals with severe mental illness and review outcomes from a novel outpatient conservatorship pilot program in LA County.

### **Summary:**

Mental illnesses are among the most common health conditions in the United States with significant morbidity and mortality. Mental illnesses can disrupt people's ability to carry out essential aspects of daily life such as personal self-care and household management. Mental illnesses may also prevent people from forming and maintaining stable relationships or cause people to react irrationally. This often results in pushing away caregivers family and friends who may be providing vital support. As a result people with mental illness are more likely to become homeless than the general population. Individuals diagnosed with severe disorders such as schizophrenia or bipolar disorder are especially vulnerable. When an individual with a severe mental illness is experiencing homelessness the approach to patient care must include outreach treatment and rapid housing. However the barriers created by homelessness prevent unhoused individuals from meaningfully accessing these services through traditional models of care. Our session will introduce participants to field-based mental health teams which are designed to meet the needs of people experiencing homelessness as they are mobile and utilize a multidisciplinary team-based approach with outreach workers social workers nurses and psychiatrists. Participants will become familiar with street psychiatry as an emerging subspecialty in field-

based care that serves unhoused individuals who may be residing on the street or other places not intended for human habitation. The psychiatrists in these teams must be culturally and structurally competent and develop treatment plans that are compatible with the harsh realities faced by unhoused individuals. While the overall goal of street psychiatry is to meet treatment and housing needs the immediate focus is to build a meaningful doctor-patient relationship. The session will review an innovative model of field-based mental health care developed in Los Angeles County and illustrate how multidisciplinary expertise is leveraged to meet the complex care needs of unhoused individuals. Monitoring for acute needs is also a critical component of field-based management. The session will highlight indications for inpatient stabilization with recommendations to how to coordinate acute care. Given the need for extensive system navigation in this space participants will learn about the challenges involved with care coordination and how building clinical partnerships between field teams and other community providers can help overcome navigational barriers. Despite extensive effort a small percentage of the population served may not respond to field-based management. The session will thus conclude with a discussion on mental health conservatorship in homeless individuals with treatment-refractory impairments along with the outcomes of a novel outpatient conservatorship pilot program in Los Angeles County.

### **General Session**

#### **Saturday May 04**

#### **Interactive Case Workshop: Comprehensive Assessment of Older Adults With Substance Use**

*Leo Meller; Karen Reimers M.D.*

#### **Educational Objectives:**

Objective One: Manage patients with potential geriatric substance use disorders by incorporating age-appropriate evaluation techniques Objective



Two: Diagnose possible life-threatening geriatric substance use disorders based on patient/family history exam and lab data Objective Three: Critically review and analyze sample cases of geriatric substance abuse to improve detection and quality of patient care Objective Four: Differentiate various clinical presentations of geriatric substance use disorders

### **Summary:**

Substance use disorders (SUDs) are common among older adults in primary care and specialty care settings but clinicians often have difficulty detecting substance abuse in older adults. This case-based workshop will explore many aspects of geriatric substance use disorders. Many clinicians do not screen for diagnose or treat SUDs in this population so we will review the importance of basic assessment and techniques for evaluation. The signs and symptoms of SUDs in older adults are not necessarily the same as those in younger adults and do not always mirror diagnostic criteria. Several case-based interactive vignettes will illustrate key aspects of geriatric substance abuse. Short videos supporting each vignette topic will assist in learning. Comprehensive assessment of SUDs in older adults will help clinicians determine whether SUD is present and will help differentiate SUDs from co-occurring psychiatric disorders and physical conditions.

## **General Session**

### **Sunday May 05**

#### **Kinky Is Not a Diagnosis: What Every Psychiatrist Should Know About Sex and Relationships**

*Sarah Schreiber M.D.; Demi Famisan BS; Lauren D'Andrea M.D.; Chase Watson MS3; Jennifer Frazee; Lindsay Adams BS; Fiona Fonseca M.D.; Priyanka Amin M.D.; Thara Nagarajan; Melanie Gold*

### **Educational Objectives:**

Objective One: Describe the historical aspects of the evolution of the DSM related to sexuality and relationships as well as review briefly the

historical evolution of the kink and leather community Objective Two: Identify three ways in which bias stigma and/or lack of education about sexuality and relationships can negatively impact patient care in the psychiatric setting Objective Three: Describe three key clinical skills related to the diversity of sexuality and relationships needed to enhance patient care in the psychiatric setting Objective Four: Summarize the framework of terms and interpersonal dynamics required to provide informed/supportive care of individuals from the nonmonogamy polyamory and kink community

### **Summary:**

Through the years the DSM has undergone an evolution in terms of the way it conceptualizes pathologizes or depathologizes aspects of gender and sexuality. Although we recently celebrated the 50th anniversary of Dr. Anonymous' presentation at the annual meeting as a profession we have a long way to go in understanding and destigmatizing variations of the human experience in relation to gender and sexuality. Aspects of human sexuality remain stigmatized within the DSM. Within psychiatric training there is minimal focus on education relating to aspects of human sexuality as part of the development process and as they impact mental wellbeing. Over the past few years there has been a movement to center concepts of diversity and in the realm of gender and sexuality some progress in terms of LGBTQIA+ visibility and education. Despite this paraphilic disorders remain in the DSM with minimal research education and understanding around this topic. In approaching couples and family therapies although more LGB friendly models for treatment and intervention remain monogamous in nature. Our session aims to build a bridge between our current understanding of gender and sexuality to a more nuanced appreciation for variations hitherto pathologized within our field. We will openly address barriers to addressing this stigma within our field. Participants will also receive foundational knowledge about historically marginalized forms of relationships and sexual experiences including nonmonogamy and polyamory as well as the kink community. We will provide participants with a framework for

approaching conceptualizing and navigating interpersonal dynamics for individuals belonging to polyamorous and kink communities. Our goal is to help grow understanding and appreciation for variations of human sexuality that may be stigmatized and help participants develop more comfort with terminology and concepts thus allowing them to provide more comprehensive and humanistic care for all patients.

## General Session

### Saturday May 04

#### **Meaningful Mentorship Throughout Life: This Isn't Just About Residency and Traditional Topics**

*Demi Famisan BS; Oyinlola Sawyerr; Lia Mandavalli; Anjali Gupta M.D.; Alicia Khan M.D.; Francis Lu; Nada Stotland*

#### **Educational Objectives:**

Objective One: Recognize important qualities for a positive mentor-mentee relationship Objective Two: Identify topic areas discussed in mentoring relationships Objective Three: Create dialogue around the role of mentorship throughout life Objective Four: Recognize different forms of mentorship beyond the dyadic relationship Objective Five: Explore unmet needs in mentoring relationships and ways to meet them

#### **Summary:**

Mentorship is important for career development yet there are gender differences and unmet needs in mentorship. Self-initiating a mentorship network is beneficial but can have challenges. In this session we will explore the mentor-mentee relationship including necessary elements gender differences topic areas and the need for culturally diverse mentors. We will examine mentorship beyond the traditional dyadic relationship and the importance of mentorship throughout life. Through research and personal experiences trainees will discuss desired qualities of mentors and reflect on lessons learned as mentees. Through case examples faculty will present their experiences mentoring both trainees and faculty and the joy for mentors in supporting the next

generation of leaders in psychiatry. In small groups we will explore unmet needs in mentorship and brainstorm ways to continue to strengthen the mentorship relationship.

## General Session

### Sunday May 05

#### **ADHD in Previously Undiagnosed Adults: A Dynamic Insight-Oriented Model for Clinical Diagnosis and Treatment**

*Joseph Nickel; Elsa Stoff M.D.; Aaron Winkler M.D.; Shafi Lodhi M.D.; Grace Cheney M.D.*

#### **Educational Objectives:**

Objective One: Outline a dynamic insight-oriented real-world clinical approach for diagnosing ADHD in previously undiagnosed adults. Objective Two: Understand how Intensive Short Term Dynamic Psychotherapy and pre-medication symptom tracking may improve patient insight engagement and treatment adherence. Objective Three: Learn how this process is deployed in a training setting. Objective Four: Specify management for common medication side-effects and co-morbidities.

#### **Summary:**

The Stanford Adult ADHD Clinic has built upon established best practices to pioneer a comprehensive dynamic insight-oriented process for diagnosing and treating ADHD in previously undiagnosed adults. This process will be outlined in didactic presentation followed by Q&A. ADHD sits at the intersection of conscious and unconscious processes making it both interesting and difficult to differentiate from anxiety depression OCD and trauma. Limited patient insight leads to difficulty reporting symptoms and poor adherence to medication recommendations. Comorbidities muddy the waters making it difficult to establish onset in childhood and build linear treatment plans. Furthermore ADHD in adult patients is rarely a part of clinical experience in psychiatry residency such that psychiatrists are often left unprepared for this difficult but very regular request from patients. We have developed and will present details of a comprehensive

process that builds patient insight improves symptom reporting and adherence manages co-morbidities and has been successful within real-world systemic constraints on time spent with patients. We will discuss deploying our process as a meaningful training experience for psychiatry trainees.

## **General Session**

### **Saturday May 04**

#### **Psychiatrists Can and Should Treat Chronic Pain: A Skill-Based Workshop**

*Melissa Chen; Seo Yeon Choi; Ellen Edens M.D.; Sara Edmond; Alexis Vien; Keerthana Kasi*

#### **Educational Objectives:**

Objective One: Appreciate psychiatry's unique and much-needed skill set in managing chronic pain that commonly co-occurs with mental health conditions. Objective Two: Define the key distinctions between acute and chronic pain demonstrating a comprehensive understanding of their differences in terms of duration etiology and clinical management. Objective Three: Apply the principles of the biopsychosocial model to develop a comprehensive pain management plan for patients with chronic pain Objective Four: Design a pharmacologic treatment plan in patients prescribed long term opioid therapy that balances benefits risks and patient preferences. Objective Five: Formulate a patient-centered multidisciplinary treatment plan that integrates psychiatric assessments and a biopsychosocial model.

#### **Summary:**

Chronic pain frequently co-occurs with – and complicates - mental health conditions. Current best practice for chronic pain management includes psychologic evaluation and development of a biopsychosocial treatment plan skills in which psychiatrists are expertly trained. Yet few psychiatrists receive training in the assessment or management of chronic pain. This session will focus on practical application of well-known psychiatric treatment tools in chronic pain

management (e.g. biopsychosocial assessment cognitive-behavioral and other psychotherapies psychopharmacology diagnosis and treatment of co-occurring mental health conditions etc.). There will be three brief didactics each followed by skill demonstration and small group discussion of cases with debriefing. The first presentation will outline the psychiatrist's role in the assessment and management of chronic pain with emphasis upon functional status and engagement in multimodal treatment including the many evidence-based treatments that are already familiar to psychiatrists – e.g. antidepressants antiepileptics cognitive-behavioral therapies behavioral activation relaxations skills and treatment of co-occurring mental health disorders. We will demonstrate how to talk with patients about multimodal care and why an antidepressant a gabapentinoid or physical therapy for example might be optimal "ingredients" to include in their unique pain care recipe." Following this presentation small groups will work through a case to develop an appropriate multimodal treatment plan for a patient. The second presenter a psychologist who has spent a decade in a primary care-based pain clinic will discuss the "gate control theory" of chronic pain and how to pitch the biopsychosocial approach to pain care with patients with emphasis on how psychotherapeutic and behavioral techniques can improve pain outcomes. A demonstration explaining the rationale for psychologic treatments to patients living with chronic pain will be performed. In small groups participants will practice pitching this biopsychosocial approach to someone living with chronic pain who has previously relied only on medication and interventional treatments. The third presentation will discuss the management of chronic pain in light of the current opioid epidemic covering clinical guidelines for patients prescribed long term opioid therapy (LTOT). Using cases the presenter will illustrate how they might formulate and implement a safer opioid regimen. Small groups will work through a case of someone prescribed LTOT (in various settings) to develop next steps and a sustainable treatment plan. The workshop will end with a time for questions and answers."

## General Session

Wednesday May 08

### Psychotic Symptoms and Neurological Conditions Separating the Neuro From the Psych

*Seo Ho Song M.D.;D.PHIL.; Kellie Gergoudis; Jeffrey Zabinski; Paula Askalsky; Kiran Thakur*

#### Educational Objectives:

Objective One: At the conclusion of this session the participant will be able to discuss barriers/limitations to diagnosing psychosis in the setting of neurological comorbidity Objective Two: At the conclusion of the session the participant will be able to describe the approach to diagnosis and management of co-occurring neurological and psychotic symptoms Objective Three: At the conclusion of this session the participant will be able to define atypical psychosis and enumerate distinguishing features that point to a psychiatric or medical etiology. Objective Four: At the conclusion of this session the participant will be able to describe an algorithmic approach to the identification and evaluation of atypical psychosis being implemented at CUIMC.

#### Summary:

Psychosis can be caused by primary psychiatric conditions such as schizophrenia bipolar mania and major depression. Psychotic symptoms can also be secondary to other medical conditions and in particular neurological illnesses such as delirium seizures multiple sclerosis autoimmune encephalitis and neurodegenerative diseases such as Lewy Body Dementia. The clear diagnosis of psychotic symptoms and their etiology is complex in patients with comorbidities. However precise consideration of the etiology is essential to good management including medication selection support for the patient and appropriate expectation setting with families. This workshop reviews the context approach and implications of thoughtful consideration of the etiology of psychosis in these complex situations. Dr.

Gergoudis will open by presenting the general context of the workshop and will present a complex case in which neurological and psychiatric symptoms overlap. She will discuss the clinical challenges in approaching the case. Dr. Askalsky will explain the approach to diagnosis how to differentiate between psychotic symptoms that are more likely to be primary psychiatric psychosis and symptoms that are more often found as secondary symptoms of neurological conditions. She will discuss approach to diagnosing patients with psychotic symptoms and specific underlying neurological conditions. She will discuss common pitfalls in the effort to differentiate between psychiatric and neurological causes of psychosis. Dr. Zabinski will review the best evidence-based treatments for secondary psychosis categorized by specific neurological condition. He will review potentially concerning side effects for individual unique patient groups and will discuss the liaison role in helping medical teams make the best plan. Dr. Thakur will present a unique algorithm developed at Columbia University Medical Center to aid diagnosis and management of atypical psychosis. She will present the evolving data on the use of this new toolkit.

## General Session

Wednesday May 08

### Shrinks in the Clink: The Pros and Cons of Correctional Mental Health Clerkship Sites

*Julia Chael; Ivy Song M.D.; Jason Roof; Emma Zavala-Suarez; Jasmine McClendon*

#### Educational Objectives:

Objective One: Explain positive and negative aspects of a correctional psychiatric training environment Objective Two: Describe various levels of correctional psychiatric clinical settings available Objective Three: Identify methods to establish a correctional psychiatric clerkship training environment in their department

#### Summary:

Psychiatric departments with substantial diversity in clinical site training options will better serve their communities increase program desirability for purposes of resident recruitment increase departmental intake via contracts and improve recruitment of medical students to the field of psychiatry. Correctional psychiatric training opportunities offer a response to these common departmental goals in a dynamic high need training environment and offer additional opportunities in community service advocacy and social justice (1). Mental health issues are five times more prevalent in incarcerated populations compared to the general population (2). Inmates with psychiatric disorders are at elevated risk of repeat incarceration homelessness and facility rule violation (2). In the recent decade the correctional setting has an increasing rate of incarcerated mentally ill inmates however only 17-34% of inmates receive treatment since admission (3). Therefore providing psychiatry residents exposure and training in the correctional setting could help address the inadequate access to psychiatric care. In various surveys training directors of psychiatry residency programs expressed that forensic training is largely conveyed through didactics rather than clinical exposure. About 30-35% of general residency programs provide mandatory rotations in correctional settings while 25% provide elective opportunities (2-5). The UC Davis psychiatry training program offers well established clinical rotations (for residents and medical students) in the correctional setting. Jail Psychiatric Services (JPS) at Sacramento County Jail has provided mental health services to inmates since 1978 and approximately 17% (~750) of total inmates are followed by the JPS clinical team. Multidisciplinary teams provide services in both acute inpatient and outpatient community settings. The purpose of this presentation is to showcase the rotation at various correctional settings within the UC Davis training program to address the positive and negative aspects of training in correctional settings and to describe best practices for educators who teach medical students within correctional training sites and the criminal justice system. In this workshop a successful model for correctional psychiatric training will be presented.

Subsequently discussion opportunities for participants will include practical implementation of the clerkship perspectives of departmental administration as well as experiences from those involved including the training site director attending physician and resident trainees. Further a discussion will include complexity of providing mental health care in a correctional setting dispelling misconceptions of working in a correctional environment maintaining a healthy learning climate for students and residents as well as common challenges encountered.

## **General Session**

**Wednesday May 08**

### **The Hole in Whole Person Care: Psychosocial Rehabilitation**

*Phillip Yang M.D.;M.A.; Wonyun Lee M.D.; Christopher Landry M.D.; Daniel Skaggs M.D.*

#### **Educational Objectives:**

Objective One: Understand the basics of Psychosocial Rehabilitation (PSR) as it complements other forms of mental health services and be aware of the clinical and non-clinical benefits of PSR. Objective Two: Identify clients who would benefit from psychosocial rehabilitation programs and learn how to engage them in their own recovery through the use of psychosocial rehabilitation programs. Objective Three: Evaluate strategies to increase referrals to psychosocial rehabilitation and design a replicative model that can be adapted to different mental health provider settings. Objective Four: Brainstorm ways to overcome barriers to psychosocial rehabilitation referral and participation.

#### **Summary:**

Biological treatments have taken us only part of the way in supporting individuals living with mental illness to pursue full recovery but our health systems are still most heavily invested in this aspect of care. We increasingly recognize the importance of the social drivers of care including the role of relationships and community in



recovery but have not adequately built bridges between medical and psychosocial programs. This session will focus on interdisciplinary collaborative efforts to increase engagement in psychosocial rehabilitation in particular with special focus to peer services. We will define psychosocial rehabilitation identify its clinical and non-clinical benefits and discuss when and who to refer for these services. We will then explore strategies to increase referrals to psychosocial rehabilitation highlighting the importance of collaboration between mental health professionals community organizations and peer-driven organizations in the referral and engagement workflow. We will use three approaches to illustrate how interdisciplinary collaboration can enhance referral and participation rates: 1. Maimonides Medical Center Quality Improvement Project: This project aims to increase referrals to psychosocial rehabilitation programs from a psychiatric inpatient unit. We will discuss the process and outcomes of the project and how it can be replicated in other settings. 2. Partners in Care Initiative: Clubhouses are actively reaching out to psychiatric providers to increase referrals to psychosocial rehabilitation programs (including 300+ clubhouses worldwide) and to foster clinical partnerships that support members' recovery. 3. Fountain House's OnRamps: A "Recharge Station" offering coffee and conversation in Times Square engages people living in the streets and a partnership with the Fortune Society offers housing and clubhouse to people on Rikers Island as an alternative to incarceration. These programs aim to find people who may need psychosocial care the most. Engagement and clinical outcomes will be presented.

## **General Session**

**Wednesday May 08**

### **Toward Standardized Prevention of Opioid-Related Deaths in Free-Standing Emergency Departments and Beyond**

*Yasaman Dasteh Goli BS;M.A.; Colleen Bell M.D.; Haryashpal Bhullar; Joan Hyland; Alayna Sterchele*

## **Educational Objectives:**

Objective One: Highlight the lack of standardization of hospital-based interventions for prevention of death in patients with recurrent presentations of opioid overdose by reviewing a case study Objective Two: Educate clinicians on the use of involuntary civil commitment laws for substance use Objective Three: Illustrate how peer support and immediate access to medication assisted treatment can save lives

## **Summary:**

Despite sustained national effort the opioid epidemic continues unabated with the number of opioid-involved overdose deaths doubling from 25052 to 50178 between 2013 and 2020 in the United States. Drug overdose is the leading cause of accidental death in the United States and the third highest cause of death in all age groups. Over 75% of all drug overdoses involved opioids. There is evidence suggesting overdose-related visits to Emergency Departments (ED) lead to higher mortality than non-overdose related visits with the risk even greater for patients who leave against medical advice. We will discuss a case of a 49-year-old female with schizophrenia and Opioid Use Disorder who had an overdose-related presentation to a freestanding ED was given naloxone (Narcan) and left against medical advice. She re-presented with an overdose within 5 hours was again given naloxone and discharged and was shortly found deceased due to a fentanyl overdose confirmed by post-mortem county coroner examination. This tragic case highlights that currently there exists no standardized management of recurrent overdose presentations to freestanding Emergency Departments. Risk factors for this patient and steps for relapse prevention in supportive housing will be discussed. Missed opportunities for treatment interventions in patients with opioid use disorders will be reviewed and include offering peer support and providing medication assisted treatment especially following a second presentation to the ED within 24 hours. The CDC has recognized a set of evidence-based strategies for preventing opioid overdose which includes targeted naloxone intranasal spray distribution. A Quality

Improvement project initiated at a community-based hospital highlighted the underuse of such a lifesaving prescription prior to intervention.. Our session will further address that many Americans (>96%) who have an illicit drug or alcohol use disorder do not feel that they need specialized substance use treatment. A majority of states have involuntary civil commitment laws for individuals with substance use problems. Criteria often includes danger to self or others loss of control for substance use grave disability lack of decisional capacity and inability to care for basic needs or personal affairs. Despite the existence of these laws and general consensus that it can save lives the specific criteria and actual implementation differs between states and there remains several extrinsic barriers to their utilization. These laws and their implications will be reviewed.

## **General Session**

**Wednesday May 08**

### **What Does Lifestyle Have to Do With Mental Health?**

*Tiffanie Totten; Gia Merlo MD MBA MEd; Ramaswamy Viswanathan M.D.;DSc; Steve Sugden M.D.;M.P.H.*

#### **Educational Objectives:**

Objective One: Describe how global dietary changes improve mood and enhance remission rates from depression and may prevent the risk of cognitive disorders Objective Two: Identify evidence-based social connectivity strategies that support mental health Objective Three: Evaluate the evidence for the efficacy of exercise for people with psychiatric disorders Objective Four: Summarize behavioral reinforcement strategies to support patients in achieving sustained independent exercise

#### **Summary:**

Evidence-based research has shown that mental health and lifestyle are integrally connected. While health promotion is a helpful construct for the overall population lifestyle psychiatry addresses the needs of individual patients.

Lifestyle psychiatry is not based in complementary or alternative medicine but rather it employs a conventional medicine lens to psychopathology. We will discuss lifestyle interventions that can be used as adjuncts to decreased symptoms of syndromal and subsyndromal states and at times may prevent and treat chronic diseases. Lifestyle psychiatry is a relatively new but rapidly expanding evidence-based field of medicine that targets health behavior change brain health and patient well-being through the lens of the biopsychosocial-cultural model of health. Brain development and well-being across a lifetime involve lifestyle factors that offer continual maintenance and improvement of the mind and body. Chronic inflammation in the brain spine and/or other nervous tissue (neuroinflammation) has been linked to a variety of brain-related pathologies. Similarly chronic exposure to stress hormones environmental toxins or substances can promote unhealthy neuroplastic changes and affect brain development and well-being. Whether independently or combined neuroinflammation and neuroplasticity promote epigenetic change and alter brain function. We will highlight the transdiagnostic approach to diagnosis. The six lifestyle pillars (healthy diet increasing exercise decreasing stress healthier relationships improving sleep quality and avoiding unhealthy substances) provide actionable interventions for patients to improve their overall brain health and well-being. Overall this session will introduce the clinical applications of lifestyle psychiatry integrate the foundations of

## **General Session**

**Wednesday May 08**

### **Reflections on Technology Use in Psychiatry in the Last 30 Years**

*John Luo M.D.; Dora-Linda Wang M.D.; Seth Powsner MD*

#### **Educational Objectives:**

Objective One: critically assess how technology use in psychiatric practice has changed over 30 years Objective Two: differentiate the hype versus

real impact of technological innovations in mental health services Objective Three: manage expectations of how technology will transform future practice of psychiatry

### **Summary:**

Over the last thirty years technology has become a prevalent tool in the practice of medicine. With regards to psychiatry the field had been slow to adopt technology use compared to other specialties. Over time various technologies have come and gone and others have been transformed in their use to now be mainstream and essential to psychiatric practice. Both mental health practitioners as well as the public have had a change in comfort and adoption of technology use over the years as evidenced with the ubiquitous use of smartphones and social media in both personal and professional lives. A reflection the past experiences with technological implementation in psychiatric practice is helpful in understanding the future impact of promising technologies such as artificial intelligence and machine learning. Attendees in this session will gain perspective on hype versus reality of technological innovations.

## **General Session**

### **Saturday May 04**

#### **Creating Gavels of Compassion: Community Members Judges and Psychiatrists Coming Together**

*Michael Champion M.D.; Thad Tatum; Helen Skipper B.S.; Doug Beach*

### **Educational Objectives:**

Objective One: State 3 key statistics that frame the scope of the criminalization of mental illness in the United States Objective Two: State one improvement that could change the trajectory of a community member with SMI Objective Three: State one way a judge can be an agent of change within this current system Objective Four: State one way a psychiatrist can be an agent of change within this current system Objective Five: Explain

one program that the APA Foundation is directing to make an impact in this area

### **Summary:**

Calls for justice reform have long echoed throughout the ethers of history even within the American Psychiatric Association dating back to the 1960s and a call to investigate the role of psychiatry in social issues. Bringing up questions of self-reflection What has our role been in continuing this incarceration nation? Why did our patients become the default to fill jail/prison systems? With our community members with mental illness spending two to three times longer in pretrial being released to no connection to care and then returning to a traumatic system around 2 million times each year we are at a tipping point. The time is now for psychiatrists and other mental health professionals to Step Up to continue to decriminalize serious mental illness and mental illness. At the American Psychiatric Association Foundation we have been bringing together community members with lived experience judges and our members to actively encourage system level changes through our Judges and Psychiatrists Leadership Initiative. Through the JPLI collaboration with the Council of State Governments Justice Center and Nation Center for State Courts we are committed to changing the way correctional systems and community system as a whole support their most vulnerable members. In this interactive session join community members a judge and lead by a forensic expert as they showcase how they are actively working to make system levels changes. From how community members and mental health professionals interact with each other with effective partnerships like NAMI San Antonio or a former Foundation Helping Hands Grantee to employee peer support specialist with proper career development from New York City who has effectively changed the career path for our patients to a nation wide effort to train 10000 judges and 2500 psychiatrists to impact the courts response to mental illness. Bring to this session a willingness to expand your role as a mental health professional questions for our experts and room for free resources. This session is presented by the APA Foundation.

## General Session

Wednesday May 08

### Psychopharmacology in the Medically Ill: An Update on Practical Pearls for the Busy Psychiatrist

*Stephen Ferrando M.D.; James Levenson M.D.*

#### Educational Objectives:

Objective One: At the conclusion of the session the participant will be able to understand and apply major drug-disease and drug-drug interactions in organ system diseases. Objective Two: At the conclusion of the session the participant will be able to effectively manage psychotropics in patients throughout the peri-operative period. Objective Three: At the conclusion of the session the participant will be able to manage psychotropics in patients before during and after bariatric surgery. Objective Four: At the conclusion of the session the participant will be able to address concerns regarding important potential drug toxicities.

#### Summary:

As our psychopharmacological armamentarium expands our population ages treatments of physical illnesses become more sophisticated and integrated care proliferates there is increased demand for the psychiatrist to be well-versed in the psychopharmacological treatment of the medically ill patient. The overall aim of this session is to provide up-to-date high-yield clinically relevant and evidence-based information on some of the key issues facing the busy clinician treating such patients. The discussion will focus on key clinical scenarios including: management of psychotropics in liver kidney heart lung GI and neurological disease; management of psychotropics in the peri-operative period; specialized considerations for the bariatric surgery patient; and psychotropic-associated risks of hyperprolactinemia and osteoporosis among others. Drs. Levenson and Ferrando will outline the key questions in these scenarios review the relevant

psychopharmacological literature and summarize their core recommendations based on their synthesis of the evidence and the application of clinical experience.

## General Session

Wednesday May 08

### Shattering the Stigma of Psychiatry by Reaching Out to 'the Unreached': The Wandering Mentally Ill Destitute on the Streets of India

*Bhavana Muppavarapu; Bharat Vatwani MD*

#### Educational Objectives:

Objective One: Note that the wandering mentally ill can be rescued off the streets & rehabilitated in a custodial care program combining professional medical intervention & a compassionate approach to socialization. Objective Two: Note that treating the wandering mentally ill with dignity helps secure control over their mental faculties & improves emotional insight to the point that they are keen to be repatriated in society. Objective Three: Note that huge spontaneous awareness about mental illness is generated by the re-integration of the recovered wandering mentally ill with their families which often cascades into the general public. Objective Four: Note that in the Indian context the influence of 'Addiction' in the precipitation of the wandering away of the mentally-ill from their homes and in their ultimate outcome/prognosis is insignificant. Objective Five: Note that large number of the mentally ill in India are left untreated & they often get unwittingly separated from their homes & end up as wandering mentally ill destitutes - unclothed/unfed/uncared.

#### Summary:

Many studies note that over a third of homeless persons have a serious mental illness mostly schizophrenia or bipolar disorder. The Intention of this Presentation is to attempt to reduce the incidence of the wandering mentally ill roadside destitute across the World by showcasing a concept of their rescue-treatment-recovery &

ultimate reintegration into society & to demonstrate that treating the wandering mentally ill with dignity allows patients to secure a greater control over their mental faculties & improves emotional insight to the extent that they are eager/keen to be repatriated in society. The wandering mentally ill can be rescued off the streets & rehabilitated comprehensively in a custodial care program combining professional medical intervention & a compassionate approach to socialization. An open field environment & productive participation in activities brings amelioration of the features of the mental illness which in the first place had caused the wandering out on to the streets. The recovered patients often facilitate their own reintegration into society. Huge spontaneous awareness about psychiatric illness is generated via these reunions with their families of the recovered wandering mentally ill. The family neighboring locals & elders are educated with informal gatherings involving hands-on question-answer sessions about mental illness; about causation symptomatology treatment; dispelling myths & misconceptions about Mental Illness. This awareness spreads to village & government administrators police personnel & ultimately cascades into the general public. This awareness has seeped into the functioning of different Government Mental Institutions/NGOs of India sheltering wandering destitute. They have become aware of the possibility/importance of reintegrating the wandering mentally ill within their care into society. This has added exponentially to the generation of collective & collaborative efforts for these destitutes. This Presentation also puts forth a causal connect between issues of Lack of Awareness about Mental Illness/ Stigma/ Grossly Inadequate Psychiatric Human Resources & Indoor Admission Infrastructure for the Mentally Ill coupled with Economic Hardships and a high incidence of mental illness being left untreated in India. These chronic mentally ill often get unwittingly separated from their homes & end up as wandering mentally ill destitutes- unclothed/unfed/uncared. India without a massive Mental Health Movement will see a lot of Mentally Ill Homeless Destitutes. Lastly in our experience the influence of 'Addiction' in both the

precipitation of the wandering away of the mentally-ill destitute from their homes or as an influence in their ultimate outcome/prognosis is insignificant. The replication of the above model with appropriate tweaking to match local cultural economic & environmental milieu could yield plausible reduction in the plight & suffering of the wandering mentally ill across countries.

## **General Session**

**Wednesday May 08**

### **Building Skills in Leadership and Scholarship: A Trainee Bootcamp for Career Development**

*Sallie DeGolia M.D. M.P.H.; Melissa Arbuckle*

#### **Educational Objectives:**

Objective One: Describe strategies for gaining leadership experience Objective Two: Describe strategies to develop scholarship skills Objective Three: Identify potential barriers to developing leadership and scholarship experience

#### **Summary:**

A career in psychiatry often involves far more than simply developing outstanding clinical skills. Given the current and future mental health needs of our society graduates of psychiatric residency and fellowship will no doubt be serving as supervisors medical directors hospital administrators academicians and advocates for important mental health interventions. Developing critical leadership and scholarship skills during training will position a graduate well for the future! the future career opportunities for those with leadership experience leadership may also help mitigate burnout. West et al (2018) demonstrated that burnout is reduced if physicians have an increased sense of autonomy or control over their lives. Being empowered to impact systems curriculum or day to day life during residency through leading trainees can experience a sense of autonomy and professional satisfaction. Furthermore according to the Accreditation Council for Graduate Medical Education (ACGME 2024) all



residents and faculty must participate in scholarship. If a trainee is from a resource-poor institution this might particularly feel intimidating or nearly impossible! However engaging in scholarship is both easy to implement and of significant benefit to the trainee. By engaging in scholarship trainees become energized and connected to a network of colleagues and thereby enhance the residency experience through community and meaning (Wei et al. 2020). It also is an important way for trainees to develop an area of expertise that can be critical to attaining a desired career path. This workshop will focus on helping trainees understand the importance of building both leadership and scholarship skills during residency and their important impact on career development. We will explore strategies to their development as well as barriers to achieving these important skills.

## **General Session**

### **Sunday May 05**

#### **Emerging Adulthood: A Psychodynamic Approach to the New Developmental Phase of the 21st Century**

*Jack Yang; Adrianna Lam; Stephanie Ma M.D.; Karen Gilmore M.D.; Pamela Meersand*

#### **Educational Objectives:**

Objective One: Attendees should be able to explain the concept of emerging adulthood its origins and its evolution in addition to its controversies and detractors. Objective Two: Attendees should know the special developmental challenges for young people between the end of compulsory education and age thirty (18-30) in contemporary society. Objective Three: Mental health clinicians will appreciate the the special considerations and techniques required to work with these young people. Objective Four: Mental health professionals should be able to distinguish between normative developmental struggles and more severe character pathology. Objective Five: . Mental health professionals will have a good grasp

of the normative instability and unsettled feeling common in this age group.

#### **Summary:**

This book is intended to educate readers about emerging adulthood from a psychodynamic perspective. We first describe the concept as it was introduced in 2000 by Jeffrey Arnett sample the extensive literature that followed and add the depth of psychodynamic insights to this lengthy developmental phase which we divide into two segments: early emerging adulthood/late adolescence and late emerging adulthood. The book examines these two phases explores their different developmental challenges with special attention to identity formation and the role of culture especially youth culture in facilitating the process of individuation that occupies this age group

## **General Session**

### **Monday May 06**

#### **Medical Student Residency Fair (Not Available for CME Credit)**

*Shielene Vargas; Lauren Dugan; Vincent Zhang; Ethan Kim BA; Donald Prunty*

#### **Educational Objectives:**

Objective One: Compare and contrast attributes of several residency training programs Objective Two: Examine traits of programs that are important for their personal and professional goals Objective Three: Develop a preliminary list of programs to which they would like to apply

#### **Summary:**

This session will provide a forum for medical students to meet with residency program directors or their designees to ask questions about their program. It will also serve as a networking forum for students. In addition this session will provide an opportunity for PDs to pitch their programs to a large group of students.

## General Session

Saturday May 04

### **An Update on Acute Brain Failure: Everything You Need to Know About Delirium Pathophysiology Diagnosis Management and Sequelae**

*Jose Maldonado M.D.; Derek Pipolo M.D.*

#### **Educational Objectives:**

Objective One: Identify the strengths and weaknesses of various screening and diagnostic instruments used for the detection of delirium  
Objective Two: Recognize the main risk factors for the development of delirium in the clinical setting  
Objective Three: Understand the evidence supporting the use of non-pharmacological techniques (e.g. light therapy early mobilization) in delirium prevention and treatment  
Objective Four: Understand the evidence behind the use of pharmacological agents (e.g. antipsychotic alpha-2 agonists Ca<sup>+</sup> channel modulators melatonin & its agonists) in the prevention and treatment of delirium  
Objective Five: Review & understand the evidence behind the use of non-conventional agents (e.g. alpha-2 agonist melatonin anticonvulsant agents) in the prevention and treatment of delirium

#### **Summary:**

Delirium is a neurobehavioral syndrome caused by the transient disruption of normal neuronal activity due to disturbances of systemic physiology. It is also the most common psychiatric syndrome found in the general hospital setting causing widespread adverse impact to medically ill patients. Studies have demonstrated that the occurrence of delirium is associated with greater morbidity mortality and a number of short and long-term problems. Short-term patients suffering from delirium are at risk of harming themselves (e.g. falls accidental extubation) and of accidentally injuring their caregivers due to confusion agitation and paranoia. Long-term delirium has been associated with increased hospital-acquired complications (e.g. decubitus ulcers aspiration pneumonia) a slower rate of physical recovery prolonged hospital stays and

increased placement in specialized intermediate and long-term care facilities. Furthermore delirium is associated with poor functional and cognitive recovery an increased rate of cognitive impairment (including increasing rates of dementia) and decreased quality of life. In fact growing data suggests that the development of delirium might be one of the modifiable precursors for the development of early cognitive impairment including dementia. This session will review: reasons why all psychiatrist must know about delirium; delirium's diagnostic criteria (including new DSM-5 and ICD-11 criteria); delirium subtypes clinical presentation and characteristics; the benefits and limitations of available diagnostic tools; the proposed theories regarding its pathogenesis; the reciprocal relationship between delirium and cognitive functioning (both before and after delirium occurrence); and summarize the behavioral and pharmacological evidence-based techniques associated with successful prevention and treatment strategies. While this comprehensive session will review what we know to date from a historical perspective it will very much focus on the most recent approaches at understanding its pathophysiology prediction surveillance diagnosis prevention and treatment. We will address novel technologies for predicting diagnosis and assessing delirium's response to treatment. Finally we will review the reciprocal relationship between delirium and dementia – complicating each other's diagnosis and outcome. We will also use delirium tremens (i.e. alcohol withdrawal delirium) as a way to better understand delirium's pathophysiology and discuss novel benzodiazepine-sparing techniques in order to better control the syndrome and prevent its complications while avoiding the deliriogenic effects of benzodiazepine agents. This session represents an updated and expanded version of the same session I have successfully and repeatedly presented at the APA prior to the COVID pandemic reflecting advances in our knowledge and understanding of this condition.

## General Session

## Saturday May 04

### Telehealth Best Practices

*Vincent Zhang; Ujval Pathak M.D.;M.P.H.; Emily Rosen M.D.; Nyota Pieh; Shabana Khan M.D.; Derek Blevins M.D.*

#### Educational Objectives:

Objective One: Reference and review regulatory telehealth guidance especially from the APA telehealth toolkit Objective Two: Evaluate opportunities to practice telehealth in large group or academic practices Objective Three: Consider steps to implement telehealth in private practice settings

#### Summary:

There has been a surge in telehealth since the onset of the COVID-19 public health emergency. This is especially relevant to mental health given the increased symptom burden experienced during the pandemic in the wake of the public health emergency as well as numerous destabilizing events. Notably and admirably there was actually an increase in overall care rates for MDD anxiety and adjustment disorders during the pandemic when combining telehealth and in person visits. This surge in access lends to the question of what best practices with respect to telehealth are especially in the context of changing legislation state/federal regulations as well as technology for best outcomes for patients. The goal of this session is to highlight best practices as well as important considerations when approaching telemental health.

## General Session

### Tuesday May 07

#### Religion Spirituality and Psychiatry: Hot Topics in 2024

*Mary Dell M.D.;DMin;MHA; Atasha Jordan M.D. M.B.A.; Dale Sebastian M.D.;M.B.B.S.; Wai Lun Alan Fung M.D.*

#### Educational Objectives:

Objective One: Discuss religious/spiritual considerations in recovery-oriented care planning in partnership with faith-based community

services. Objective Two: Discuss the barriers and facilitators of implementing spirituality-based group psychotherapy Objective Three: Discuss priorities of the World Psychiatric Association (WPA) Section on Religion Spirituality and Psychiatry Objective Four: Discuss collaborative approaches to spiritual and psychiatric care of older adolescent/young adults

#### Summary:

The relationship of mental health practitioners and religious/spiritual leaders and institutions has been historically colorful at times sympathetic and cooperative during other periods of time less trustful. Over the past three decades these two families of disciplines have experienced renewed trust and desire to collaborate in the best interests of both patients and individuals belonging to or associated with religious communities. as evidenced by many collaborative programs formal and informal. Under the leadership of Paul Summergrad MD over fifty leaders in psychiatry and various faith communities formed the Mental Health and Faith Community Partnership in 2014. Early work reviewed common mental health conditions diagnosis and treatment referrals for mental health care how to distinguish religious/spiritual concerns from mental illness. and inclusion of individuals with mental health concerns in faith communities. Given the changes in the world since 2014 the Mental Health and Faith Community Partnership has been reconstituted for new collaborations. This presentation explores four areas of shared interest to psychiatry and faith communities: 1) the integration of religion spirituality & recovery in community mental health care; 2) spiritual psychotherapy for inpatient residential & intensive treatment settings; 3) international work at the interface of religion/spirituality & psychiatry; 4) mental health and spiritual needs of individuals in older adolescents/young adults. Dale Sebastian MBBS MD is Assistant Professor at Yale University New Haven CT. His clinical focus is in the community sector working with patients with chronic mental illnesses in long term inpatient psychiatric settings. Areas of expertise include management of patients with psychotic and mood disorders trauma and personality disorders

complicated by institutionalization stigma social isolation legal issues and socioeconomic disparities. Atasha Jordan MD MBA is Attending Psychiatrist at Cooper University Health Care Camden NJ. Her work focuses on Mental Health First Aid in Black churches and spirituality-based group psychotherapies. She recently founded the 501(c)(3) non-profit Christian Mental Health Initiative to help churches address the mental health needs of their congregants. Alan Fung MD ScD is Medical Director Mount Sinai Hospital Wellness Center University of Toronto Faculty of Medicine and Research Professor Tyndale University in Toronto Ontario Canada. He chairs the World Psychiatric Association Section on Religion Spirituality and Psychiatry and is Vice-Chair of the APA Caucus on Religion Spirituality and Psychiatry. Mary Lynn Dell MD DMin MHA is Chair Child & Adolescent Psychiatry Associate Medical Director Institute of Living Hartford CT and Chair of the APA Caucus on Religion Spirituality and Psychiatry. She is also an Episcopal priest. This session is presented by the APA Foundation.

## **General Session**

### **Sunday May 05**

#### **“But I’m No Master Educator...”: Chalk Talk Teaching Scripts to Facilitate Clinical Teaching for the Resident-as-Teacher**

*Johnathon Lueck; Joseph Stoklosa MD; Adrienne Gerken M.D.; David Frederick M.D.; Philip Cawkwell MD; Mirza Baig*

#### **Educational Objectives:**

Objective One: Discuss how chalk talk teaching scripts can lower barriers to teaching Objective Two: Practice delivering an existing teaching script to a trainee through role play Objective Three: Develop a new teaching script using a structured template

#### **Summary:**

Even the highly motivated resident-as-teacher faces barriers to effective medical student teaching on busy clinical services including underdeveloped confidence in a particular

subject insufficient preparation and teaching time and lack of comprehensive knowledge. Qualitative research has shown that experienced educators often have an internalized teaching script that includes teaching methods learning goals and key points. Medical educators may also use an externalized “chalk talk” script—a brief pre-planned structured teaching session with specified teaching points—which takes extra experience or time to create. To lower the barrier for resident educators to lead chalk talks we created a series of scripts that clinician-educators can use to teach trainees core psychiatric concepts with minimal preparation time in a busy clinical setting. This practical tool trialed throughout our residency program and teaching services has served to empower educators promote team inclusion and put a new spin on the brief structured teaching session. Individual scripts will also intentionally integrate diversity equity and inclusion-specific issues such as sources of diagnostic bias and disparities in treatment access relevant to each topic. In this workshop participants will dynamically practice using and developing chalk talk teaching scripts. Attendees will utilize provided scripts to roleplay brief chalk talks with only minimal preparation time to demonstrate the lower activation energy required with this methodology. In keeping with the meeting theme several of the provided scripts will feature topics pertinent to addiction psychiatry including medications for alcohol use disorder medications for opioid use disorder and management of alcohol withdrawal. Attendees will then workshop in pairs the development of an outline for their own teaching script using a structured format – either in the realm of addiction psychiatry or in any other domain of psychiatry that is of interest. Attendees will be able to take the teaching script they generate back to their program and share it with colleagues to help foster a sense of community among clinician-educators.

## **General Session**

### **Tuesday May 07**

## **An Update From the ABPN: News You Can Use About Specialty Certification**

*Alroy D'Sa; Jeffrey Lyness M.D.; Josepha Cheong M.D.; Robert Boland*

### **Educational Objectives:**

Objective One: Understand the role of specialty certification as distinct from yet complementary to education. Objective Two: Summarize the rationale for independent assessment as part of a continuing certification program. Objective Three: Describe the core elements of the ABPN's continuing certification program.

### **Summary:**

While details of the regulation of the medical profession may not be well understood by most of the general public our patients do expect that their physicians are demonstrating their expertise as determined by some kind of external judgment. That is the key function of specialty board certification and therefore the mission of the ABPN: to credibly reassure patients families and the public by giving us as psychiatrists the chance to demonstrate our expertise via in part independent assessments. With this mission in mind this session will provide an update from the American Board of Psychiatry & Neurology including its Continuing Certification program. Dr. Lyness the ABPN President and CEO will provide an overview of the ABPN's primary goals and activities and the rationale for and key elements of its Continuing Certification program. Drs. Cheong and Boland who serve as psychiatry directors on the ABPN board will provide perspectives on developing the ABPN's assessments — specifically certification and recertification examinations as well as the Article-Based Continuing Certification pathway — and on their real-world experiences as diplomates with tailoring their Continuing Certification activities to their clinical practices and interests and using the web-based ABPN Physician Portal to attest to their activities. The session also will allow ample time for discussion and questions with attendees.

## **General Session**

**Tuesday May 07**

### **Early Psychosis Care: From Raise to Epinet and Beyond**

*Paris Bean BS; Susan Azrin PhD; Kenneth Duckworth; Oladunni Oluwoye PhD; Sapana Patel*

### **Educational Objectives:**

Objective One: Contrast the impact of Coordinated Specialty Care (CSC) for early psychosis on the US standard of practice for early intervention in schizophrenia and related psychotic disorders as compared to a dec Objective Two: Identify disparities and inequities in access outcomes and service utilization in CSC and current efforts to address those disparities and inequities in the US. Objective Three: Employ methods for early psychosis care engagement based on strategic outreach relationship building and tools that facilitate inclusion of diverse CSC stakeholders in a learning healthcare system. Objective Four: Incorporate mechanisms to meaningfully involve early psychosis care stakeholders across various phases of a quality improvement project to iteratively co-create knowledge tools and solutions for a l

### **Summary:**

Dr. Susan Azrin of the NIMH who has had leadership roles in both RAISE and EPINET will present an overview for the session. The NIMH's Recovery After an Initial Schizophrenia Episode (RAISE) initiative established the feasibility and effectiveness of a multicomponent team-based intervention for reducing symptoms and improving functioning among young adults experiencing early psychosis (EP). RAISE's findings on the superiority of this treatment termed Coordinated Specialty Care (CSC) compared to standard care catalyzed federal and state investment in early intervention services transforming the treatment of schizophrenia in the US. In 2008 the US had about 12 CSC programs. Today 360+ CSC programs operate in all 50 states serving tens of thousands of young people each year. CSC is now the standard of practice for EP care in the US. The nationwide proliferation of CSC programs



created the opportunity for NIMH to form the EP Intervention Network (EPINET) a national learning health care (LHC) system for EP. EPINET's mission is to accelerate advances in EP care recovery outcomes and scientific discovery through a national EP LHC partnership. EPINET involves 100+ CSC programs connected via a national data coordinating center and 5000+ participants contributing assessments. Numerous practice-based research projects on topics such as suicide prevention improving cognition and motivation and preventing substance misuse are underway. Ken Duckworth MD Chief Medical Officer of the National Alliance on Mental Illness (NAMI) Asst. Prof. of Psychiatry at Harvard Medical School and Author of the 2022 book *You Are Not Alone: The NAMI Guide to Navigating Mental Health* will discuss the impact of CSC becoming the standard of practice for early schizophrenia. Dr. Duckworth speaks from the perspectives of a psychiatrist delivering EP care a family member affected by serious mental illness and as an advocate for the widespread implementation of CSC. Oladunni Oluwoye PhD Asst. Prof. at Washington State University has examined racial and ethnic differences in treatment outcomes among participants in the RAISE-Early Treatment Program clinical trial and is conducting research on strategies to address inequities in pathways to CSC. In her presentation Dr. Oluwoye will explore the existing literature and present her own work identifying and addressing disparities in CSC access service utilization and outcomes. Dr. Sapana Patel PhD is Assoc. Prof. at Columbia University and Director of Implementation Science at the Center for Practice Innovations. Dr. Patel will present on a series of quality improvement (QI) projects conducted by OnTrackNY a nationally recognized CSC model and EPINET scientific hub. She will describe the role of Amplify an initiative involving CSC stakeholders including members with personal and family lived experience in meaningful stakeholder engagement and the co-creation of CSC LHS knowledge tools and solutions.

## General Session

**Sunday May 05**

### **Beyond Clutter: A Comprehensive Exploration of Hoarding Disorder and Emerging Research Horizons**

*Alisha Khanna; Brittany Shah; Carolyn Rodriguez M.D. Ph.D.; Randy Frost Ph.D.; Michael Wheaton PhD*

#### **Educational Objectives:**

Objective One: diagnostic criteria for hoarding disorder to diagnose adults based on patient history Objective Two: Differentiate the clinical presentations of hoarding disorder to develop a treatment plan Objective Three: Compare clinical trial data on psychotherapeutic and pharmacotherapeutic treatments Objective Four: Recommend resources and treatment for co-occurring conditions to improve outcomes Objective Five: Evaluate and apply interdisciplinary approaches to understanding of hoarding behaviors

#### **Summary:**

For all of us possessions have a magical quality. Our cherished possessions are imbued with special meaning an essence that go beyond their physical qualities - like a ticket stub from a favorite concert or scarf from a dear friend. Seldom do these feelings interfere with our lives; however for some attachment to possessions result in accumulation of clutter in living spaces that render them unusable. When difficulty parting with possessions cause distress and impairment in social occupational or other functioning it can be a sign of a disorder. With the publication of DSM-5 in 2013 hoarding was classified as a disorder in its own right rather than as a symptom of obsessive-compulsive disorder or obsessive-compulsive personality disorder Yet hoarding disorder remains underrecognized misunderstood and undertreated. In this symposium three hoarding experts draw on their own clinical experiences and illustrative videos as well as the latest published research to provide a comprehensive overview of hoarding disorder. They will describe the key features of the disorder and treatment approaches such as the phenomenology including diagnosis comorbidities and assessment etiology from both

a cognitive-behavioral and a neurobiological perspective psychotherapeutic and pharmacological treatments from cognitive-behavioral therapy harm reduction strategies and community approaches to the efficacy of specific drugs. Challenges including working with elderly patients managing cases of animal hoarding and distinguishing and addressing squalor will be discussed along with numerous case studies. For psychiatrists psychologists human service and other mental health professionals peer support counselors community advocates and professionals in training this symposium will improve the attendee's knowledge and skill in treating patients with hoarding disorder both those with straightforward presentations and those with complicated ones. This symposium will also highlight the importance of translating findings from research to clinical and community settings and of outreach to increase access to care in underserved areas. The format will be 3 interactive presentations by experts in hoarding disorder followed by a panel and question and answer session.

## **General Session**

### **Saturday May 04**

#### **The Role of the Photographic Arts in Psychiatry**

*Amy Kim; Reynaldo Zamora Reyes; Adrianna Lam; Tuyet Elan M.D.; Brandon Woolfson; Carlyle Chan M.D.; Mara Pheister M.D.; David Mintz M.D.; Alhaji Camara M.D.*

#### **Educational Objectives:**

Objective One: Appreciate the contribution of photography as part of the arts and humanities in psychiatry  
Objective Two: Examine the relationship between photography and psychotherapy  
Objective Three: Understand how photography can augment adolescent treatment

#### **Summary:**

The value and importance of the arts and humanities in higher education especial Medicine has been well articulated by the Association of American Medical Colleges (AAMC). This session will focus on how photography adds value in

psychiatric education and practice. clinical work can be demanding and photography can serve as a unique and creative outlet. Photography is defined by what is framed and practicing photography can have a calming and containing effect. Practicing photography in more social situations can provide some distance and protection while allowing someone remain within the group. It allows the photographer to sublimate. Donald Colson noted "In photography one 'takes' without depleting 'shoots' without harming and indeed instead of damaging the subject symbolically preserves it." Photos can serve as transitional objects and the process can allow someone to work through their pain and define their 'self'. In addition to the therapeutic value of art for physicians and patients alike there is overlap between the skills and attitudes of the photographer and that of the psychotherapist focused on depth insight and relationships. There are two individuals involved in a photograph the person taking the image and the person viewing the image. Each viewer brings to the image their own personal history and experiences a phenomenon similar to that of transference. Both psychotherapy and photography create a situation of being simultaneously deeply engaged and also of holding back in a space of observing rather than experiencing. Similarly in both cases the practice of "evenly hovering attention" allows the practitioner to see what otherwise might have been missed. Often what is most interesting is not immediately obvious. In both cases the key may be found in the little things or in identifying patterns that become the actual subject of exploration. Sometimes what transforms the mundane into the meaningful is simply finding a new angle from which to view the subject. In both disciplines it is necessary to slow things down either by waiting patiently for the right moment or by actually slowing down to process to allow something new to be seen. The principles above are apparent in a clinical example that we will share of how photography provides an alternative means for adolescents initially reluctant to speak to express their feelings. Having a camera to capture images provides a different vehicle to articulate emotions and augment the therapeutic process. If time permits we will

briefly review Visual Thinking Strategies which has increasingly become an educational tool for improving the observational skill of medical professionals. Participants viewing an image are guided by three questions: What's going on in this picture? What do you see that makes you say that? What more can we find?

## **General Session**

### **Saturday May 04**

#### **Translational Studies of Sleep and Circadian Rhythms in Substance Use Disorders**

*Ojas Deshpande; Sunila Nair Ph.D.; Ryan Logan; Lais Berro Ph.D.; Stephanie Puig M.D.; Jennifer Ellis*

#### **Educational Objectives:**

Objective One: Understand relationship between methamphetamine use and sleep impairment: Insights from non-human primate studies  
Objective Two: Understand circadian rhythm disruptions of synaptic proteome signaling in the prefrontal cortex and nucleus accumbens associated with opioid use disorder  
Objective Three: Understand the effects of sleep disruption on in-treatment and post-treatment outcomes among individuals in residential opioid use disorder treatment.

#### **Summary:**

Substance use disorders (SUDs) are intricately interconnected with sleep and circadian rhythms. Exposure to addictive substances evokes disturbances in sleep homeostasis while sleep disturbances increase the risk of development and severity of SUDs. Acute substance use disrupts sleep parameters such as latency duration quality and architecture of sleep. With chronic use sleep disruptions intensify and withdrawal from substance use is often associated with sleep fragmentation resembling chronic insomnia that enhances impulsivity and craving increasing the propensity to relapse. Conversely disruption in sleep homeostasis increases drug intake craving and the susceptibility to relapse to SUDs. This relationship between sleep and SUDs has been demonstrated

with a variety of drugs with known abuse liability. In addition acute and chronic exposure to addictive substances is known to alter the rhythmic expression of clock genes in reward-related brain regions. In this panel we highlight recent advances in translational studies targeted at understanding the inter-relationship between the sleep and/or circadian rhythms and SUDs. Firstly Dr. Lais Berro will discuss cutting-edge work on sleep and circadian changes during and following methamphetamine use using actigraphy and EEG/EMG in rhesus monkeys. She will also discuss the therapeutic potential of an orexin receptor antagonist to reverse sleep impairments in monkeys using methamphetamine paving the way for therapeutics to target sleep as a potential adjunctive treatment of people with substance use disorders. Secondly Dr. Stephanie Puig will present recent work describing high-resolution synaptosomal proteomics findings from human postmortem brain of subjects with opioid use disorder revealing profound alterations in circadian dependent signaling changes in specific cortical and striatal synapses. Finally Dr. Jennifer Ellis will discuss the effects of sleep disruption on in-treatment and post-treatment outcomes among individuals in residential treatment for opioid use disorder. The proposed speakers are diverse across both research focus (i.e. non-human primates human postmortem and individuals with opioid use disorder) and approaches (i.e. behavioral molecular and clinical). The speakers are ALL women and junior faculty developing exciting research programs in the areas of sleep circadian rhythms and addiction.

## **General Session**

### **Monday May 06**

#### **"I Still Love You": A Heart Surgeon Felled by Mental Illness**

*Jacklyn Vargas M.D.; Sebastian Acevedo M.P.H.; Michael Myers M.D.; Diane Pontius; Kenneth Duckworth*

#### **Educational Objectives:**

Objective One: 1. Grasp how an educated and successful physician with a psychiatric illness can fall through the cracks of our mental health system. Objective Two: 2. Summarize the ways in which a loving daughter son-in-law and son became essential proxies in Dr Pontius' medical and psychiatric care. Objective Three: 3. Discuss how NAMI (National Alliance on Mental Illness) provides support to individuals and their families education advocacy and public awareness. Objective Four: 4. Reflect upon the ways in which Ms Pontius found the medical community helpful for her and her father and the ways in which they could do better.

### **Summary:**

"I Still Love You" is a powerful short (15 minute) documentary created by film-maker Diane Pontius. It chronicles the life of her father Dr Robert Pontius a pioneering pediatric heart surgeon at Children's Hospital in Pittsburgh. His illustrious career and international reputation came to a grinding halt in 1970 when he experienced a psychotic episode from which he never recovered. He was later diagnosed with bipolar illness and then after many years of independent living with dementia. In this session Chair Dr Michael Myers will introduce Ms Pontius who will give a brief background of the work before showing her film. She will explain that for most of her life her father's mental health was a subject she avoided until she couldn't anymore. That happened in 2010 when he had another crisis. While helping her father get the care he needed she began to learn more about him the field of psychiatry and mental healthcare gaps. She realized that psychiatry had changed some since his first crisis in 1970 which was helpful but was still lacking in some key areas. She hopes that this film will help to make care better not just for a physician with a mental illness like her dad but better for everyone. After the audience has screened the film Dr Ken Duckworth Chief Medical Officer of NAMI author of "You Are Not Alone: The NAMI Guide to Navigating Mental Health" and whose father lived with bipolar illness will discuss the availability of NAMI programming. He will talk about the many free resources for families and individuals found on line and in

person across the nation at NAMI's more than 650 affiliates. Dr Myers Professor of Clinical Psychiatry at SUNY Downstate Health Sciences University in Brooklyn NY and specialist in physician health will make a few comments about the personal family and professional challenges for doctors with bipolar illness. This will be followed by a robust and interactive discussion with the audience.

## **General Session**

### **Monday May 06**

#### **Addiction and Homelessness: Responding to a Public Health Crisis**

*Elise Kao; Yusuf Sendil M.D.; Wilson Compton M.D.; Kevin Xu M.D. M.P.H.; Sonya Gabrielian M.D. M.P.H.; Kim Miller*

#### **Educational Objectives:**

Objective One: At the end of this session participants will understand the extent of overdose deaths among persons who are unhoused. Objective Two: At the end of this session participants will understand the role of housing in improving addiction outcomes. Objective Three: At the end of this session participants will understand how to organize substance use treatment for persons who are unhoused.

#### **Summary:**

While people who experience homelessness display high rates of physical and mental illnesses including substance use disorders (SUD) the relationships between these phenomena are often bidirectional and cyclical. Addressing these complex concerns requires new and innovative approaches to care. Aligning with APA 2024's annual meeting theme Confronting Addiction from Prevention to Recovery this panel brings together experts presenting and discussing the topic of "Addiction and Homelessness". Not surprisingly the risk of premature death among persons who experience homelessness is disproportionately high and even higher among unsheltered persons. Today those deaths are mainly driven by chronic medical conditions and SUD. One study in Boston estimated that deaths among unhoused persons

who experience homelessness were 10 times higher than the general population (and three times higher than sheltered persons who experience homelessness). Homelessness and SUD are intertwined phenomena each exacerbating the other. The resulting vicious cycle is difficult to disrupt because of social stigma discrimination and substantial barriers to health and housing services. For example among U.S. Veterans who have experienced homelessness SUD and nonfatal overdoses (most often involving alcohol) are relatively common events and yet our ability to address these problems effectively is hampered by significant obstacles like anti-homeless laws (e.g. seclusion into encampments) lack of trust and staff burn-out. This panel will explore the multifaceted links between homelessness and SUD offering important lessons for the design of more effective interventions to reduce drug related morbidity and mortality among persons who experience homelessness. Interventions may include behavioral health integration into primary medical care public health initiatives to prevent and reverse drug overdoses enhanced care coordination practices in homeless services harm reduction approaches and social policy measures to end homelessness that account for the unique circumstances of this most vulnerable of populations. Specifically Dr. Xu will present a systematic review of SUD epidemiology in persons who experience homelessness and identify research gaps surrounding evidence-based interventions to improve SUD outcomes; Dr. Gabrielian will recount VA's experience on permanent supportive housing for persons with SUD; and Dr. Kariisa will share recent data obtained from the CDC's State Unintentional Drug Overdose Reporting System on overdose deaths which often involving illegally manufactured fentanyl-related compounds among persons who experience homelessness. Following the presentations facilitated discussion will provide an opportunity to address these and related topics and issues of interest to the audience.

## **General Session**

## **Saturday May 04**

### **Addressing Moral Injury in the U.S. Military: Interdisciplinary Approaches to Research Clinical Practice and the Military-to-Civilian Transition**

*Emma Brennan; Walter Sowden Ph.D.; Eric Reynolds; Julia Schroeder; Natascha Richardson*

#### **Educational Objectives:**

Objective One: Assess moral injury and its manifestations in military personnel through research data. Objective Two: Evaluate the Expressions of Moral Injury Scale - Military Version's psychometric properties and clinical utility. Objective Three: Integrate the role of spiritual guidance in treating Soldiers experiencing symptoms of moral injury. Objective Four: Develop insights into the diagnostic and therapeutic approaches military behavioral health providers use to manage moral injury. Objective Five: Manage the impact of morally injurious events on mental health during the transition from active service to veteran status.

#### **Summary:**

Moral injury defined as the severe psychological distress that occurs when deeply held ethical convictions are violated poses a significant challenge to the military community affecting both active-duty personnel and veterans. This symposium aims to deepen our understanding shape clinical practice and spark action by providing a robust in-depth interdisciplinary exploration of moral injury within the U.S. Military community. The session will feature groundbreaking research extracted from the Behavioral Health Data Portal (BHDP) a comprehensive platform designed for the collection monitoring and management of military behavioral health data. Using advanced statistical techniques and longitudinal data we will focus on the psychometric validity and clinical utility of the newly added Expressions of Moral Injury Scale-Military Version (EMIS-M). Participants will be provided insights into this measure's reliability validity use and broader implications for military mental health. Next the symposium will offer a unique theological viewpoint on moral injury.



Attendees will delve into the moral dilemmas and emotional challenges faced by service members and explore counseling approaches and spiritual support techniques that can foster healing and resilience. The program will transition into the clinical complexities surrounding moral injury. Utilizing vivid case studies and practical examples the session will discuss the challenges military healthcare providers encounter especially when moral injury co-occurs with other mental health disorders like PTSD and depression. Evidence-based intervention strategies and therapeutic modalities tailored to address the complex interplay between moral injury and mental health will be shared. The session will conclude by focusing on veterans examining the impact of morally injurious events on mental health during the transition from military to civilian life. Resources available for physicians clinicians and individuals grappling with moral injury during this critical transition period will be highlighted. This symposium serves as a call to action inviting attendees to engage deeply with the content and contribute to the ongoing dialogue. The symposium will feature a practical exercise and an interactive Q&A session enabling participants to directly engage with the material. The expected outcome is an enhanced understanding and more effective treatment strategies for moral injury thereby improving mental health outcomes not only for our service members and veterans but also for the general population. This comprehensive event is an indispensable resource for professionals across various disciplines interested in moral injury. Disclosure: The views expressed in this presentation are those of the author and do not necessarily reflect the official policy of the Department of Defense Department of the Army U.S. Army Medical Department or the U.S. Government.

## **General Session**

**Tuesday May 07**

### **Am I the Only One Feeling This Way? A Resident-Led Balint Group for Psychiatry Residents**

*Aakanksha Singh M.B.B.S.; Lauren Pengrin; Yuxi Zhang M.D.; John Echevarria M.D.; Jingxiong Pu M.D.*

#### **Educational Objectives:**

Objective One: Explain the purpose and structure of a Balint group. Objective Two: Identify common clinical scenarios that may trigger intense emotions in physicians. Objective Three: Analyze the advantages and limitations of a peer-led Balint group. Objective Four: Create a tailored peer-led Balint group in a residency program.

#### **Summary:**

Psychiatry residents are very familiar with clinical situations that can trigger intense and often shameful emotions in themselves. These “difficult” interactions that elicit countertransference often prove to be fruitful and important in connecting physicians with patients and helping physicians better understand patients' psyches. Balint groups provide a safe supportive and informal learning environment for discussion of such experiences among colleagues to foster empathy towards patients self and colleagues provide new insight into the clinical interaction and improve patient-physician relationship. What's more existing studies have demonstrated the importance of Balint groups in helping alleviate physician burnout. Although Balint groups have been incorporated into many residency programs' training curriculum in the United States (US) especially family medicine its presence in psychiatry residency curriculum remains uncommon. Peer-led Balint groups in US residency programs are also elusive in existing literature. To fill the gap with support from the author's program director we (PGY-3 and PGY-4) started a monthly recurring voluntary Balint group open to all PGY years serving as peer co-leaders supervised by an outside nonaffiliated experienced group therapist. We speculate that junior residents on inpatient psychiatry and non-psychiatry rotations may be more prone to burnout and may find these clinical interactions more challenging compared to senior residents with outpatient therapy experience and dedicated therapy supervision. To foster trust and vulnerability and set an example in the first Balint group session one group leader presented a case.

Other residents presented cases thereafter. Our session will introduce participants to the resident-led Balint group from both group leaders' and a participant's perspectives. We will discuss the common countertransference themes in psychiatry residents and the opportunities and challenges of having a peer-led Balint group. Our session will feature a small group interactive activity where participants are asked to form groups of 6-8 people and engage in a role play. A hypothetical clinical case will be provided to small groups where one person in each group acts as the presenter and others as discussants following the ground rules of Balint groups. This will be an experiential learning opportunity for participants to imagine being in a Balint group with peers. We will then review the activity and discuss participants' reflections.

## **General Session**

**Wednesday May 08**

### **Applying Transference-Focused Psychotherapy (TFP) Principles in General Psychiatry: Practical Guidelines for Treating Patients With Personality Disorders**

*Misleydi Rios Rodriguez; Richard Hersh M.D.; Chiara De Panfilis; Tennyson Lee M.D.; Luis Valenciano*

#### **Educational Objectives:**

Objective One: Introduce the principles of Transference-Focused Psychotherapy (TFP) the treatment for patients with borderline personality disorder (BPD) Objective Two: Describe principles of TFP used by the general psychiatrist in "applied TFP" in clinical situations other than as an individual psychotherapy Objective Three: Explain the implementation of TFP principles across the treatment continuum including general outpatient psychiatry treatment community-based care by a multi-professional team and the psychiatric e Objective Four: Review how the use of TFP principles can aid psychiatrists in the clinical encounter and provide valuable risk management guidance for work with a challenging patient population

#### **Summary:**

Transference-Focused Psychotherapy (TFP) is an empirically validated individual treatment for patients with borderline personality disorder (BPD) informed by psychoanalytic object relations theory. While TFP was developed as an extended individual psychotherapy for adult BPD patients its use has been extended to adolescent BPD patients and to patients with other personality disorder presentations including patients with narcissistic disorders. Psychiatrists familiar with the key principles of TFP have subsequently applied these principles in a variety of clinical situations beyond the individual psychotherapy dyad; this initiative of "applied TFP" has grown in multiple sites internationally. Given the disproportionate representation of patients with BPD in almost all clinical settings the adaptable practical core principles of TFP have significant utility for providers in general psychiatry settings even when those providers do not offer individual psychotherapy. In this presentation TFP's core elements will be introduced. These elements include use of the structural interview as an assessment tool an intervention that integrates standard familiar diagnostic categories with exploration consistent with the Alternative Model for Personality Disorders (AMPD) of Section III of the DSM-5. The structural interview is also consistent with the ICD-11 classification of personality disorder in terms of its emphasis on self and other functioning and also on level of functioning i.e. the severity of personality disorder pathology. TFP's systematic sharing of diagnoses family engagement and the development and maintenance of a treatment contract are reviewed. The history of use of TFP principles more broadly in general psychiatry is outlined including pilot programs in residency education and the interface with primary care medicine. "Applied TFP" as currently implemented will be introduced with an overview of the different settings where it is now employed. These settings include: general outpatient case management and pharmacotherapy; group treatments; day treatment settings; inpatient units; forensic services; and community-based outreach programs. The presentation will aim to provide the

general psychiatry audience with a few specific accessible concepts that can be used in work with patients with primary or co-occurring personality disorder pathology. The use of TFP principles to enhance the process of diagnosis to help avoid certain iatrogenic complications and to protect the clinician through effective risk management will be reinforced.

## **General Session**

### **Monday May 06**

#### **Benzodiazepines and Beyond: Updates on Management of Alcohol Withdrawal**

*Anjali Chandra M.D.; Michael Weaver M.D.; Olaniyi Olayinka MD; Roja Manohar MD; Namrata Walia M.D. M.H.A. M.P.H.*

#### **Educational Objectives:**

Objective One: Explain the neurotransmitter imbalances that lead to the symptoms of alcohol withdrawal. Objective Two: Identify different scales used to measure and treat alcohol withdrawal. Objective Three: Explain short and long-term negative side effects of using benzodiazepines in the treatment of alcohol withdrawal. Objective Four: Identify non-pharmacological and non-benzodiazepine pharmacological treatments for alcohol withdrawal

#### **Summary:**

In patients who have had long-term alcohol abuse an abrupt cessation of alcohol can lead to generalized CNS hyperexcitability. Our session will explain the neurobiology of alcohol withdrawal syndrome (AWS) including how symptoms primarily arise from an imbalance between the excitatory neurotransmitter glutamate and the inhibitory neurotransmitter GABA. In addition we will discuss how there are excess norepinephrine (NE) levels noted in alcohol withdrawal resulting from decreased sensitivity of alpha-2 receptors. These neurotransmitter imbalances are what lead to CNS hyperexcitability and the symptoms of alcohol withdrawal. AWS can present with symptoms ranging from mild to severe. Our session will discuss this range of withdrawal

symptoms including mild symptoms (headaches palpitations and anxiety) to severe symptoms (hallucinations seizures and delirium tremens). We will discuss the Clinical Institute Withdrawal Assessment for Alcohol revised (CIWA-Ar) scale which has been the most widely accepted scale used in clinical settings to identify symptoms of withdrawal. While the scale has been validated in various medical settings the interpretation of the tool can be questioned given that the score is based primarily on subjective parameters. Our session will discuss other proposed scales in the identification of AWS. The Predictor of Alcohol Withdrawal Severity Scale (PAWSS) is an objective scale proposed in 2015 to predict a patient's likelihood of developing severe AWS defined as seizures or delirium tremens. The most commonly used medication class for symptomatic treatment based on this scale is benzodiazepines (BZD). We will discuss potential risks of BZD overuse when using CIWA-Ar including risk of abuse delirium and respiratory depression. We will also discuss non-BZD treatment options for alcohol withdrawal symptoms. While BZDs target the GABA imbalances involved in AWS glutamate and NE modulators have also been studied. These include carbamazepine valproic acid gabapentin clonidine guanfacine and dexmedetomidine. We will discuss the data in the literature regarding the use of these agents and how use of BZD-sparing protocols has led to decreased length of hospital stay and decreased ICU admissions. This workshop proposes to recognize our understanding of the neurobiology of AWS and the treatment options based on the receptors involved in the symptomatology. We will use the panel discussion format to explore and troubleshoot the challenges experienced by the audience while treating alcohol withdrawal symptoms. Finally we will present newly emerging scales for assessing and evaluating alcohol withdrawal using more objective parameters and how it could be beneficial in providing preventive treatment to patients while sparing the use of benzodiazepines.

## **General Session**

## Tuesday May 07

### **Bias at the Bedside: A Toolkit for Responding to Bias From Patients and Family Members**

*Misleydi Rios Rodriguez; Adrienne Gerken M.D.; Linda Herrera; Elizabeth Madva M.D.; David Frederick M.D.*

#### **Educational Objectives:**

Objective One: Describe the impact of bias incidents on trainees institutional culture and patient care. Objective Two: Identify specific types of bias and mistreatment that may be directed toward trainees faculty and staff by patients and family members. Objective Three: Practice “upstander” techniques for combating bias incidents using active roleplay. Objective Four: Discuss the application of “upstander” techniques when patients are impaired due to mental illness or other medical conditions.

#### **Summary:**

In healthcare settings respect for diverse identities—including race ethnicity gender identity sexual orientation cultural and religious background ability and age—is critically important. Hospitals and clinics are both workplaces and learning spaces and a psychologically safe environment is required for effective learning and patient care. Yet bias incidents are common and failure to respond to these incidents perpetuates a culture of hostility toward trainees faculty and staff from minoritized or marginalized backgrounds. Unsurprisingly mistreatment and discrimination are contributors to physician burnout (1). Patients and family members are frequently cited as a major source of these incidents yet the nature of psychiatric illness presents particular challenges in addressing this source of bias (2). In this workshop participants will develop the knowledge and skills to act as “upstanders” before during and after bias incidents. Following a review of the literature on the toll bias incidents can take on healthcare professionals learners and health systems participants will learn best practices for recognizing and responding to bias and mistreatment using the “ERASE” framework (3). Participants will then practice these skills in small-group roleplays relevant to everyday

psychiatric practice followed by discussion of applications in psychiatric care particularly related to patients with compromised mental status. Qualitative and quantitative data from workshop participants has demonstrated that this workshop builds participants’ confidence in responding to bias incidents equipping mental health providers to act as “upstanders” to support trainees and colleagues (2).

## General Session

### Wednesday May 08

#### **Breaking Through Chronicity: Using Cognitive-Behavior Therapy to Overcome Barriers to Change**

*Aakanksha Singh M.B.B.S.; Jesse Wright M.D.; Donna Sudak M.D.; Judith Beck Ph.D.; David Casey M.D.*

#### **Educational Objectives:**

Objective One: 1. Identify common barriers and potential solutions for using CBT for chronic psychiatric problems Objective Two: 2. Recognize useful CBT strategies for chronic depression and the “stuck” patient Objective Three: 3. Identify core principles and methods of recovery-oriented CBT. Objective Four: 4. Recognize adaptations of CBT for treating older patients

#### **Summary:**

Experienced cognitive-behavior therapists who are authors of widely used writings and videos on CBT will discuss common challenges in delivering effective treatment for chronic conditions and invite participants to present dilemmas they have encountered in implementing CBT. The initial focus of the workshop will be on modifications of CBT for patients who have long-standing cognitive and behavioral patterns that may impeded the progress of treatment. An open forum will follow in which participants can share their experiences in treating difficult cases and receive suggestions from session leaders and other participants. Flexibility creativity and persistence will be emphasized in finding solutions to treatment challenges.

## General Session

Monday May 06

### Chem-Sex the Alchemy of Desire: Exploring the Role of Substance Use in the Sexual Behavior of Gay/Bisexual Men

*Chase Watson MS3; German Velez M.D.; Petros Levounis M.D.; Rick Wolthusen M.D.; Luis Filipe Gomes Pereira MD*

#### Educational Objectives:

Objective One: Define and describe the concept of chem-sex including its prevalence substances commonly used and the context in which it occurs. Objective Two: Explore the Intersection of Chem-Sex and Mental Health: the connection between chem-sex and risk behaviors; co-occurrence of anxiety depression and substance use disorders. Objective Three: Appraise culturally sensitive approaches when assessing and supporting patients engaging in chem-sex Objective Four: Apply at least three harm reduction strategies aimed at minimizing the negative consequences of chem-sex

#### Summary:

A growing number of reports across countries show a new trend of sex-enhancing drug use among men who have sex with men (MSM) often referred to as chem-sex. One study reported an increase in overall drug use from 8.8% in 2007 to 13.8% in 2017 with a main shift in patterns of drug use among MSM (Men who have Sex with Men) is from club drugs like ecstasy and cocaine towards drugs like mephedrone gamma-hydroxybutyrate (GHB)/gamma-butyrolactone (GBL) methamphetamine and ketamine. This session aims to equip providers with the knowledge skills attitudes and practices needed to address the increasing chem sex treatment gap with a comprehensive understanding of its implications for clinicians and researchers. The session will commence by delving into the core components of chem-sex delineating its definition prevalence and common substances used. It will venture into the intricate web of connections between chem-sex and mental health. Presenters will dissect the

psychological mechanisms underlying this link emphasizing the role of substance-induced altered states of consciousness and disinhibition. They will examine the potential exacerbation of pre-existing mental health conditions and the session will cast a light on the emotional factors like shame and stigma that are often intertwined with chem-sex experiences. Attendees will be equipped with practical tools to assess chem-sex behaviors within the context of mental health evaluations in a culturally sensitive way. The session will then close by discussing harm reduction strategies that mitigate potential negative consequences of chem-sex and promote safer practices. With expert insights case studies and interactive discussions this session will offer a platform for attendees to enrich their understanding of the complexities surrounding chem sex and its impact on mental health. This session will provide the knowledge and skills needed to address the challenges posed by chem-sex within the scope of patient care. (I am just sort of making this up please correct this. You want to show that you have DEI in your speakers both as ethnic minorities and IMGs I would put this in the abstract because the section you fill out about DEI issues are not given to the reviewers). A diverse panel of gay psychiatrists will speak. Dr. Velez is an IMG from Bogota Colombia currently completing Child and Adolescent Psychiatry fellow at New York Presbyterian Columbia/Cornell and is the RFM Trustee on the Board of the APA. Dr. Luis Pereira is on the faculty at Columbia University and went to medical school in Portugal. Dr. Wolthusen is a psychiatry resident at Duke University and went to medical school in Dresden Germany. Dr. Levounis is a Greek-American Psychiatrist and currently is President of the APA."''

## General Session

Monday May 06

### Climate Change and the Effects on Indigenous Peoples Around the World

*Yonatan Kaplan M.D.; Adriana De Julio M.D. M.P.H. M.S.; Helen Blaisdell-Brennan; Jemaima Tiatia-Siau*



## **Educational Objectives:**

Objective One: Examine climate change within North America Hawaii New Zealand and the South Pacific Objective Two: Analyze how climate change affects Indigenous peoples and traditions Objective Three: Diagnose psychiatric conditions that may be climate change related

## **Summary:**

Climate change is the defining health issue of the century. Indigenous peoples across the world suffer multiple types of socioeconomic disadvantages: extreme poverty poor living conditions political marginalization limited educational opportunities unemployment and poor access to healthcare all which are all critical determinants of health. The effects of climate change on Indigenous determinants of health occur through primary secondary and tertiary pathways. They must be better understood to implement climate change policies that do not exacerbate the estimated 350 million Indigenous people living in 90 countries worldwide. Indigenous peoples are subject to conditions that result in a disproportionate vulnerability to climate change such as a tendency to live in areas that are prone to the impacts of climate change and dependence on lands and environmental resources for basic needs and financial security. Indigenous peoples' mental health has been highly impacted by climate changes due to extreme weather and changes in the natural environment (i.e.: decreased mobility and changes in livestock and wildlife). Mental health disorders: chronic anxiety depression and suicidal ideations have been reported as direct outcomes of climate change. Despite the strain faced with climate change there is evidence of resilience and adaptation in many Indigenous communities and as physicians and scientists this should make us take note of and investigate further.

## **General Session**

**Monday May 06**

### **Clinical and Neurobiological Predictors of SUD in Youth With Disruptive Behavior Disorders**

*Meredith Hayes; Meredith Xepoleas BA; Jeffrey Newcorn M.D.; Iliyan Ivanov M.D.; Brooke Molina; Robert James Blair*

## **Educational Objectives:**

Objective One: Participants will learn about the initial brain effects of stimulant exposure in drug naïve youth with ADHD Objective Two: Participants will learn about the relationship between substance use and difficulties in instrumental learning Objective Three: Participants will learn about different ways that the association between stimulant medication treatment for ADHD has been studied in relation to human substance use and substance use disorder

## **Summary:**

Disruptive behavior disorders including ADHD are considered risk factors for SUD1 however the relationship between these two conditions is complex. Research has pointed to shared neurochemical characteristics (e.g. low CNS dopamine levels in both youth with ADHD and early onset SUD2) compromised functioning of the brain reward system and the presence of inhibitory control deficits in both ADHD and SUD3. Researchers have studied both clinical and neurobiological indices of SUD risk in order to identify targets for interventions that can alter the trajectory of early in life SUD. This symposium will report new findings from observational experimental and treatment studies examining different aspects of the ADHD-SUD relationship. Dr Ivanov will present results of an fMRI treatment trial with mixed amphetamine salts (MAS) that examines changes in activation of the brain reward system in drug naïve children (n=18) ages 7-11 with ADHD at low risk (LR) and high risk (HR) for SUD. The results show significantly higher activation in a widespread network (e.g. VS ACC Insula VLPFC) for HR>LR group during reward notifications. MAS treatment produced activation changes that diminished these activation differences These results suggest differential effects of initial stimulant exposure in relation to SUD risk status and reward task condition in the brain emotion regulation system. Dr Blair will present results from an imaging study in 135 adolescents without and with significant alcohol

(AUDHigh) or cannabis use disorder symptoms (CUDHigh) who performed an instrumental learning task. Adolescents in AUDHigh and CUDHigh groups were slower in learning to select optimal instrumental cues relative to AUD-CUDLow adolescents with the AUDHigh group showing no experience-related changes in striatal-frontoparietal connectivity strength during the task. The CUDHigh adolescents showed slower changes in functional connectivity between striatal and frontoparietal regions during early relative to later periods of task experience than the AUD-CUDLow adolescents. Dr. Molina will present results from a longitudinal follow up of the Multimodal Treatment Study of Children with ADHD (MTA) cohort of 579 children enrolled from 6 sites in the US and one in Canada. Participants were repeatedly assessed to mean age 25. Stimulant treatment of ADHD was measured prospectively from baseline for 16 years (10 assessments) using parent followed by young adult report. Results showed no evidence that current and prior stimulant treatment as well as the length of treatment were associated with adulthood SU. Conclusions: Risk for SUD among youth with ADHD is discussed in relation to possible moderating and/or mediating effects of childhood ADHD/conduct symptoms reward sensitivity exposure to stimulants and related brain activation patterns. Implications for understanding the complex relationships between these conditions and the potential impact of treatment are discussed.

## **General Session**

**Tuesday May 07**

### **Confronting Integrated Care: The New York State Approach**

*Pranav Jayaraman M.P.H.; Ann Sullivan; Ann Sullivan; Molly Finnerty; Pat Lincourt*

#### **Educational Objectives:**

Objective One: Update field on largest national initiative to enhance capacity of mental health clinics to identify and treat opioid use disorder and prevent overdoses. Objective Two:

Summarize efforts to increase prevention and treatment of mental health and addiction conditions in K-12 Schools Objective Three: Summarize development of integrated MH and SUD operating licenses for services offered by community-based organizations Objective Four: Report on NYS expansion of Certified Community Behavioral Health Centers (CCBHCs) Objective Five: Summarize initiative to train staff providing direct care in mental health settings to become Credentialed Alcoholism and Substance Abuse Counselors (CASAC).

#### **Summary:**

In this session led by the Commissioners of New York's Offices of Mental Health and Addiction Services and Support speakers will start by providing an introduction to the New York State Public Behavioral Health System. Several brief presentations will follow describing real world implementation efforts and demonstrated outcomes in public mental health settings. The opioid epidemic has contributed to the first multiyear decrease in US life expectancy in a century. Unfortunately less than a third of individuals with a likely opioid use disorder (OUD) receive treatment including those receiving other mental health services. Although medications like buprenorphine reduce overdose and dependence in most states there are more individuals with OUD than the capacity to provide these treatments. Similarly Alcohol-related deaths among older adolescents and adults soared during the COVID-19 pandemic; increased alcohol use is attributed to increased anxiety and boredom and individuals with comorbid depressive and anxiety disorders are at greater risk of abuse. Building capacity of public mental health clinics to screen and treat individuals with Substance Use Disorders is an essential step in addressing the overdose epidemic. National Mental Health Services Survey data estimate that 22% of the estimated 3.6 million outpatient mental health clients nationwide in a given month have co-occurring disorders (COD) and other studies suggest the prevalence of OUD in this population is approximately 10%. Several large-scale efforts are underway including the HEALing communities study and the SCOUTT initiative led

by the US Department of Veterans Affairs however few efforts of this magnitude aim to improve OUD treatment in mental health service settings. A speaker from New York's Building Capacity for Best Practices in OUD Treatment initiative with 485 participating public mental health clinics will review implementation barriers strategies lessons learned and impact to date. Additionally speakers will review a State-wide effort to build prevention and treatment capacity throughout the NYS public school system with a goal of expanding prevention programming to 2000 schools and building satellite mental health clinics in at least 2000 public schools by the end of 2025. Speakers will also discuss the expansion of NYS CCBHC system to expand capacity to an additional 200 thousand individuals. Finally speakers will discuss other areas of collaboration to ensure that community-based programs and their staff are integrated always able to meet the needs of the whole patient.

## **General Session**

### **Monday May 06**

#### **Developing an Innovative Mental Health Crisis Care Center With Integration of Clinical Research Training and Community Collaboration Missions**

*Rushali Kothari; Roxanne Bartel M.D.; Paul Carlson M.D.; Kevin Curtis*

#### **Educational Objectives:**

Objective One: Understand the components of the Gardner Mental Health Crisis Care Center (MHCCC) including jail/ED diversion as well as the integration of core missions. Objective Two: Be able to follow the "roadmap" of key components involved in developing an academic/community partnership to improve mental health crisis care Objective Three: Know the benefits of this approach on patient outcomes trainee educational experience and continuous quality improvement by examining the results of the current clinical pilot

#### **Summary:**

Emergency rooms and jails are the primary options for mental health crisis care in many communities across the country- settings which are not usually ideal for individuals suffering from psychiatric illness. Some communities have invested in the SAMHSA mental health receiving center model to improve crisis services with promising results. Through a unique set of circumstances the Huntsman Mental Health Institute (HMHI) and University of Utah Health have been able to build on the foundation of the SAMHSA model to create an innovative center for crisis assessment and stabilization: the Kem and Carolyn Gardner Mental Health Crisis Care Center (MHCCC). The MHCCC has been in development for over 2 years and is projected to open in early 2025. When the MHCCC opens Salt Lake County will have a robust continuum of crisis care which also includes currently existing mobile outreach and comprehensive phone and text crisis response teams. The 3 story 8200 square foot MHCCC will serve all of Salt Lake County and function as the main crisis care center for our community. It will house a 23 hour receiving center with 30 chairs a 24 bed inpatient unit for patients who need brief stays longer than 23 hours and a full floor devoted to case management legal aid and addiction treatment. A pilot program testing the feasibility of the care pathways and data collection processes to be used in the MHCCC is currently underway in the current HMHI receiving center which is being expanded but is still much smaller than the future MHCCC. The new MHCCC will not only focus on innovative clinical care delivery but data collection and outcomes research is embedded in its design for rapid improvement of clinical care and for use in systems improvement. There is increasing evidence that when data and knowledge is readily available continuous and transparent for all stakeholders there is more rapid and significant progress in health outcomes. Data that is available in this way can be shared with patients also inform systems improvement for communities and agencies. The educational mission is equally important in the new MHCCC as it will be a training site for future psychiatrists physician assistants advanced practice nurses social workers nurses and other health care

workers to increase the workforce of skilled community mental health providers. We are developing a unique cross-continuum practice and training model which allows trainees to learn the full spectrum of community psychiatric care from crisis to inpatient to outpatient care within the same setting. In this session we will discuss the development of this center including the importance of community partnerships and the integration of research and education at all stages. We will also detail the progress and outcome data from our pilot program. We will share a “roadmap” for those interested in developing academic/community partnerships to improve mental health crisis care.

## **General Session**

### **Sunday May 05**

#### **Drivers of Functional Impairment in Bipolar Disorder**

*Rachel Shenoj M.D.; Emmanuelle Vanessa Camile B.S.; Katherine Burdick; Balwinder Singh M.D. M.S.; Cara Altimus; Caitlin Millett*

#### **Educational Objectives:**

Objective One: To review the key factors that contribute to functional impairment in bipolar disorder. Objective Two: To review pharmacotherapeutic treatment patterns polypharmacotherapy in multiple cohorts of well-characterized individuals with bipolar disorders in North America Europe and Australia Objective Three: To discuss a roadmap on how to address the functional deficits and importance of large-scale collaboration to address clinical gaps.

#### **Summary:**

Bipolar disorder impacts nearly 45 million people worldwide and is a serious mental health condition with dramatic and often unpredictable shifts in mood energy activity and cognition. Persistent functional impairment is common in bipolar disorder and is influenced by several demographic clinical pharmacotherapeutic and cognitive features. While pharmacological interventions are essential in managing bipolar

symptoms the indiscriminate use of multiple medications can lead to adverse effects drug interactions and cognitive impairment. This abstract delves into the main drivers of functional impairment in individuals with bipolar disorder. The goal of this symposia is to review key factors that contribute to functional impairment in bipolar disorder and provide a road map how best to course correct through Break Through Discoveries for Thriving with Bipolar Disorder. By fostering collaboration among clinicians researchers and individuals with bipolar disorder we can develop a more comprehensive and effective approach to improving functional outcomes. Dr. Katherine Burdick will chair this thought-provoking symposium. The unique panel for this symposium will present novel findings on predictors of functional impairment in bipolar disorder (Dr. Caitlin Millett) pharmacotherapeutic treatment patterns polypharmacotherapy in multiple cohorts of well-characterized individuals with bipolar disorders in North America Europe and Australia (Dr. Balwinder Singh) and discuss a road map on how to address the clinical gaps in practice with large scale collaboration (Dr. Cara Altimus).

## **General Session**

### **Sunday May 05**

#### **Exploring the Myriad Career Opportunities in Psychiatry**

*Margaret Hua; Asad Khan; Elli Novatcheva M.D.; Vikas Gupta M.D. M.P.H.; Toni Liggins M.D.; Eric Williams M.D.; Leon Ravin M.D.; Vikas Malik M.D.*

#### **Educational Objectives:**

Objective One: Review various fellowships and board certifications in Psychiatry Objective Two: Identify some challenges and advantages of a psychiatric career in an academic setting a state-operated public system and a private practice setting. Objective Three: Discover opportunities for influencing medical education health care policies and healthcare delivery. Objective Four: Understand opportunities for beginning an academic career in psychiatry public psychiatry

and private practice Objective Five: Compare and analyze the various career opportunities in psychiatry including private practice

### **Summary:**

The field of psychiatry offers a rich tapestry of career opportunities beyond the traditional clinical path. This abstract explores the diverse career avenues in contemporary psychiatry including specialized fellowships academic roles public sector engagement and private practice. Recent emerging trends underscore the fastly evolving landscape of psychiatric careers. Trainees often pursue specialized fellowships such as Child and Adolescent Psychiatry Geriatric Psychiatry Consultation & Liaison Psychiatry Forensic Psychiatry and Addiction Psychiatry. (1) These programs provide targeted training and expertise enhancing practitioners' ability to address complex mental health issues. Similarly an array of board certifications are possible for psychiatrists in various subspecialties and other medical subspecialties. (2) There is an increasing interest in subspecializing in specific domains of interest. In the realm of academic psychiatry the growing importance of teaching supervision and research roles in addition to administrative and research possibilities can be an exciting option for those interested in the same. Academic psychiatrists contribute to the field's advancement through innovative research and education and shaping the next generation of mental health professionals. Public sector psychiatry as explored in studies demonstrates the critical role of psychiatrists in community mental health and policy advocacy. (4) Collaborating with government agencies and non-profit organizations public psychiatrists address societal mental health challenges and promote equitable access to care. Private practice remains a popular choice for psychiatrists as indicated by recent surveys. (5) The entrepreneurial aspect of private practice allows psychiatrists to establish their brand and serve diverse patient populations. Often there is limited to no training during residency to learn the business and logistical aspects of setting up a private practice which limits trainees and early career psychiatrists on how to start or set up a private practice. In

conclusion the contemporary landscape of psychiatry offers an array of career opportunities beyond clinical practice. Specialized fellowships academic roles public sector engagement and private practice are dynamic paths in our field that continues to evolve. Residents and early-mid career psychiatrists are often faced with the dilemma of what career tracks to pursue or continue in Psychiatry due to the vast array of the number of opportunities in our field. This session will provide a bird's eye view on fellowships board certifications and various career paths possible in psychiatry with the objective of enhancing attendees exposure to these opportunities and understanding of these career paths. Understanding these opportunities is vital for aspiring psychiatrists seeking to tailor their careers to their unique interests and goals.

### **General Session**

**Wednesday May 08**

### **Finding Our Lanes: A Roadmap for Collaboration Between Academic Medical Centers and Behavioral Health Technology Companies**

*Phillip Yang M.D.;M.A.; Justin Chen MD;MPH; Daniel Eden M.D.; Justin Chen MD;MPH; Andrew Carlo MD MPH*

### **Educational Objectives:**

Objective One: Describe factors contributing to the rapid proliferation of behavioral health technology companies (BHTCs) Objective Two: Identify and compare/contrast different BHTC models for addressing diverse clinical populations and settings Objective Three: Apply Kissick's Iron Triangle framework of Quality Access and Cost to compare/contrast Academic Medical Centers (AMCs) and BHTCs Objective Four: Outline a potential roadmap for collaboration between AMCs and BHTCs to enhance outpatient mental healthcare coordination

### **Summary:**

The COVID pandemic has catalyzed large-scale transformation in outpatient psychiatry primarily due to two factors: 1) Increased awareness of



mental health problems and acceptance of their treatment and 2) Rapid and near-universal adoption of tele-mental health technologies resulting from a unique confluence of COVID-related social distancing imperatives government deregulation and technological advances. Private sector entrepreneurs have capitalized on the commercial potential of reduced overhead costs relative to traditional brick-and-mortar based care as well as the enormous untapped market of patients who have traditionally struggled to utilize medical insurance for their mental health needs. By 2021 mental health startup investment reached \$5.5B a 20-fold increase from the \$275M dollars invested in mental health just five years earlier in 2016. The relatively abrupt addition of scores of private sector behavioral health technology companies to an already fragmented mental health care ecosystem has increased confusion regarding where patients should turn. Even more alarmingly there have been highly publicized instances of companies engaged in exploitative clinical and marketing practices as well as concerns about health information privacy. Despite these challenges amid a worsening mental health crisis none of the traditional providers of outpatient care will be able to meet the demand alone. Rather than dismiss the new private sector companies outright we propose there is an opportunity for AMCs to lead the development of a more coordinated and equitable mental health ecosystem – one that discerns between higher- and lower-quality companies properly triages different levels of clinical acuity and integrates a new sector eager to demonstrate outcomes and advocate for higher reimbursement for behavioral health services. In return AMCs themselves may have the opportunity to refocus their attention on their strengths including expertise in research systems knowledge quality improvement initiatives professional training and specialty care. In this presentation our speakers will describe the comparative strengths and limitations of AMCs and private behavioral health technology companies utilizing Kissick’s “Iron Triangle” model of healthcare delivery and lay out a framework for coordinated collaboration between these entities with the ultimate goal of fostering a mental health

ecosystem with higher quality greater access and increased cost-effectiveness.

## **General Session**

**Tuesday May 07**

### **Gender Inequities in Academic Medicine: Are We Still Talking About This?**

*Rushali Kothari; Anjali Gupta M.D.; Gabrielle Shapiro; Jacqueline Hobbs; Cathryn Galanter M.D.*

#### **Educational Objectives:**

Objective One: Recognize gender inequities in academic medicine Objective Two: Explore work-life integration challenges and inequities that contribute Objective Three: Identify strategies for salary equity and salary negotiation Objective Four: Explore career advancement and women in leadership Objective Five: Create dialogue around successes and barriers to gender equity

#### **Summary:**

55% of medical school students are women yet a number of gender inequities in academic medicine persist. These include salary inequity bias and harassment career advancement leadership authorship recognition by professional societies and mentorship. Additionally work-life balance is a leading source of dissatisfaction for women physicians and multiple inequities contribute to this challenge. Women physicians spend more time with patients more time on charts more time on domestic work and more time on child care. Furthermore mentorship and authorship are beneficial for career advancement yet women are less likely to have mentors or be first or last authors. In this session we will explore gender inequities in academic medicine and work-life integration challenges for women physicians. We will identify strategies and resources for salary equity career advancement and women in leadership at both the individual and institutional levels. Through small group discussions we will create dialogue around successes and barriers to gender equity and collaboratively brainstorm ways to move forward.

## **General Session**

**Tuesday May 07**

### **Gun Violence and Its Impact on Child and Adolescent Mental Health**

*MacKenzie Sloas D.O.; Geraldine Mayor M.D.; James Luebbert M.D.*

#### **Educational Objectives:**

Objective One: To define gun violence recognize what an “assault weapon” is and differentiate between mass shooting and mass murder.

Objective Two: To name other types of gun violence other than mass shootings.

Objective Three: To relate brain structures associated with anxiety the fear response and post-traumatic stress disorder.

Objective Four: To recognize trauma related emotions and behavior in children and adolescents

Objective Five: To identify all members of the community affected by incidents of gun violence beyond those directly victimized.

#### **Summary:**

The youth are the promise of every generation. So gun violence and its impact on child and adolescents are of grave concern across communities and various agencies of government education social welfare law enforcement and healthcare. It keeps parents and any caregiver of children up at night worrying if they should even send their children to school or public activities. Much debate over gun violence is heard over media but people still find themselves confused about the core terminologies issues and values being discussed. Our session aims to clarify some of these. We will start by differentiating between mass shooting and mass murder. We will present a visual guide to firearms and discuss the various classifications of firearms. We will define what an assault rifle is and how its unique properties can cause more deadly and widespread harm than an ordinary handgun. A movie clip from the movie “The Fallout” (2021) will be shown to depict to the audience the terrifying experience of being in the vicinity of an active shooter. Illustrations of the brain the neurocircuitry of anxiety and the fear

response will be presented. Symptoms of Post-Traumatic Stress Disorder will be discussed. We will show some differences in the expression of trauma-related emotions and behavior between young children and adolescents. The widespread traumatic consequences of gun violence will be demonstrated by identifying other possible victims of an incident beyond those directly impacted such as survivors and witnesses. The concepts of “Contamination of Consciousness “Child Soldier” and “War-Zone Mentality” (coined by J. Gabarini) will be introduced to highlight the psycho-cultural effect of gun violence across communities neighborhoods and generations. Finally case presentations of actual victims of gun violence in Philadelphia will be discussed with a discussion of what interventions were done to address their trauma.

## **General Session**

**Saturday May 04**

### **Insula Goes to AA -Neurobiology in Practice (Substance Abuse/Dependency-Induced Epigenetic Alterations as Targets for Preventive or Therapeutic Interventions)**

*Lia Mandavalli; Jack Yang; Rahim Shafa M.D.; Hamid Mostafavi Abdolmaleky; Shabnam Nohesara*

#### **Educational Objectives:**

Objective One: Explore how various forms of substance abuse/dependency affect epigenetic regulations and will delve into diverse therapeutic strategies aimed at aiding recovery and preventing relapse.

Objective Two: Explore dynamic modifications in DNA structure (methylation) changes in proteins surrounding DNA (histone modifications) and the involvement of miRNAs through review of epigenetic mechanisms

Objective Three: Incorporate epigenetic mechanism which impact or be impacted by substance use disorders (SUD) influencing neuroplasticity and innovate opportunities to develop new strategies for treating SUD

Objective Four: Conceptualize the link between SUD and changes in epigenetic markers in blood cells or saliva creating possibilities for the development of

diagnostic biomarkers to predict substance-induced psychosis Objective Five: Introduce innovative treatment approaches encompassing nutrition physical exercise behavior and cognitive therapies aiming to modify epigenetic regulations.

### **Summary:**

Substance use disorders are associated with sustaining molecular changes in central reward pathways causing chronic and relapsing conditions. Addiction can be considered a disorder of experience-dependent neuroplasticity resulted from remodeling of synapses in reward and motivation relevant brain circuits such as insula ventral tegmental area and nucleus accumbens in response to a history of prolonged substance use. Diverse epigenetic mechanisms which account for neuronal plasticity become dysfunctional in drug-induced epigenetic alterations affecting transiently or permanently neuronal functions. To treat or prevent the relapse of substance use disorders it is necessary to understand the scale of relationship between these epigenetic changes in substance abusers. In this era DNA methylation alterations have been found in opioid and amphetamine or cocaine use in the frontal cortex hippocampus striatum amygdala and lateral habenula. Chronic exposures to amphetamine also alter the expression of the dopamine transporter via long-lasting epigenetic modifications. Several other studies reported epigenetic alterations modifying the functions of neural regulatory pathways following substance abuse/dependency in the prefrontal cortex and nucleus accumbens which play significant roles in maintaining substance dependency and/or craving. The loss of control over the use of substance can also occur by alterations in habenula activity due to the loss of NR4A2 function in the medial habenula. Increased levels of some epigenetic marks (e.g. p-Brd4 and H4K5 acetylation) have been found during morphine withdrawal aversive memories in key areas related to memory retrieval the basolateral amygdala and hippocampus. Examination of epigenetic alterations in methamphetamine-induced psychosis also revealed significant DNA hypomethylation of the promoter regions of DRD3 DRD4 MB-COMT GAD1 and AKT1 associated with

increased expression of corresponding genes in cells from the saliva of patients with methamphetamine psychosis and to a lesser degree in non-psychotic patients versus controls. While these epigenetic alterations could be attenuated by methyl rich diets or targeted by other therapeutics epigenetic changes in cells of saliva or blood can be considered useful diagnostic biomarkers for prediction of psychosis in individuals with methamphetamine dependency. However other therapeutics can target brain epigenetic alterations to mitigate craving and the relapse of substance dependency. In this symposium we present updates on substance-induced epigenetic alterations in all forms of substance dependency and introduce pharmacological and non-pharmacological therapeutics that target these alterations in the central reward pathway. Furthermore the clinical ramification of interactive relationship between rehabilitative behavior (teachings of AA as a symbol) and dynamic epigenetic changes of Insula (as a part of the decision-making apparatus) will be discussed.

## **General Session**

### **Monday May 06**

#### **Latinx 2024. Beyond the Social Determinants of Minoritized Population Health. How Do We Put It All Together?**

*Genesis Isuiza; Bernardo Ng M.D.; Eugenio Rothe M.D.; Renato Alarcon M.D.*

#### **Educational Objectives:**

Objective One: Differentiate clinical variations in the manifestation of mental illness in the Latinx population. Objective Two: Critically evaluate the different determinants before establishing a diagnosis. Objective Three: Critically evaluate the different determinants before establishing a diagnosis. Objective Four: Incorporate various community clinical and non-clinical resources in the treatment plan of Latinx populations. Objective Five: Utilize data on metabolics and medical factors in Latinx with psychiatric symptoms

## Summary:

Research in social determinants of health (SDoH) proposes that how and where we live work play and grow old affect our wellbeing. Furthermore while some of these determinants are modifiable (i.e. diet sedentary lifestyle) and others are not (i.e. nativity status occupational history) they constantly intersect among themselves such that when a disparity exists in one it precipitates a disparity in others. The origins in most of these health disparities are complex and difficult to unravel due to the racism and discrimination that have shaped the SDoH among minoritized groups in the United States of America such as the Latinx and Hispanic populations. This presentation offers an approach to disentangle the complexity of these disparities to the benefit of Latinx and non-Latinx professionals that are active in the clinical community and policy levels. This will be achieved through the review of SDoH and their interaction with cultural psychodynamic biological and genetic determinants. Additionally these interactions will be discussed to address how they make this population vulnerable to poor outcomes such as partial response to treatment delayed and inappropriate diagnoses addictions reduced quality of life despite a longer life expectancy increased side effects poor treatment adherence and defective doctor-patient relationships. Renato Alarcon will begin this symposium addressing the cultural aspects and biases in proper diagnosis and how they relate bidirectionally to SDoH. Bernardo Ng will be addressing how SDoH overlap with biological and genetic factors intertwined with the manifestation and treatment response of mentally ill Latinx including the proclivity to addiction and the impact of metabolic and inflammatory factors. Finally Eugenio Rothe will address the psychodynamics of transnational identities acculturation and the immigrant narrative in Latinx in this country. Practical recommendations to approach this population based on clinical cases will be offered such as the challenges of persistence substance use once a psychiatric diagnosis has been established domestic violence and early trauma psychotherapy related stigma non-psychiatric comorbidities (i.e. diabetes

obesity) polypharmacy victims of mass shootings and the interaction between psychiatric with primary care providers. Finally protective factors such as resilience successful acculturation and family support will be discussed as essential elements to reach successful outcomes. As well as the benefits of leveraging multidisciplinary teams' collaborations and the benefits of interacting with community-based nonclinical organizations in order to cultivate and advocate for structural and policy level changes.

## General Session

### Monday May 06

#### Long Covid and Longer Term Effects of Covid19 : What Every Psychiatrist Should Know

*Christopher Wan; R. Gogineni M.D.; John Baxter MD; Anna Dickerman*

#### Educational Objectives:

Objective One: At the conclusion of the presentation Participant will be able to summarize major biopsychosocial effects of long COVID for adults children/adolescents and families.

Objective Two: At the conclusion of the presentation the participant will be able to explain the ways in which long-term consequences of COVID may disproportionately affect ethnic and racial minority groups. Objective Three: the participant will be able to describe best practices to enhance functionality and reduce symptoms in patients with long COVID including specific pharmacologic and psychosocial treatment approaches Objective Four: Will be able to prescribe psychopharmacological psychotherapeutic psychosocial treatments to reduce symptoms and enhance functionality

#### Summary:

WHO reports as of August 30th 2023 about 770 million infected 7 million deaths around the globe. In US as of August 12 million death out of 108 million cases. Substantial proportion of survivors continue to report persistent symptoms often referred to as post-acute sequelae of COVID-19 (PASC). In "Long COVID" encompasses 200

different symptoms involving respiratory cardiovascular musculoskeletal gastrointestinal neurological psychological/psychiatric and dermatologic approximating at least 30% of COVID-19 survivors. While the true prevalence of post-acute sequelae of COVID-19 (PASC also known as “long COVID”) is unknown due to varying definitions and methods of analysis evidence to date suggests that a substantial proportion of COVID survivors globally may experience persistent physical symptoms following acute infection – the most frequent of these including fatigue dyspnea and chest pain/tightness and cough. Psychological and cognitive complaints are also common during recovery and may be seen more commonly than in those recovering from similar illnesses. Studies have shown that almost half of COVID survivors report worsened quality of life and nearly a quarter of them have anxiety/depression or other persistent psychological symptoms with significant negative impact on functional ability. increase in maternal mortality rates with largest increases for Black and Latina women; increases in the proportions of children with symptoms of depression and anxiety; an increased rate of substance overdose deaths Pandemic-related social isolation loneliness financial and occupational instability bereavement and systemic health and social inequities This interactive and interdisciplinary panel session will provide a comprehensive overview of the biopsychosocial aspects of long COVID with a special focus on populations of interest including children/adolescents and ethnic/racial minorities. Our three speakers are division directors from academic medical centers in the fields of Infectious Disease Child and Adolescent Psychiatry and Consultation-Liaison Psychiatry. Specific topics will include review of terminology and the challenges of case definition in this population as well as other epidemiologic issues pathophysiology and clinical course. The speakers will also provide clear guidelines for the assessment and management of this challenging patient population including how to make meaningful use of available medical and social resources in the community. We will engage our learners with a variety of methods including

audience participation in panel discussion case presentations and didactic teaching. Pandemic-related social isolation loneliness financial and occupational instability bereavement and systemic health and social inequities We will engage our learners with a variety of methods including audience participation in panel discussion case presentations and didactic teaching.

## **General Session**

### **Saturday May 04**

#### **Micro-Dosing and Other Evolving Approaches to Buprenorphine Induction**

*Siddharth Prasad; Stephanie Wiafe M.D.; Ashika Bains M.D.; Simon Sidelnik; Ishan Gupta; Mladen Nisavic*

#### **Educational Objectives:**

Objective One: Explain the standard buprenorphine induction protocol Objective Two: Recognize the challenges of “standard” buprenorphine induction with particular focus on the challenges posed by fentanyl use and converting from methadone. Objective Three: Summarize how to choose an appropriate induction strategy for common scenarios including micro-dosing and macro-dosing.

#### **Summary:**

In the midst of an ongoing opioid and overdose epidemic medication-assisted treatment for opioid use disorder is increasingly accepted and sought after as a safe and effective treatment by clinicians and patients alike. However the “standard” buprenorphine induction which was taught to most clinicians for the purposes of meeting the former Drug Enforcement Agency (DEA) X-waiver requirement has inherent difficulties in the age of fentanyl making this strategy impractical in many scenarios. The standard induction also poses challenges when trying to transfer a patient on methadone or other opioids to buprenorphine. Alternative buprenorphine induction strategies are increasingly used by addiction specialists; these strategies are safe effective and regarded highly by



patients who are looking to quickly achieve stability on buprenorphine while minimizing distress and withdrawal symptoms. The session will provide a review of the most common buprenorphine induction strategy and highlight its limitations with patients using fentanyl or receiving methadone treatment. Participants will hear and recognize common patient scenarios and discuss common challenges with each other and with the presenters. The session will further outline novel micro-dosing and macro-dosing strategies as currently available in recent literature the rational and basis for these strategies and approach to selection of patients for whom these strategies may be beneficial. The discussion will include examples of real-world protocols and how they can be applied to patient care for improved outcomes.

## **General Session**

### **Saturday May 04**

#### **Outrunning the Bullet: The Physician's Role in Firearm Injury Prevention**

*Sungsu Lee M.D.;Ph.D.; Nita Bhatt M.D. M.P.H.; Keshav Deshpande DO FACS; Jesse Cannella M.D.; Andrew Correll M.D.*

#### **Educational Objectives:**

Objective One: Learn ways physicians from all specialties can stand together to fight stigma promote responsible gun ownership and better serve our patients and communities Objective Two: Understand factors that are strong predictors for someone at risk of firearm self-injury violence and mass shooting Objective Three: Discuss the epidemiology of firearm related violence and suicide in the US compared to other nations and how other nations promote firearm injury prevention Objective Four: Learn ways physicians can help in times of mass shootings including disaster management emergency preparedness and hospital and community-based violence intervention programs Objective Five: Address common firearm violence and mass shooting related misconceptions such as violent video games and mental illness

#### **Summary:**

Every year 214000 people die from injury and violence in the United States. Every day 100 Americans are killed with guns. Gun homicide rates in the United States are 25 times higher than other high-income countries and an adult in the United States is 7 times more likely to commit suicide with a firearm. We will discuss the physician's role in firearm injury prevention and will hear from a panel of physicians consisting of psychiatrists and a trauma surgeon and member of the Injury Control and Violence Prevention committee for the Eastern Association for the Surgery of Trauma. We will learn ways physicians can stand together to fight stigma promote responsible gun ownership and better serve our patients and communities. At no point in this session will we dispute the right to bear arms nor will we seek to diagnose those individuals who are not our patients. We will only apply publicly known facts to facilitate a broader discussion of psychiatry. The presenters will host both small and large group discussions to discuss public health campaigns and preventive safety measures. We will also discuss ways physicians can encourage responsible gun ownership and support public health efforts. The audience will also have a chance to share their own experiences and ask questions.

## **General Session**

### **Sunday May 05**

#### **Precision Medicine as the Next Frontier: The Evolving Science of Biomarkers in Psychiatry & Addiction**

*Ethan Mondell; Ujval Pathak M.D.;M.P.H.; Christopher Hines M.D.; Matthew Rusling D.O.; Landin Sorenson M.D.; Zachary Monahan*

#### **Educational Objectives:**

Objective One: Summarize inflammation-associated biomarkers in psychiatric syndromes and demonstrate understanding of their most promising clinical uses. Objective Two: Explain how biomarkers in affective and psychotic disorders suggests the underlying

pathophysiologic mechanisms. Objective Three: Understand the basic role limitations benefit and scope of pharmacogenomic testing as well as when it should be considered and when it likely has limited benefit Objective Four: Summarize known and emerging biomarkers that are already commonplace in management of substance use disorders and addiction. Objective Five: Review and demonstrate use of additional biomarkers in predicting treatment response to abstinence promoting medications.

### **Summary:**

There has been a renaissance in neurometabolic biomarkers (BMKs) genetics and pharmacogenomics as factors of disease. Psychiatry does not give itself enough credit for how well we already use BMKs in practice and for the caution we take in appraising evidence to prevent undue costs and harm for our patients. As an example we already use TSH as a BMK for thyroid disease and CDT as a marker for recent binge alcohol use. As our understanding of neurobiology and genetics has improved since the discovery of TSH what other BMKs have been discovered? Could some of these have the same potential to impact our practice and improve patient outcomes? Evidence suggests several emerging BMKs genetic profiles and CYP mutations which may be helpful in subtyping and tailoring treatment of psychiatric illness. The final third of this presentation will specifically connect how these can be applied to the treatment of addiction. BMKs offer a means to introduce novel diagnostic criteria into clinical practice and illuminate underlying pathophysiology. There is promise in the use of biomarkers to prognosticate treatment response. Still there are significant challenges to BMK identification and discovery limitations in their use and ethical considerations. Here we summarize the use of inflammation-associated BMKs such as C-reactive protein as a model for how these can be applied more broadly to psychiatric pathology. We review how inflammation associated and other BMKs such as Quinolinic Acid can be used in the diagnosis of psychiatric disease how they can inform prediction of severity and assist in treatment planning. Finally we demonstrate how BMKs of

common psychiatric diseases illuminate pathophysiology of psychiatric conditions drawing parallels to neurodegenerative disease suggesting mechanistic commonalities. We have also found that an important part of prognosticating response is predicting metabolism of psychiatric medications. With the development of pharmacogenomic testing it is important to consider the full risks benefits limitations and opportunities for these studies. In the field of addiction psychiatry BMKs have already been extensively used as surrogate measures of patient's abstinence especially for alcohol use as it relates to more sensitive and specific available testing. Further research is investigating into predictive factors such as predisposition toward addiction as well as predisposition toward recovery in patients and potential prediction of response of treatment with abstinence promoting medications. Specifically we will compare and demonstrate use of CYP profiling and positive genotypic effects further guiding dosing and dose considerations of abstinence promoting medications. We will review common biomarkers focused on treatment of addiction and substance use. We will further demonstrate how these biologic and genetic markers have been used in clinical practice and provide outlooks into areas of further research.

## **General Session**

### **Saturday May 04**

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

*Fatima Bilal D.O.;M.A.; Joseph Nickel; Thomas Donnelly; Alisha Khanna; Kevin Yang M.D.; Stephanie Eng M.D.; Shahrzad Hassanbeigi Daryani; Jasper Puracan M.D.;M.P.H.; Aaron Wolfgang M.D.; Aaron Wolfgang M.D.; Bryan Barksdale M.D.;Ph.D.; Jennifer Mitchell*

#### **Educational Objectives:**

Objective One: Describe the current landscape of the therapeutic use of psychedelics Objective Two: Appreciate the evidence base of therapeutic efficacy and potential risks of LSD psilocybin MDMA and ketamine including their addiction potential and potential to treat addiction

Objective Three: Apply principles of harm-reduction to counseling patients about non-prescribed use of psychedelics

### **Summary:**

As the science surrounding psychedelic-assisted therapies continues to advance interest also continues to grow among patients regarding their use in therapeutic recreational and spiritual contexts. When a patient inquires about psychedelics how should you counsel them in a way that optimally accounts for and balances clinical ethical and legal considerations? This session will begin with an overview of the current landscape of the therapeutic use of psychedelics. We will then provide an in-depth summary of LSD Psilocybin MDMA and ketamine by discussing each substance's background efficacy data risk profile and medication interactions. We will further highlight each substance's addiction potential as well as its potential to treat addiction. We will also discuss how to counsel your patients to identify approved settings to receive psychedelic-assisted therapy safely and legally such as through clinical trials. Finally for patients who intend to use psychedelics in non-prescribed ways we further discuss how to provide counsel based on harm-reduction principles.

## **General Session**

### **Sunday May 05**

#### **Publishing During Training: Tips and Strategies for First Time Authors From the AJP-Residents' Journal Editorial Board**

*Lia Mandavalli; Rijah Chhapra M.B.B.S.; Syeda Razia Haider M.D.; Jeremy Weleff D.O.; Sean Lynch M.D.*

### **Educational Objectives:**

Objective One: Understand the role of publishing in academic career development Objective Two: Outline the steps of the publication process and the "roadmap" to publishing Objective Three: Describe best practices for manuscript preparation and engaging with the peer review process Objective Four: Acquire a framework for writing an effective peer review Objective Five:

Examine the role of generative artificial intelligence in academic writing

### **Summary:**

Publishing peer-reviewed manuscripts is important for academic career development with publication records playing a role in academic promotion (1). For psychiatry trainees involvement in scholarly activity helps develop skills critical thinking and communication skills. Participation in scholarly activity falls under the ACGME core clinical competency of "Practice-Based Learning and Improvement" (2). First-time authors face numerous challenges to publishing such as limited understanding of the publication process lack of mentorship and struggling with receiving critical peer review feedback. Since its inception in 2006 the entirely trainee-run American Journal of Psychiatry-Residents Journal (AJP-RJ) has provided numerous opportunities for trainees to publish early in their careers (3 4). In this session members of the AJP-RJ editorial board will share tips and strategies for first-time authors. This session is geared toward medical students psychiatry trainees and their educators. Using a combination of didactics and active discussion with AJP-RJ editorial board members participants will learn how to choose a target journal identify predatory journals prepare manuscripts respond to peer review (5) and write an effective peer review. Given the advancements in artificial intelligence (AI) technology over the past year we will also examine the role of generative AI in academic writing. At the end of this session the peer review and publication process will be demystified for trainees.

## **General Session**

### **Tuesday May 07**

#### **Resident Perspectives on the Digital Kaleidoscope of LGBTQ+ Mental Well-Being in the Age of Social Media**

*Nicholas Fortna BS; Chaden Nouredine M.D.; Nathen Spitz M.D.; Allison Rhodes M.D.;M.P.H.; Jessica Zonana M.D.*

### **Educational Objectives:**

Objective One: Understand the varied uses and benefits of social media within the LGBTQ+ community and changes in the wake of the COVID-19 pandemic Objective Two: Describe problematic social media use social media addiction and impact on mental health Objective Three: Compare and contrast positive and negative mental health outcomes of social media use among LGBTQ+ individuals Objective Four: Describe approaches to social media use among LGBTQ+ individuals from a trainee perspective as well as from an attending who mentors and teaches residents

### **Summary:**

LGBTQ+ (Lesbian Gay Transgender and Queer/ Questioning +) individuals have increasingly turned to social media as a means of connection support and self-expression. According to recent surveys a significant portion of the LGBTQ+ community relies on social media platforms to foster a sense of belonging and to access resources related to their sexual orientation and gender identity. Studies suggest that over 70% of LGBTQ+ adults in some regions use social media networks as a primary channel for networking and finding like-minded individuals. This shift has been particularly pronounced in the wake of the COVID-19 pandemic where online spaces have become crucial for maintaining social ties and accessing mental health support especially in areas of the world lacking in-person queer community support. However this digital landscape is not without its challenges including cyberbullying and other potentially negative impacts including social media disorders and internet use disorders. Finally dating app culture has been reported to have a significant impact on self-esteem and self-perception in the LGBTQ+ community. This presentation will delve into these dynamics shedding light on how social media has both positively and negatively influenced the mental well-being of LGBTQ+ individuals. This presentation will specifically address how to approach social media use among LGBTQ+ individuals as a resident trainee and how we can support LGBTQ+ individuals as providers. The presenters are three LGBTQ+ residents and an attending who mentors and teaches residents at a

student-run free mental health clinic for LGBTQ+ individuals. This presentation will first discuss LGBTQ+ social media use and the current data we have available regarding this topic as it gains increased attention from the scientific community. Next we will focus on problematic social media use its addiction and how it can have a negative mental health impact on LGBTQ+ communities. After that we'll cover how online communities provide support and strategies for LGBTQ+ mental health and the role they played during the COVID-19 pandemic during a time when in-person communities were not accessible to many. In the final didactic portion of the workshop we will discuss how to approach social media use among LGBTQ+ individuals as a resident trainee. Then we will engage in a small group exercise involving interactive polling and discussion of the findings preferences and habits among the participating members of the audience. Finally we will dedicate 20 minutes for a Q&A session with our chair Dr. Zonana and the presenters.

## **General Session**

**Tuesday May 07**

### **Shock and Aftershock: Lessons Learned Managing Patient Aggression Toward Staff on an Inpatient Psychiatry Training Unit**

*Elise Kao; Claire Holderness M.D.; James Rim; Yaakov Green MD MBA; Elizabeth Ford*

### **Educational Objectives:**

Objective One: Review the prevalence of violence on inpatient psychiatric units worldwide Objective Two: Characterize the types of violence which occurs on inpatient units and who is targeted Objective Three: Consider the impact of violence on inpatient units and on training units in particular Objective Four: Identify factors associated with violence particularly repetitive violence Objective Five: Describe at least two strategies for preventing inpatient violence

### **Summary:**

Violence in acute psychiatric inpatient units is a global problem. A growing literature documents the large numbers of inpatient unit staff who have either witnessed or experienced violence most often committed by their patients. It is critical to understand the phenomenon of violence on inpatient units as it can jeopardize the wellbeing of both patients and staff. Exposure to violence can interfere with patients receiving appropriate timely and effective treatment. It also can impact the therapeutic milieu contribute to staff burnout and affect team morale more generally. On training units specifically it can impede trainees' learning impact their growing sense of clinical identity and lead to demoralization within the institution. This session will review the prevalence of violence in inpatient psychiatric units as well as the types of violence -- physical verbal and sexual -- which have been documented as occurring most often. The literature on who most often commits violent acts and who most often are the victims will be discussed. The particular impact of violence when it occurs on a training unit will be considered. Those factors which have been associated with violence generally and with repetitive violence in particular will be considered. Strategies currently used to prevent violence and manage it if it occurs will be reviewed. Then expert clinician educators as well as a resident trainee from a community psychiatry inpatient unit will discuss their respective experiences with violent patients the unit response and the impact of violence on individual and collective wellbeing working relationships and identity. The final panelist a forensic psychiatrist and educator with experience caring for patients at high risk of violence in confinement settings will discuss patient-centered violence prevention strategies and therapeutic approaches to the management of violence if it does occur. Time will be left at the end of the session for questions from the audience.

## **General Session**

**Wednesday May 08**

## **The Effect of a Patient Perpetrated Homicide on Psychiatrists and What Helps Mitigate the Impact**

*Alroy D'Sa; Rachel Gibbons; Helen Killaspy Ph.D. M.B.B.S.; Nisha Shah; Mayura Deshpande*

### **Educational Objectives:**

Objective One: Review current research by panel members on the impact of patient perpetrated homicide on psychiatrists Objective Two: Reduced stigma around the experience of patient perpetrated homicide Objective Three: Encourage and model open discussion about the impact patient perpetrated homicide Objective Four: Share findings on what helps psychiatrists in the aftermath of a patient perpetrated homicide Objective Five: Have discussion to further develop pastoral guidance

### **Summary:**

Many psychiatrists will experience a homicide by a patient at least once in their professional career. The impact of such an event extends beyond the loss of human life with far-reaching consequences for the perpetrator their family and friends and those of the victim. There has been little attention given to the impact on the treating clinicians. The two papers published on this area in the UK are by the presenters. In this research we found over 30% of forensic psychiatrists and many adult psychiatrists had experienced at least one patient-perpetrated homicide with such events evoking intense emotional reactions including guilt distress and feelings of subsequent professional and personal isolation. The formal processes that followed were often experienced as promoting a 'blame culture' leaving clinicians feeling unfairly judged by systems that have been previously described as being insensitive to the complexities of mental illness and mental healthcare. Our research contributes to a growing body of evidence about the significant impact the homicide by a patient can have on clinicians. This is very hard to talk about and as a result there is very limited systemic recognition or support. This has significant consequences for patient care the clinicians affected the employing organizations and mental health care provision over all. The



result can be: emotional distress mental health problems career change early retirement media interest and professional sanctions. Being impacted in this way can also make good clinical engagement with patients harder. This presentation will focus on this issue and aims to start discourse raise awareness and develop appropriate responses to these kinds of traumatic events. As well as sharing our research will discuss our own personal experiences with the intention of promoting understanding. We hope this presentation will contribute to a change in culture where instead of feeling isolated clinicians can feel supported by a healthier and more compassionate mental health system. This presentation has been organized by the Royal College of Psychiatrists (UK) Working Group on the Effect of Suicide and Homicide on Psychiatrists. This presentation and discussion was held at the International Congress of Psychiatry 2023 in the UK to exceptionally good feedback.

## General Session

Wednesday May 08

### **The Invisible Ones: Autistic Adults Without Intellectual Disability in Our Daily Psychiatrist Practices: How Not to Miss Them and Why?**

*Yonatan Kaplan M.D.; Thanos Rossopoulos M.D.; Karuna Poddar MD MS; Andrea Brownridge MHA; Kristina Kise M.D.; Charlotte Medley MBChB LLM*

#### **Educational Objectives:**

Objective One: Understand the identification challenges of autism in adults without intellectual disability and with low support needs (previously identified as “Asperger higher functioning or autism level 1”) w Objective Two: Understand the general impact of identified and unidentified autism in Black communities. Objective Three: Understand the unique challenges of autistic women with special consideration during pregnancy and postpartum period Objective Four: Summarize overall mental health impact including patterns of substance use in autistic people. Describe both protective factors and risk factors for developing addiction in autistic people

#### **Summary:**

Autism is ubiquitous! It appears in every culture on every continent in every class race sexual orientation and gender profile and like any other condition varies in complexity and intensity from person to person and day to day. More than 5.4 million adults in the US or 2.2 percent of the population are autistic. This represents the identified population however there may be many who may be unidentified. This presentation aims at examining the key traits characteristics and qualities consistent with being on the autism spectrum while with special focus on identification challenges amongst the minority communities especially while being a person of color being a female including peripartum period. We theorize that when an individual previously undiagnosed presents to their physician seemingly higher functioning we as psychiatrists may not consider the possibility of autism because: (1) they do not fit the stereotypes including DSM-5 criteria (2) we as physicians misinterpret their symptoms or attribute them to another condition and (3) we as adult psychiatrists may lack adequate exposure to autism from our training years. While intersectionality of race and autism increase discrimination in people of color autistic women during pregnancy and the birthing process are observed to have more adverse pregnancy outcomes. Through this presentation we hope to explore the unique challenges of the autistic people of color and autistic women with a hope to increase awareness of their psychosocial needs and identify management strategies around unique situations such as peripartum care. Unidentified autistic adults could be exposed to multiple stressful experiences in their activities of daily living which could impact their mental health. Our goal is to pull back the curtain on the mystery of those on the autism spectrum so that our colleagues are more comfortable in identifying the underlying autism spectrum when patients report describing depression anxiety ADHD poor self concept dysregulated eating alcohol-drug abuse and so on. Through this presentation we will walk through the detailed assessment and management of psychiatric disorders with special

focus on substance use disorders. As a conclusion to our presentation we hope to engage the audience to identify solutions including improving access to psychosocial care and management for autistic adults.

## General Session

**Tuesday May 07**

### **The Paper Chase: Medicolegal Considerations in Writing Letters for Employers Schools Landlords and Other Third Parties**

*Inkyu Kang BS; Bushra Khan MD MPH FRCPC; Lawrence Belcher M.D.; Renee Sorrentino M.D.; Rachel MacLean M.D.; Susan Hatters-Friedman M.D.*

#### **Educational Objectives:**

Objective One: Review the common types of letters psychiatrists are asked to write for third parties. Objective Two: Appreciate the medicolegal ramifications of writing to third parties including privacy issues liability to employers and others defamation of character and other legal grounds for action. Objective Three: Gain specific strategies to critically assess whether writing a letter to a third party is appropriate for the treating physician and when an independent examiner's opinion Objective Four: Learn principles of risk mitigation for letters you choose to write. Objective Five: Understand the legal landscape surrounding emotional support animals (ESA) and best practices in assessing medical appropriateness of an ESA.

#### **Summary:**

Psychiatrists are routinely asked to write letters to third parties addressing their patients' illness treatment recovery suitability for work and other responsibilities or need for accommodations. These communications may address a seemingly endless array of specific topics from readiness to use heavy equipment to a patient's ability to pay child support. This presentation will address the nuances of writing patient-requested letters to third parties including legal liability and ethical implications. Types of letters addressed will include return to work medical leave fitness for

duty accommodations at work/school medical necessity approval to use cannabis in a residential or hospital setting gender affirming treatment ability to hold a driver's license excusal from jury duty psychiatric service animals emotional support animals residential accommodations eligibility for paratransit assistance competency to make a will or other documents inability to pay child support due to illness verification that an adult is a permanent dependent and accommodations while traveling. We will introduce the medicolegal concept of dual agency that arises when a treating psychiatrist forms an opinion impacting a third party and the pitfalls that can arise from owing a duty to both the patient and to a person or organization outside the doctor-patient relationship. We will also discuss the potential liabilities owed to third parties including negligence as well as liabilities to the patient including issues of confidentiality defamation of character breach of contract and intentional infliction of emotional distress. These topics as well as ethical implications will be presented using real-life practical scenarios that commonly occur in psychiatric practice."

## General Session

**Wednesday May 08**

### **The Science of Spiritual Experiences: Implications for Clinical Practice and for the Understanding of Mind**

*Seo Ho Song M.D.;D.PHIL.; Alexander Moreira-Almeida M.D.;Ph.D.; Jorge Costa e Silva MD PhD*

#### **Educational Objectives:**

Objective One: Understand the relevance of spirituality to health and the process of its integration into research and clinical practice Objective Two: Recognize the high prevalence of spiritual and anomalous experiences in the general population and they usually are healthy so avoiding improper pathologizing Objective Three: Understand the impact of these experiences on the experiencers and those around them Objective Four: Describe best practices for clinical care of people with near-death trance

psychotic-like and other non-pathological anomalous experiences Objective Five: Recognize and discuss the scientific evidence on spiritual and anomalous experiences regarding the implications for the mind-brain problem

### **Summary:**

Based on a growing and robust body of research Spirituality has been acknowledged as a relevant health determinant especially mental health. However many clinicians and researchers have not been trained to deal with the topic in an evidence-based way. Based on Dr. Costa e Silva's experience as past President of the World Psychiatric Association – WPA (1989-93) and past Director of Mental Health of the World Health Organization – WHO (1993-1999) he will present and discuss the process of the inclusion of Spirituality as a relevant health factor at WPA and WHO. The barriers and achievements will be discussed as well as the current challenges for the scientific exploration of Spirituality and its effective integration into the medical practice. A growing and robust body of research has shown that spiritual and “anomalous” experiences remain very prevalent in the general population are usually related to better mental health and have marked implications for the understanding of the mind. Spiritual experiences often involve trance and psychotic-like phenomena (e.g. hearing voices and thought insertion) frequently creating difficulties in differentiating between a non-pathological spiritual or “anomalous” experience and a mental disorder. It brings risks in both extremes: pathologizing normal experiences (promoting iatrogenic suffering) or neglecting pathological symptoms (delaying proper treatment). In order to mitigate these risks we will gather the best current scientific evidence and propose clinical guidelines that have proven helpful in working with spiritual and “anomalous” experiences as well as their implications for our understanding of the mind-brain relationship. Finally the session discusses the clinical scientific and philosophical implications of the available evidence. Clinical guidelines and illustrative case reports will be presented to differentiate between a non-pathological spiritual or “anomalous” experience and a mental disorder. The

philosophical and scientific implications for our understanding of the nature of the mind and the mind-brain relationship will also be discussed.

## **General Session**

### **Sunday May 05**

#### **Understanding the Recent Changes in Coding and Documentation Requirements Using an Interactive Calculator App**

*Yusuf Mehmood; Jeremy Musher M.D.; Junji Takeshita M.D.; David Yankura M.D.; Patrick Ying M.D.*

#### **Educational Objectives:**

Objective One: 1. Understand the code selection criteria for evaluation and management services in both the inpatient and outpatient settings . Objective Two: 2. Understand the generally accepted documentation requirements for evaluation and management services and psychotherapy. Objective Three: 3. Be able to use an interactive calculator app to learn how to select the proper E&M code.

#### **Summary:**

year brought a major revision to coding and documentation requirements that affect psychiatrists including the completion of a paradigm shift in evaluation and management (E/M) documentation coding changes for prolonged visits and rule changes associated with the end of the COVID-19 pandemic. This is occurring against the backdrop of increasing numbers of psychiatrists having their coding and documentation practices challenged by commercial payers resulting in psychiatrists repaying large sums of money. This workshop will review requirement changes clarify how to select the proper codes and provide examples of how to document care to meet billing requirements. The presenters will demonstrate the use of an interactive calculator mobile app designed by members of the APA Committee on RBRVS Codes and Reimbursements which will assist in learning how to select the correct codes especially when using time as a controlling factor for E&M coding psychotherapy coding and prolonged services in

both inpatient and outpatient settings. Using interactive (polling) technology members of the APA Committee on RBRVS Codes and Reimbursements will use case examples to illustrate how to code and document care.

## General Session

Wednesday May 08

### Updating Advanced Paternal Age and the Impact of Rare Gene Variants for Schizophrenia Risk

*Diana Kim; Dolores Malaspina M.D.; Alexander Charney M.D. Ph.D*

#### Educational Objectives:

Objective One: Critically evaluate evidence that paternal age is related to offspring schizophrenia  
Objective Two: Differentiate paternal age effects from other risk factors  
Objective Three: Review mechanisms linking paternal aging to new gene mutations  
Objective Four: Critically review the role of rare gene variants in the genetic architecture of schizophrenia

#### Summary:

This panel links work in epidemiology demonstrating robust and consistent associations between the age of the father at birth and offspring risk for schizophrenia with emerging research from gene sequencing showing an excess of rare and novel genes variants in the genetic architecture of schizophrenia. While the heritability of SZ is unexplained by common variants it is now evident that a portion of the large within-family heritability of schizophrenia as demonstrated in countless studies may be due to rare and even novel genes related that are specifically transmitted by parents that increase the vulnerability for psychosis. The origin of the majority of human mutations is in the paternal germ line and in proportion to the age of the father as will be detailed. Converging on epidemiological findings are the results of genetic studies. Charney and colleagues (2022) found a significantly higher burden of rare protein-truncating variants among gene candidates for

schizophrenia ( $p < .00000054$ ) in a study of (PTVs) among evolutionarily constrained genes (odds ratio = 1.48;  $P = 5.4 \times 10^{-6}$ ). This effect was consistent across five ancestral populations. At this time information on the biology and phenotypes associated with these rare variants is sparse beyond diagnosis but these may occur within conserved molecular pathways that can be defined with longitudinal information on phenotypes and comorbidities to advance precision treatment approaches.

## General Session

Tuesday May 07

### When the Mouth Speaks the Body Heals: Bringing a Brazilian Therapeutic Dialogic Practice to the US

*Erin Davis; Alice Thompson M.D.; Adalberto Barreto; Kenneth Thompson M.D.; Milton Wainberg*

#### Educational Objectives:

Objective One: Describe the origins of Integrative Community Therapy  
Objective Two: Identify the benefits of Integrative Community Therapy model  
Objective Three: Analyze ICT model and structure  
Objective Four: Identify challenges of ICT model

#### Summary:

Our nation is in a societal psychiatric crisis. Our social structure is fractured and deeply stressed by Covid and other infectious diseases economic dislocation cultural upheaval racism and political conflict. Many people have inadequate social supports and their psychological resources are overwhelmed. Loneliness trauma social exclusion insecurity and despair are endemic The distress generated is not equally shared. Less educated lower income people and their communities especially minoritized communities carry the greatest burden-as they have historically. Young and old in these communities are especially at risk. Not only suffering the most these communities also have the least resources for prevention health promotion healing and care. Clinical services including substance abuse treatment are now stretched beyond capacity.

Buttressing them alone will not dramatically lessen the human suffering or costs. They are expensive and often ineffective especially addressing social determinants. Informal social supports are too under-resourced to fill in the gaps. Innovation is necessary to address the structural challenges of social disconnection exclusion and isolation leading to loneliness trauma and despair. In 1985 in a Brazilian favela (shanty town) a multi-racial community displaced by climate change was overwhelmed with fear trauma and despair. Clinical services were absent. The community and a psychiatrist created “solidarity care”. Their method Integrative Community Therapy (ICT) takes a 5 step culturally sensitive dialogic approach to help people expand their emotional literacy empathy and solidarity while solving problems in daily living and addressing community concerns. It is done in person and online in groups of 5 to 200 people for 1 1/2 hour weekly . Primary health mental health services and community organizations are the referral sources. An extensive literature documents its individual and community impact. There are 40000 facilitators in Brazil most of whom are community health workers not mental health professionals. ICT is in use in over 40 countries and is now being introduced to the US. ICT flows from the work of Paolo Freire and indigenous “healing circles”.The facilitator is not an expert but a co-participant. Its focus are the emotions and lived experience of the participants. It is open to the community-not just certain diagnostic categories-and held in public (but can be used in populations requesting privacy). It is not based on pathology but on shared experiences.“Community is therapy”. ICT overcomes the structural forces that isolate and disempower people in communities dealing with their daily emotional struggles.The presentation will describe ICT in detail demonstrate how it works discuss its evidence and consider what it might look like in the US.

## **General Session**

**Monday May 06**

## **Whole Health and Health Care: Realizing the Promise of the Biopsychosocial Model for Mental Disorders and Diversity**

*Matthew Zahn; Alex Krist M.D.; Jeannette South-Paul M.D.; Dilip Jeste M.D.; Harold Kudler M.D.*

### **Educational Objectives:**

Objective One: Articulate the concepts of whole health and whole health care. Objective Two: Assess the evidence base for whole health and the feasibility of shifting to whole health care. Objective Three: Employ strategies for improving clinical care to enhance the whole health resilience and well-being of individuals and communities.

### **Summary:**

Whole health has been described in a 2023 Report of the National Academies of Sciences Engineering and Medicine (NASEM) as physical behavioral spiritual and socioeconomic well-being as defined by the end users of care. Whole health care is an interprofessional team-based approach anchored in trusted longitudinal relationships which promote resilience and restore health. These systems proactively assess and address structural and social determinants of health as fundamental components of care. While change requires a seismic shift in how individuals communities and nations view health and health care gains achieved by early adopters clearly demonstrate its promise. During this panel discussion Drs. Krist and South-Paul Co-Chairs of the NASEM Committee on Transforming Health Care to Create Whole Health will summarize whole health concepts present evidence for its effectiveness and review recommendations for spreading and scaling this system of care. Their 2023 Report is highly relevant for psychiatric clinicians researchers educators administrators policymakers and advocates because it reframes the doctor/patient relationship across health systems within the biopsychosocial model long championed by Psychiatry and refocuses the practice of Medicine on the personhood of the patient and the social determinants of health. Whole health calls for innovative approaches to mental disorders ranging from schizophrenia to



substance use and new ways to engage and partner with members of diverse populations including racial and ethnic minorities and the LGBTQ+ community. Whole Health also requires attention to the health well-being and resilience of clinicians and support staff as a core component of all health systems. As discussant Dr. Jeste past President of the APA and Director of the Global Research Network on Social Determinants of Mental Health will distill core concepts and consider evidence-based pragmatic strategies that may be used by psychiatrists their patients and the public at large to improve individual community and national well-being through Whole Health. These presentations will set the stage for lively dialogue with attendees.

## General Session

**Tuesday May 07**

### **Clozapine Revisited: Recent Advances and Clinical Updates**

*Hannah Kearney M.D., M.Sc.; Robert Cotes M.D.; Oliver Freudenreich M.D.; Frederick Nucifora D.O. Ph.D. M.H.S.*

#### **Educational Objectives:**

Objective One: Participants will be able to list three reasons to use clozapine for a patient with schizophrenia. Objective Two: Participants will summarize recent research findings on the relationship between clozapine and neutropenia and gain a familiarity with the Clozapine REMS system. Objective Three: Participants will describe strategies to prevent seizures and myocarditis and to effectively mitigate weight gain. Objective Four: Participants will describe strategies for how to reduce positive symptoms for clozapine partial responders.

#### **Summary:**

Treatment-resistant schizophrenia (TRS) the failure of two antipsychotic trials of an adequate dose and duration is estimated to occur in about one-quarter of people with schizophrenia. Despite being the only pharmacologic treatment approved by the US FDA for TRS clozapine remains widely underutilized in the US. Barriers for clozapine's

underutilization include patient concern about its side effect profile mandated hematologic monitoring administrative requirements through clozapine REMS and prescriber reluctance. Prescribers may feel more comfortable using clozapine by participating in educational efforts building systems that support clozapine prescribing and seeing first-hand how clozapine can help patients succeed and accomplish their goals. Since its initial FDA approval in 1989 considerable effort has been spent understanding clozapine's unique efficacy and side effect profile. Incorporating those findings this session seeks to increase the participant's familiarity and comfort with clozapine and has been developed for clozapine prescribers of all experience levels. The presenters will make a case for why clozapine would be the only antipsychotic expected to be effective for a subset of patients (e.g. those with TRS) and provide tips for how to identify this group. The presenters will then discuss when to obtain clozapine levels and how to interpret them. Recent updates on clozapine's hematologic side effects particularly neutropenia will be presented. The presenters will then provide an overview of the Clozapine REMS system and will discuss what efforts have been made to make clozapine prescribing less cumbersome. The presenters will then review how to manage both common and potentially life-threatening side effects of clozapine including weight gain constipation sialorrhea and myocarditis. Finally the presenters will provide some suggestions of pharmacological and psychosocial interventions for how clinicians can help their patients who have persistent symptoms despite taking clozapine.

## General Session

**Monday May 06**

### **Frontline Well-being & Burnout: A Modest Proposal for The Future of Our Profession**

*Smita Das M.D. Ph.D. M.P.H.; Amira Athanasios M.D.; Stefanie Simmons M.D. FACEP; Gaurava Agarwal M.D.; Emma Jellen; Betsy Schwartz*

#### **Educational Objectives:**

Objective One: Assess and quantify the impact burnout is having on frontline and other healthcare workers. Objective Two: Cite a framework for various aspects of mental health care that can be improved for healthcare clinicians. Objective Three: List innovative approaches that health systems and programs are implementing to offer an array of mental health services and supports that address clinicians with mental health care needs. Objective Four: Discuss the change management process in implementing system updates that improve mental health care services. Objective Five: Access APAF resources such as Frontline Connect.

### **Summary:**

For frontline workers turnover rates range from 35-100% and this has been exacerbated by the COVID-19 Public Health Emergency. 62% of nurses regularly feel burnt out with 44% saying it affected work performance and 44% of US physicians exhibit at least one symptom of burnout. Primary care turnover costs payers \$1 Billion every year while Doctor burnout is costing the U.S. health care system roughly \$4.6 billion a year. Aside from economic impact there are the concerning public health and patient impacts such as lack of continuity increase in emergency care and provider shortages medical mistakes dissatisfaction and more. The urgency in addressing burnout improving access to mental health care and preventing clinician suicide could not be greater. COVID took a serious toll on our nation's healthcare system but these public health challenges pre-dated the pandemic and must be resolved for the good of our nation's health system. The APA Foundation is proud of the work we are doing with our FRONTLINE CONNECT initiative addressing barriers clinicians face in accessing mental health care and partnering with the APA and other leaders working on these issues including our panelists today. This session is presented by the APA Foundation.

## **General Session**

**Sunday May 05**

## **Journeys in Advocacy: You Can Be What You Can See**

*Katherine Kennedy M.D.; Art Walaszek M.D.; Fiona Fonseca M.D.*

### **Educational Objectives:**

Objective One: 1) Explain why advocating for patients and populations especially those who are marginalized and minoritized is a physician's responsibility. Objective Two: 2) Recognize various approaches for teaching advocacy skills to psychiatrists who are at different stages in their careers. Objective Three: 3) Consider how role models inform and advance an advocacy curriculum. Objective Four: 4) Identify ways to implement an advocacy curriculum at home institutions and organizations.

### **Summary:**

In 2001 the AMA's Code of Physician Responsibility affirmed that advocacy for patients and population health is a professional responsibility for all physicians. Physician advocacy is critically necessary to address health inequities and health outcome disparities created by the differential impacts of systems and structures such as federal and state laws and regulations structural and social determinants of health and the economics of healthcare. Moreover as increasing numbers of state legislative bodies move to restrict the care that physicians can offer physicians need to mobilize to engage in advocacy. While most psychiatrists are likely to have experience advocating for their individual patients in the course of their day-to-day clinical work many are challenged by how to engage in effective advocacy that advances population health within their institutions organizations and legislative systems. Advocacy can be conceptualized as a set of complex skills which like any skill set is best acquired through a combination of didactic instruction mentorship and experiential learning with opportunities for practice and feedback. While no standardized or model advocacy curricula for psychiatric residency training programs currently exists increasingly training programs are adding advocacy didactics and/or experiences to their

curricula. For psychiatrists who have completed their graduate training the intentional acquisition of advocacy skills typically occurs through offerings from professional advocacy organizations such as online webinars and/or experiences like legislative “advocacy days.” An often-overlooked tool in advocacy education is the use of advocacy role models. Advocacy role models can make crucial contributions by informing an advocacy curriculum and inspiring potential physician advocates. Advocacy role models can be helpful by not only demonstrating the specific actions that physician advocates may take but also by exemplifying how the identity of physician advocate can be integrated into one’s overall identity as a physician. In this interactive workshop presenters will underscore why advocating for patients and populations especially for those who are marginalized and minoritized is a critical role for psychiatrists today. Various approaches to teaching advocacy skills to psychiatrists who are at different stages in their career will be presented. Presenters will then shine a spotlight on the inspiring journeys of some trailblazers in physician advocacy exploring the challenges they faced the milestones they achieved and the impact of their advocacy work. During the workshop portion participants will be given prompts that will help them focus on identifying relevant advocacy role models who can enhance an advocacy curriculum and/or training experience. Participants will also be assisted with identifying strategies for implementing or augmenting an advocacy curriculum at their home institution/organization.

## **General Session**

### **Saturday May 04**

#### **Personality Pathology in Adolescents and Young People**

*Gabrielle Garcia BS; Ethan Mondell; Meredith Hayes; Bria Hawkins BA;M.A.; Jaclyn Lo; Biannca Williams; Nicholas Flugrad M.D.; Gabriel Zamora; Tanya Song; Thanvi Vatti; Carla Sharp Ph.D.*

#### **Educational Objectives:**

Objective One: Differentiate diagnostic systems for the assessment of personality pathology in young people. Objective Two: Conduct appropriate assessment of personality pathology in adolescents. Objective Three: Identify optimal treatment targets to scaffold personality development and reduce personality pathology in adolescents

#### **Summary:**

With the publication of the DSM-5 Alternative Model for Personality Disorders (AMPD) the field of personality pathology initiated a shift away from conceptualizing personality pathology solely in terms of symptoms and disorder towards a dimensionalized diagnostic system that also considers functioning. This shift is perhaps most clearly evident in the entry criterion of the AMPD Criterion A or the so-called Level of Personality Functioning (LPF). Two of the major advantages of the shift towards dimensional assessment and diagnosis is its relevance for the development of personality pathology in adolescence as well as the destigmatization of personality disorder. This talk will explicate the shift towards a dimensionalized diagnostic system with a focus on LPF; outline the importance of this shift specifically for its impact on understanding assessment and diagnosis of personality pathology in young people; and discuss the translational implications of this shift for the assessment and treatment of adolescents with personality challenges.

## **General Session**

### **Sunday May 05**

#### **Telemedicine and Addiction Treatment: The Potential Implications for Marginalized Populations (In Relation to the Ryan Haight Act)**

*Stephanie Pham; Smita Das M.D. Ph.D. M.P.H.; Marcus Hughes M.D.; Arthur Williams M.D.; Jenny Boyer M.D.*

#### **Educational Objectives:**

Objective One: Describe background of the Ryan Haight act and implications on OUD Objective Two: Describe telemedicine prior to the pandemic

using the Veterans Affairs system as an example  
Objective Three: List the ways that clinicians have been able to treat opioid use disorder during the pandemic in light of public health exceptions; list ways telemedicine prescribing of controlled substances ca Objective Four: List and generate areas where marginalized populations either benefit or need additional considerations when treating with controlled substances

### **Summary:**

In the space of substance use disorders the Ryan Haight Act was developed to reduce threat to public health and safety caused by physicians who prescribed controlled medications via the internet without establishing a valid doctor-patient relationship through such fundamental steps as performing an in-person medical evaluation of a patient-- as a result risk of developing a substance use disorder or worse overdosing would be reduced. The act requires any practitioner issuing a prescription for a controlled substance to conduct an in-person medical evaluation (with certain specified exemptions) prior to prescribing and continuing on Telehealth. On the other hand at the start of the pandemic and just as we approached the height of the drug overdose crisis when patients being treated for opioid use disorder required their life saving medications such as buprenorphine and methadone also controlled substances the Ryan Haight act was eased to allow for them to continue care. An unexpected benefit was that many more people who may not have been able to access care could now do so. 4 years later many of those flexibilities continue and we have learned about how marginalized communities have been impacted. It is important to take note of how marginalized populations may continue to be marginalized by the expansion of these flexibilities and how to implement them so that we can achieve more equitable care. Elements such as implementing fair substance testing protocols fair payment models and culturally responsive care are essential.

### **General Session**

### **Sunday May 05**

#### **Winning the Future of Wellbeing in the Age of A.I.: A Grand Challenge For Philanthropy**

*Rawle Andrews J.D. Esq.; Anna Bobb; Rebecca Brune; Seth Kahan; Melissa Beck*

#### **Educational Objectives:**

Objective One: If you want to engage in philanthropy when you return home consider what the data is saying relating to mental health and technology Objective Two: If you're looking to fundraise- what are the best buys Objective Three: How can you begin to think about using philanthropy to expand your current program? Objective Four: Where are the policy points that could use philanthropic input? Objective Five: Identify areas within your home institution that would benefit from developing a plan for philanthropic funding.

#### **Summary:**

· The American health care system has been called an unenviable mix of excess deprivation and chaos. As more people come to recognize the failings of the health care system the momentum for reform grows. Increased commitment to mental health among the philanthropic community especially the tech community widespread awareness of the need for mental health system transformation and technology innovation are coming together to catalyze change. · This session will address how philanthropy can and must play a constructive role in the mental healthcare reform identify potential philanthropy funding targets and highlight mental health system innovations and philanthropy initiatives that could help transform mental health outcomes for patients and family caregivers across general and multicultural communities.

### **General Session**

### **Saturday May 04**

## **The Road(s) Not Taken: Nontraditional Careers and Opportunities Beyond the Academic Medicine Paths**

*Michael Metzner; Katharine Brewster M.D.; A. Jacques Ambrose MD MPH MBA; Louisa Steinberg; Robert Accordini M.D.*

### **Educational Objectives:**

Objective One: Identify at least one nontraditional opportunity beyond the academic medicine path

Objective Two: Identify at least one advantage in nontraditional opportunities and careers

Objective Three: Discuss at least one disadvantage in nontraditional opportunities and careers

### **Summary:**

With an estimated one in five doctors planning to exit their current practice or reducing their work hours within the next several years the sobering statistics underscored the ongoing challenges in the current healthcare landscape for physicians and trainees. For many practicing physicians many factors relating to work dissatisfaction include burnout workload anxiety or depression. Diversifying career options can further expand opportunities for current practicing physicians residents fellows and medical students to cultivate work-life balance and professional growth. This panel will have executive and senior directorial representatives from the following careers: consulting/management pharmaceuticals venture capital/start-ups and entertainment/media industries. In mental healthcare we have a massive mismatch between those needing care and available clinicians to care for them. This situation is worsened by a disproportionate number of these providers who do not accept insurance. Technology can be a very powerful tool to democratize access to care that is insurance accepting and tracks outcomes to ensure patients are actually getting better. It is a tool and is not a replacement for actual clinical care. In the private sector helping patients does not always align with the ambitions of investors and others who are profit seeking. Since 2017 there has been \$10B invested in venture capital funds to mental health technology companies

which has led to tech-enabled delivery of care to hundreds of thousands of patients. While access has certainly improved there has not been enough of a focus on the quality of that care. It is imperative for medical trainees particularly in psychiatry to explore non-academic careers to meet the evolving needs of patients improve work-life balance contribute to policy and diversify skill sets. Simultaneously addressing the challenges faced by the field of psychiatry including stigma workforce shortages limited research funding and the integration of technology is crucial for ensuring the continued advancement of mental healthcare. Embracing a variety of career paths and actively working to overcome these challenges will contribute to a more robust and resilient psychiatric profession.

## **General Session**

### **Sunday May 05**

## **Model Programs that Address SDOMH and Addictions in Marginalized Communities**

*Frank Clark M.D.; Alena Balasanova M.D.; Dionne Hart M.D.; Sherry Nykiel M.D.*

### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to describe examples of individual-level health-related social needs

supports for mental health or substance use treatment programs

Objective Two: the participant will be able to summarize differences and similarities of inpatient and outpatient strategies to address social determinants of health in local contexts

Objective Three: At the conclusion of this session the participant will be able to discuss considerations for addressing addiction and social determinants of health needs within marginalized U.S. communities

### **Summary:**

Social determinants of mental health and health related social needs are increasingly being considered and incorporated into mental health and substance use treatment programs in the U.S. Psychiatrists have important roles in advocating



and assessing individual and structural factors that inform health outcomes in these settings. Understanding current approaches strategies and model programs to address intervention and evaluation of these factors may reduce mental health disparities. Examples from academic and community-based settings will be discussed. Considerations for engaging and undertaking this work in treatment settings with marginalized communities will be centered.

## **General Session**

### **Saturday May 04**

#### **Beyond Shelter: Comprehensive Wrap-around Services for LGBTQ+ Homeless Youth**

*Naz Seenauth*

#### **Educational Objectives:**

Objective One: Examine the limitations of shelter-only models in meeting the complex needs of LGBTQ+ homeless youth and the gaps in service provision. Objective Two: Define wrap-around services as a coordinated holistic approach to care that involves collaboration among direct care providers to meet the diverse and intersectional needs of individual Objective Three: Understand the needs of LGBTQ+ homeless youth including housing instability mental health support access to healthcare education employment and affirming social connections. Objective Four: Provide an examples of how to tailor services to meet the unique and multifaceted needs of LGBTQ+ youth. Objective Five: Explore and discuss strategies for empowering LGBTQ+ homeless youth as active participants in their own care and decision-making processes fostering autonomy self-efficacy and resilience.

#### **Summary:**

This session will cover the history of the Ali Forney Center and will explore approaches developed to address the multifaceted needs of unhoused LGBTQ+ youth beyond shelter provision. Through case studies best practices and interactive discussions attendees will gain insights into

effective strategies for providing comprehensive care and creating affirming environments where LGBTQ+ homeless youth can thrive.

## **General Session**

### **Wednesday May 08**

#### **Panel on Military Mental and Behavioral Health: Future Research and Technology Priorities**

*Anthony Jeong; Lauren Palestrini; Matthew Kearney; Matthew LoPresti Ph.D.; Peter Na*

#### **Educational Objectives:**

Objective One: Psychological health and treatment especially digital platforms that can include self-care for military without access to clinical care Objective Two: Scalable Treatments for PTSD where there is a lack of behavioral health clinicians as is widely the case in the military Objective Three: Prevention of Suicide and Postvention of Suicide Ideation or Attempt a problem that is increasingly critical in the military and among veterans as well as in the general population Objective Four: Cross-Cutting Problem Approaches which address the complex of multiple co-occurring harmful behaviors

#### **Summary:**

Military personnel operate under great levels of constant stress as well as risk of traumatic injury.<sup>1-3</sup> Diversity among military personnel reflecting greater diversity in the American population and changes in the nature of military conflicts open needs for new approaches to brain health.<sup>4</sup> Many of these approaches have broader implications for civilian health as well. This panel will elaborate on those needs and approaches as well as provide two concrete examples of research currently underway and supported by a partnership of the Medical Technology Enterprise Consortium (MTEC) and the American Psychiatric Association Foundation (APAF).

## **General Session**

### **Monday May 06**

## **Psychiatry in Cancer Center: Opportunities and Challenges in Treating Psychiatric and Substance Use Disorders While Working Alongside Oncology Colleagues**

*Shide Zhang; Kamalika Roy M.D.; Omar Munoz M.D.; Amvrine Ganguly M.D.; Michelle Riba*

### **Educational Objectives:**

Objective One: Understand the prevalence of common psychiatric presentations and their implications in patients with cancer  
Objective Two: Understand the relation between substance use and cancer treatment  
Objective Three: Explore common regimen related toxicities  
Objective Four: Understand and evaluate evidence-based treatment models

### **Summary:**

Psycho-oncology is one of the youngest subspecialties in psychiatry and it is an ACGME-accredited fellowship training in select academic institutions. The rate of major depression is almost five times in this population compared to the general prevalence<sup>1</sup>. The overall prevalence of active substance use disorder was found to be 4% with a higher prevalence in the survivors of head and neck cancer and gastric and esophageal cancer<sup>2</sup>. Many psychiatric symptoms including anxiety insomnia mania and psychosis are associated with the treatment of cancer. Disorders like post-traumatic stress disorder (PTSD) due to medically related trauma are an evolving field of research. Besides the diagnostic categories defined in the DSM-5 distress is prevalent in this population often under-recognized. The speakers will discuss the prevalence of common psychiatric and substance use conditions in the cancer population and describe their impact on the treatment of cancer quality of life survivorship outcome of treatment and scope of practice of psychiatry in cancer centers. Speakers will discuss the prevalence of psychiatric syndrome in the cancer population and discuss methods and barriers to the recognition of psychiatric symptoms in a cancer treatment setting. Depression in cancer impacts treatment adherence outcome and healthcare utilization. One retrospective analysis<sup>3</sup> using ICD-

9 for cancer and depressive disorder found that > 11% had depression in the cancer population. Depression in cancer was associated with increased ED visits hospitalization and 30-day readmission. They will also explore psychosocial factors in substance use and cancer treatment and during survivorship. Up to 50% of cancer survivors report some extent of cognitive decline including changes in attention processing speed memory and multi-tasking abilities<sup>4</sup>. The speaker will discuss a conceptual model for cancer associated cognitive decline or 'chemo brain' and cancer fatigue. Speakers will explore the impact of existential distress in advanced cancer patients and describe the scope of evidence-based therapies like meaning-centered psychotherapy<sup>5</sup>. He will explore the neurobiology and psychological theories of psychiatric syndromes in cancer. The Chair will briefly discuss the collaborative care model adopted by NCI-designated cancer centers focusing on population-based psychiatric care for cancer patients and measurement-based care teams. The session will include a short video clip of an example of a collaborative care model setting of practice case vignettes with an option for an audience poll and a QR code for resources and guidelines. The Chair will lead the panel discussion at the end of the session for interactive learning opportunities.

## **General Session**

### **Monday May 06**

#### **The Badass IMG Woman: Past Present Future**

*Consuelo Cagande M.D.; Geetha Jayaram M.B.A.; M.B.B.S.; Balkozar Adam M.D.; Marilou Tyner M.D.; Dipti Vasavada; Tanuja Gandhi M.D.*

### **Educational Objectives:**

Objective One: Outline the history of women international medical graduates' (IMGs) participation in the US health care system and organized medicine.  
Objective Two: Describe the impact of culture ethnicity and diverse career paths on the IMG physician's professional and personal journey.  
Objective Three: Assess the

psychosocial impacts on family members and partners of IMG physicians. Objective Four: Review the role of mentorship and sponsorship on belonging for women IMGs. Objective Five: Identify the path forward to developing a fulfilling sustainable and illustrious career as a female identifying IMG.

### **Summary:**

Over the past few decades there has been a distinct rise in the number and proportion of women physicians in US. This increase notably includes an increase in the proportion of newly licensed women physicians who are international medical graduates (IMGs). Women IMGs represented 25% of first-time licenses issued to IMGs in 1990 and the percentage grew to 45% by 2014 with average increase of 0.856% for each year. Women IMGs benefit the US healthcare system by enhancing cultural diversity and representation patient centric care and often serving in rural and unserved communities. Adaptability resilience humaneness empathy and a desire to succeed highlight the IMG experience. As an intersectional group despite the growth in numbers of women IMGs they continue to encounter obstacles to advancement with discrimination ethnic biases and structural impediments against diversity and minorities. Women IMGs are less likely to work as administrators or medical teachers and more likely to work as full-time hospital staff or locum tenens physicians than US counterparts. Those who choose an academic career are less likely to obtain leadership positions. Join our trailblazing panelists on a voyage that follows the path of women in Psychiatry and Mental Health professions. Trials tribulations and triumphs mark the personal and professional journeys which can offer great rewards while requiring immense sacrifice. Come learn about challenges faced solutions implemented and discover the way onward and upward in the badass IMG woman's life and career.

## **General Session**

### **Monday May 06**

## **Moving Beyond the SCOTUS Affirmative Action Decisions: Ensuring a 21st Century Psychiatric Workforce**

*Regina James M.D.; Caroline Laguerre-Brown J.D.; David Acosta M.D.; Donna Sudak M.D.*

### **Educational Objectives:**

Objective One: Understand the history and purpose of affirmative action in the US Objective Two: Understand what has changed and what has remained the same regarding college admissions in relation to the SCOTUS decision Objective Three: Understand the implications of this decision on recruitment of a diverse medical workforce Objective Four: Discuss potential impact on the practice of psychiatry Objective Five: Articulate strategies to ensure a psychiatric workforce that is reflective of the general population

### **Summary:**

On June 29 2023 the Supreme Court of the United States (SCOTUS) voted in a 6-3 decision to end a four-decade precedent that allowed colleges and universities to consider race as one factor in a holistic review admissions process. How can we continue to ensure a 21st century psychiatric workforce ready to meet the current and future needs of a diverse patient population? The panelists will provide a brief history and overview of the purpose of affirmative action discuss the potential impact of this decision on medical education and diversity in psychiatry.

## **General Session**

### **Sunday May 05**

## **Addressing Mental Health Issues in the Adoption-Kinship Network**

*Lisa Maynard LMSW TCTSY-F; Jane Dugan-Burdette M.A.*

### **Educational Objectives:**

Objective One: • Articulate at least 3 core issues of adoption and the lifelong impact they have on children youth and families. Objective Two: • Describe at least 2 treatment modalities

helpful in working with foster/adoptive/guardianship children youth and families. Objective Three: • Demonstrate an understanding of the value of collaboration between mental health child welfare and education professionals to promote permanency and well-being. Objective Four: • Demonstrate an understanding of the impact of adverse childhood experiences on family stability and well-being

### **Summary:**

The challenges faced by adopted foster and guardianship families due to traumatic life experiences early losses and multiple moves can lead to developmental mental health issues behavioral challenges and serious emotional disturbance (SED) all impacting family stability. Misdiagnosis and inadequate treatment plans exacerbate the challenges and provoke mental health crises and long-term negative outcomes. Adoption competency training is needed to ensure professionals serving this population are well prepared to support all families including those who experience foster care adoption and guardianship. Adoption-competent providers in child welfare mental health and educational systems play a vital role in strengthening and stabilizing families. The NTI training focuses on addressing the mental health needs of children and their foster adoptive or kinship families providing the skills tools and strategies needed to effectively support children to heal from trauma and loss and to help parents/caregivers learn the therapeutic skills they need to parent effectively. This workshop highlights these challenges and the foundational knowledge skills and understanding necessary to improve assessment and intervention ultimately promoting family stability and the well-being of children and families.

### **General Session**

**Tuesday May 07**

#### **Supporting ECPs and RFMs in Their Careers and Beyond**

*Saul Levin M.D. M.P.A. FRCP-E FRCPsych; Nitin Gogtay MD; Vishal Madaan M.D.; Regina James M.D.*

### **Educational Objectives:**

Objective One: Apply quality improvement strategies to improve clinical care Objective Two: Provide culturally competent care for diverse populations Objective Three: Describe the utility of psychotherapeutic and pharmacological treatment options

### **Summary:**

This session is open to APA members who are residents or early career psychiatrists. In a small group discussion with APA CEO and Medical Director Saul Levin along with APA's Deputy Medical Directors attendees will have an opportunity to discuss challenges faced by residents and early career psychiatrists in their clinical setting and to brainstorm ways in which the APA might be able to assist. Topics for discussion include the future of psychiatric care challenges related to career advancement workforce development and promoting equal representation of minority ECPs and RFMs in leadership roles.

### **General Session**

**Sunday May 05**

#### **Autism and Neurodivergent Individuals Across the Lifespan**

*Charis Benjamin M.P.H.; Stephanie Ma M.D.; Eric Hollander M.D.*

### **Educational Objectives:**

Objective One: Critically review and analyze cases to improve quality of patient care in management of autism spectrum disorder (competence/skills/strategies) Objective Two: Manage patients diagnosed with autism spectrum disorder incorporating state of the art evidence-based guidelines and clinical trial data (performance) Objective Three: Differentiate the various clinical presentations of autism spectrum disorder and neurodiverse individuals to develop treatment plans (competence/skills/strategies) Objective Four: Diagnose ASD in children adolescents and adults and diverse populations

based on patient/family history and laboratory testing (performance)

### **Summary:**

Autism and Neurodivergent Individuals Across the Lifespan Eric Hollander MD Individuals with autism spectrum disorders (ASD) and neurodivergent thinking present in very different ways at different stages of the lifespan and in diverse populations. Core symptoms include impairment in social communication reciprocity and rigid and repetitive thinking and behaviors. Associated features include irritability and disruptive behaviors attention and executive function deficits and excitation/inhibition imbalance. Inflexible rigid thinking and behavior is an underappreciated transdiagnostic domain that is prominent in ASD neurodivergent thinking and other obsessive compulsive related disorders (OCD). Neurodivergent thinking may be highly beneficial in certain controlled environments. However inflexible thinking may interfere with the ability to adapt to a rapidly changing environment. Fronto-striatal-thalamic brain circuitry and genetic variations may map onto the inflexible thinking domain in ASD and OCD. Biomarkers such as neurocognitive set-shifting tasks immune cytokines and lipid signaling molecules may also correlate with these behavioral features. Psychosocial treatments for these presentations include applied behavioral analysis cognitive behavior therapy social skills training educational approaches and occupational and speech therapy. Standard medication approaches depend on the target symptom domain that causes distress or interferes with functioning and may include SSRI's anticonvulsants stimulants and nonstimulants and atypicals. Experimental approaches must balance risks vs benefits and may include oxytocin/vasopressin modulators combined with social interventions various cannabinoid compound approaches glutamatergic medications immune-modulatory approaches psychedelic-assisted psychotherapy and neurostimulation in appropriate individuals. Also by recognizing the advantages of neurodiverse thinking in certain environments and the challenges of rigid thinking in rapidly changing environments may also lead to effective

interventions in diverse individuals presenting at different stages of the lifespan. I will utilize a "what and why" approach. While presenting appropriate scientific background I will present information that attendees can immediately apply in their day-to-day practice. "

## **General Session**

### **Tuesday May 07**

#### **Compassion Fatigue Burnout and Suicide in Realm of Faith-Based Setting**

*Caroline Ezekwesili BA;M.P.H.; Farha Abbasi M.D.; Jermine Albery*

#### **Educational Objectives:**

Objective One: identify role of faith in treatment  
Objective Two: understand role of faith leaders in community  
Objective Three: identify stressors that faith based leaders experience  
Objective Four: understand trauma informed care  
Objective Five: Recognizing Signs of Burnout and Compassion Fatigue

#### **Summary:**

Religion and spirituality serve as crucial elements in the healing process for individuals practicing or belonging to a faith (Sandage et al. 2020). Within faith-based communities reliance on God for healing can sometimes lead to the perception of psychiatric services as a sign of faith weakness (Johnson-Kwochka 2022). Mental illnesses may be viewed as spiritual weaknesses addiction as moral failure and suicide as an ultimate act of faith abandonment (Lloyd 2021). In these communities individuals grappling with mental health concerns often turn to their faith leaders as trusted messengers first responders cultural key holders and community builders. However these leaders face elevated stress levels with persistent workplace demands overwhelming coping mechanisms and contributing to high burnout rates. This emotional exhaustion manifests as a loss of enthusiasm for work depersonalization inadequacy and a diminished sense of personal contentment leading to compassion fatigue. The negative cost of caring includes emotional and



physical exhaustion diminishing the ability to empathize or feel compassion for others. Faith leaders clergy and chaplains experiencing burnout and compassion fatigue may encounter high rates of job turnover along with depression anxiety and PTSD. Stigma surrounding mental illnesses can hinder timely care potentially leading to substance abuse and suicide. Addressing this challenge requires a shift from overwhelm fear and anxiety towards building internal resilience and coping capacities. Trauma-informed care and integrated congregations play a crucial role in facilitating a cognitive shift from focusing on what is wrong with individuals to understanding what wrongs have happened to them. Substance abuse and suicides should be approached as manifestations of underlying pathology rather than moral failings. Recognizing the genuine suffering among faith leaders and their dedication to alleviating it in others there is a pressing need to prioritize the mental health of this vulnerable population. Providing emotional physical and economic support is essential in fostering a healthier environment within faith-based communities. This session is presented by the APA Foundation.

## **General Session**

### **Monday May 06**

#### **Digital Approaches to Diagnosing and Treating Substance Abuse Disorder: Advances in Technology Regulation and Training**

*Jordan Paluch; John Torous M.D.; Lisa Marsch PhD; Krysten Bold*

#### **Educational Objectives:**

Objective One: Assess the potential of synchronous asynchronous and hybrid digital approaches to treating substance abuse disorders for diverse patients Objective Two: Apply current regulatory frameworks to apply digital approaches to substance abuse in a safe and compliant manner. Objective Three: Feel comfortable assessing patients for the current use of digital tools in their care and recommending appropriate tools if there is interest.

#### **Summary:**

Access to care for substance abuse remains limited and new advances in digital mental health offer a viable solution. This session is designed to help learners understand the current landscape of substance abuse technology with the goal of enabling informed decision-making around the selection and use of these new tools. Thus this session will review current digital options ranging from teletherapy self-help apps AI-powered chatbots online forums and emerging options like virtual and augmented-related. Focusing on more than just technology this session will also cover relevant regulations trends and reimbursement policies that must be considered around if and when any innovative approaches are to be utilized. Likewise recommendations for upscaling the clinical workforce so they can best utilize these treatments as well as ensuring digital literacy for all patients so they can also partake will be discussed in the context of health equity.

## **General Session**

### **Sunday May 05**

#### **Expanding 988 Suicide and Crisis Lifeline and Crisis Services and Research: What Psychiatrists Need to Know**

*Dariana Gil Hernandez; Sungsu Lee M.D.;Ph.D.; Stephen O'Connor Ph.D.; Anita Everett M.D.; Matthew Goldman M.D.; Jonathan Purtle DrPh M.P.H; Victor Armstrong M.S.W.*

#### **Educational Objectives:**

Objective One: Summarize the crisis care continuum from 988 calls to crisis care services Objective Two: Explain the potential benefits of the use of 988 and crisis services over 911 law enforcement involvement for persons with mental and substance use disorders Objective Three: Understand some of the implementation challenges for localities to support 988 and crisis services Objective Four: Identify multiple research needs for improving equity and quality of crisis service delivery

#### **Summary:**

This NIMH organized Research Track Session will address the growth of the Suicide and Crisis Lifeline the continuum of crisis services and many important research questions. As a relatively new system addressing acute mental and substance problems there is great promise in reducing suicide risk as well as challenges in fully building crisis care systems. The National Suicide Hotline Designation Act of 2020 designated 9-8-8" as the universal telephone number in the United States for the national suicide prevention and mental health and substance use crisis hotline system. The Substance Abuse and Mental Health Services Administration (SAMHSA) has made significant investments to strengthen and expand the capacity of the Lifeline network which has included development of the crisis call center workforce telephone/chat/text infrastructure mobile crisis response teams crisis receiving centers and Certified Community Behavioral Health Clinics. SAMHSA has developed numerous resources to guide the building and improvement of crisis service systems. NIMH has particular interest in supporting research that expands our understanding which crisis service approaches are most effective for suicide prevention and related outcomes. After describing the multiple components of crisis care this session will provide descriptions of current crisis systems to illustrate best practices for the continuum of crisis services. Many challenges still remain with regard to optimizing call and text counseling and determining the most appropriate next step in terms of potentially sending a mobile crisis team referring the crisis care seeker to resources in the community and/or engaging with EMS and/or law enforcement if there is imminent health risks. The decision-making challenges along the continuum of crisis services may also be shaped by the availability of the services and not just level of client risk. Availability of services and adequate training of crisis care responders and behavioral health providers who receive clients in crisis are particularly important for underserved populations who have historically received inadequate care or experienced unnecessary law enforcement involvement. The National Suicide Hotline Designation Act of 2020 encourages states to telecom fee legislation similar to 911

financing to support the 988 call centers. However the way states are setting policies for 988 support and other crisis services is quite variable. NIH funded research will be described that characterizes financing approaches and the possible implications of funding in terms of quality and reach of services as well as client outcomes in terms of suicide risk and behavioral health utilization across various demographic groups. The session will conclude with illustrations of research questions regarding crisis services and will engage the audience through a Q & A session."

## **General Session**

### **Sunday May 05**

#### **Improv-Ing the Psychiatric Interview**

*Deonna Vaughn M.D.; Lauren D'Andrea M.D.; Brynn Thayer; Nina Ross M.D.; Karen Rosenbaum M.D.; Camille Tastenhoye M.D.; Kathleen Kruse M.D.; Susan Hatters-Friedman M.D.*

#### **Educational Objectives:**

Objective One: Understand the core principles of comedic improvisation. Objective Two: Apply improvisation techniques to the psychiatric interview for clinical and forensic work. Objective Three: Examine improvisation's usage in medical education.

#### **Summary:**

Unlike much of the rote knowledge taught in medical training mastery of psychiatric interview skills requires practice-based learning. A successful psychiatric interview requires skills including active listening connection with the patient the ability to respond to unspoken cues and collaborative work towards a mutually desired therapeutic outcome. Comedic improvisation requires a similar skillset. Improvisation exercises emphasize numerous applicable skills including mindfulness empathy togetherness active listening confidence in public speaking and collaboration. This highly interactive workshop will engage participants in improvisational exercises with the goal of demonstrating how these exercises can be used to improve and teach the art of psychiatric interview skills. The use of

improvisational exercises also prompts exploration of the role of humor within psychiatry and the therapeutic relationship.

## **General Session**

**Tuesday May 07**

### **Leveraging the All of Us Research Program Dataset to Support Mental Health Research and Advance Precision Medicine**

*Avital Fischer M.D.;Ph.D.; Apoorva Polavarapu; Holly Garriock PhD; Cheryl Clark; Karmel Choi; Samantha Tesfaye; Amy Price*

#### **Educational Objectives:**

Objective One: Understand the mission goals and mental health-related data types available within the All of Us Research Program. Objective Two: Articulate how the All of Us Research Program is advancing the ‘how’ of research through diversity commitments “Participants as Partners” frameworks and community-based approaches. Objective Three: Find and review mental health-related data projects and publications coming out of the All of Us Research Program via the Online Research Hub Objective Four: Register as a participant and/or as a researcher in the All of Us Research program should they be interested

#### **Summary:**

The All of Us Research Program is a historic effort within the NIH Office of the Director to partner with 1 million or more people living in the United States (and territories) to study how lifestyle biology and environment impact health. All of Us is partnering with participants across diverse backgrounds health status and age to build a one-of-a-kind longitudinal research database in the hopes of fueling advances in precision medicine that benefits all people. Part of its mission includes commitment not only to participant and researcher diversity but also to diversity of data; currently the All of Us Research Program invites participants to donate data from biosamples physical measurements self-report surveys digital wearable devices behavioral tasks and Electronic Health Records (EHRs) with opportunities for participants to provide repeat measurements

becoming available in the future. To date self-report surveys have provided insights into participants’ personal and family health history lifestyle healthcare access and utilization social determinants of health COVID-19 pandemic experiences and mental health and well-being. A recent area of significant focus for the program has been expansion of opportunities for participants to contribute data related to mental health; in 2023 the program launched two surveys on mental health and well-being as well as four behavioral tasks. Combined with other data types and in the context of a participant pool that spans differences in racial and ethnic identity geography educational attainment income sex gender identity and age these mental health-related data donation opportunities may provide unique insights into health and disease. During this session colleagues from the All of Us Research Program will introduce the foundation promise and future of this longitudinal study and will highlight the ways in which researchers clinicians and those interested in the next 75 years of mental health progress can get involved. In addition to a talk the session will include a panel of researchers using the All of Us data as well as a time for Q&A with the audience.

## **General Session**

**Wednesday May 08**

### **Rigor Translation and Inclusion in NIMH-Supported Youth Mental Health Research to Advance Impact: Lessons Learned and Opportunities**

*Phillip Yang M.D.;M.A.; Christopher Sarampote PhD; Lauren Wakschlag PhD; Christopher Sarampote PhD; Melissa Brotman MD; Wanjiku Njoroge M.D.; Anna Lau PhD*

#### **Educational Objectives:**

Objective One: Identify principles and recommendations for inclusion and community mental health service implementation that apply to all child-focused research regardless of pathway “stage”. Objective Two: Appreciate developmental considerations for translational research from pregnancy through young

adulthood. Objective Three: Identify the limitations of existing approaches to child-focused research and consider strategies to increase the relevance and applicability of developmental and interventions/services research.

#### **Summary:**

The mission of the National Institute of Mental Health is to transform the understanding and treatment of mental illnesses as early as possible through basic translational and clinical research paving the way for prevention intervention recovery and cure. Research focusing on children and adolescents an estimated 13-20% of whom have a diagnosable psychiatric disorder provides the opportunity for profound public health impact. This NIMH-research track session focuses on how the mental health needs of children are addressed across the clinical-research pathway from basic to translational to services and interventions and how researchers are promoting inclusivity and maximizing real-world impact. Building on examples from NIMH-funded research symposium panelists will discuss: a.) the translation of findings from developmental and prevention science to inform screening and novel intervention development as well as how reverse translation can be used to elucidate neurodevelopmental mechanisms; b.) directions for future research on and the clinical implications of individual- and family-level interventions for BIPOC children and youth; and c.) the systemic structural and family factors that impact the mental health of families and ways to intervene. Presenters from different disciplines and methodologic perspectives will discuss the challenges and opportunities for child mental health researchers to develop theoretical models and conduct research studies that are equity-focused and developmentally and culturally informed as well as how advances in technology can be innovatively leveraged to increase health equity to help NIMH realize its mission for all children.

#### **General Session**

#### **Saturday May 04**

#### **Telepsychiatry Coverage Advocacy: Will 2024 Be a Break-Out Year?**

*Leo Meller; Peter Yellowlees M.D.; Shabana Khan M.D.; Christian Moser M.D.*

#### **Educational Objectives:**

Objective One: 1. Identify opportunities for policy advocacy to support coverage of telepsychiatry services. Objective Two: 2.

Describe current federal and state policies and priorities around telepsychiatry.

Objective Three: 3. Understand regulatory and legal considerations associated with providing telepsychiatry across patient populations and state lines.

#### **Summary:**

The presenters are all deeply involved with advocacy for telepsychiatry and will present their wide range of personal experiences in this panel session while also covering the history of telepsychiatry advocacy going back over 30 years. The session will commence with a discussion of the current status and scope of telepsychiatry policies at Federal and State levels as they affect clinical care reimbursement licensure and prescribing of controlled substances. The APA has a very active policy advocacy structure staff and set of processes and this will be described demonstrating how individual interested psychiatrists with a passion for the area can be supported and assisted to make changes at Federal and State levels. Finally lessons learned by the presenters and hopes for the future of psychiatric care will be discussed especially the dramatic changes to psychiatry as a profession during and after the COVID-19 public health emergency and how these can be captured and continued to ensure that the provision of hybrid care (both in-person and online) can become the future standard of care delivered by most psychiatrists. The Centers for Medicare and Medicaid Services (CMS) has also been invited to present about how physicians can support CMS in establishing coverage policy that reflects standard of care and the needs of patients.

## General Session

Saturday May 04

### TMS/Ketamine/ECT: What Residents and Trainees Need to Know

*Joseph Nickel; James Strosnider BS; Ethan Kim BA; Nithin Edara M.D.; Simon Kung MD; Balwinder Singh M.D. M.S.; Georgios Petrides*

#### Educational Objectives:

Objective One: Describe the neurobiological rationale for repetitive transcranial magnetic stimulation (rTMS) and its use in psychiatric conditions. Objective Two: Describe the neurobiological rationale of how ketamine or esketamine can help with depression and the current uses. Objective Three: Describe the use of electroconvulsive therapy (ECT) in psychiatric conditions. Objective Four: Discuss a comparison of the pros and cons of each of these treatments and when to use each.

#### Summary:

Treatment-resistant depression can occur in 30-50% of patients and after medication trials and psychotherapy have been exhausted patients will frequently ask about non-pharmacologic treatments. The three most commonly used non-pharmacologic treatments for depression are repetitive transcranial magnetic stimulation (rTMS) ketamine/esketamine and electroconvulsive therapy (ECT). This session will review the basics of each of these “interventional psychiatry” treatments focusing on what residents fellows and medical students need to know. Dr. Kung will review the origins of rTMS and the neurobiological rationale for its use. Disruption of the brain network connections between the dorsolateral prefrontal cortex (DLPFC) and the subgenual cingulate cortex (sCC) is thought to improve depression. Each treatment is 3.5 minutes with the newer intermittent theta burst stimulation (iTBS) protocol or 20 minutes with the traditional protocol. The course of treatment is 6 weeks with a response rate of about 60%. Advantages of rTMS include no anesthesia or memory loss and no restrictions on driving. The

only side effect is scalp pain during the simulations. At 6 months after successful rTMS the relapse rate is about 50%. Medications are still continued after rTMS. rTMS has also been FDA-approved for obsessive compulsive disorder (OCD). Dr. Singh will review the purported mechanism of action of ketamine/esketamine and NMDA receptor antagonism. While IV ketamine is not FDA-approved for depression but is commonly used for that purpose intranasal (IN) esketamine is FDA-approved for unipolar treatment-resistant depression. An acute course (3-6 over 2-3 weeks for IV ketamine 8 over 4 weeks for IN esketamine) results in approximately 60-70% response rate. Side effects include mild dissociation symptoms during the treatment. The relapse rate is high so maintenance treatments will usually be needed every few weeks. Practical issues such as cost and availability will be reviewed as well as the unanswered question of how long maintenance treatments should continue especially with less knowledge about the addictive potential of a long course of ketamine. Dr. Petrides will review the history of ECT which is still considered the “gold standard” of severe depression. While there are significant side effects such as memory loss and cognitive impairment ECT can be life-saving in the appropriate patient. A standard course of ECT varies between 6-12 treatments and the right unilateral ultrabrief technique offers less cognitive impairment than the traditional bitemporal technique. Medications or maintenance ECT may be needed to prevent relapse. Recent studies comparing ECT and ketamine will be reviewed. The panel discussion at the end will synthesize the pros and cons of rTMS ketamine and ECT. Case examples will be used to facilitate further discussion about when to use each of these treatments.

## General Session

Monday May 06

### Virtual Reality in the Trenches: Hands-on Experience With Clinical Vr Systems for Anxiety Disorders PTSD Pain Management and ADHD Assessment



*Elli Novatcheva M.D.; Jacklyn Vargas M.D.; Shirley Li BA; Aidaspahic Mihajlovic; Skip Rizzo Ph.D.; John Luo M.D.; Marcellus Tseng*

### **Educational Objectives:**

Objective One: Identify the background factors that contribute to the use of Virtual Reality in modern psychiatric settings Objective Two: Determine the use case of Virtual Reality as an Adjunctive Modality Objective Three: Detail the steps involved in utilizing Virtual Reality Therapy as an Adjunctive

### **Summary:**

Since the mid-1990s a significant scientific literature has evolved regarding the outcomes from the use of what we now refer to as Clinical Virtual Reality (VR). This use of VR simulation technology has produced encouraging results when applied to address cognitive psychological motor and functional impairments across a wide range of clinical health conditions. This workshop will provide three brief introductory talks on the use of Clinical VR in the areas of Anxiety Disorders PTSD Pain Management and ADHD. Following these introductory presentations of the history and rationale for these clinical use cases (30 minutes) the presenters will then provide audience members with hands-on demonstrations of currently available clinical systems in these areas. This forty-minute segment will provide attendees with the opportunity to try on VR head sets that deliver this innovative approach to clinical care and to also observe the operation of these devices from the clinicians view point. Four stations will set up each demonstrating applications for treating anxiety disorders and PTSD via the use of exposure therapy for delivering distraction methodologies for managing acute pain and for assessing attention processes in a virtual classroom to inform diagnostic decision-making with ADHD. The primary aim of the hands-on section of the workshop is for psychiatrists to understand the approach for the actual use and implementation of Virtual Reality systems from both the perspective of the patient and the clinician. Due to the short time frame the workshop would need to be limited to 30 participants in order to give

everyone a chance to try out the systems that are most relevant to their practice interests. Following these clinical demonstrations the discussant John Luo will present a 10-min summary of this emerging area of clinical practice.

## **General Session**

### **Monday May 06**

#### **A Crisis Roadmap: Helping Trainees Envision Ideal Mental Health Crisis Services for the Future**

*Rushali Kothari; Maria Bodic M.D.; Robert Gadomski D.O.; Daniel Reynolds M.D.*

### **Educational Objectives:**

Objective One: - Describe the challenges of teaching about community mental health crisis services Objective Two: - Identify components of an ideal crisis system Objective Three: - Evaluate three learning activities developed by the facilitators for resident and medical student trainees and provide suggestions for improvements Objective Four: - Inspire trainees to think outside of the box in considering how we care for individuals experiencing mental health crises in the community

### **Summary:**

With news stories involving deaths of individuals experiencing mental health crises while in police custody and long wait times for patients needing higher levels of psychiatric care mental health crisis services have been the source of much criticism by the public.<sup>12</sup> Training programs have the opportunity to inspire trainees towards change and provide them with the necessary tools to think innovatively about possible solutions. While the ACGME requires community and emergency psychiatry experiences for psychiatry residents the requirements are non-specific leaving it up to the institutions to determine how to meet these requirements.<sup>3</sup> Furthermore trainees may be frustrated at the crisis systems available in their community but without guidance as to how to improve them.<sup>4</sup> The Psychiatry and the Community Committee with the Group for

Advancement of Psychiatry developed a Roadmap to the Ideal Crisis System and are now working on educational curricula to help educate trainees about ideal crisis services. We hope to inspire them to work towards improving the continuum available in their communities. In this workshop participants will have the opportunity to learn more about the Roadmap as well as the educational curricula under development. Furthermore participants will consider the challenges of teaching trainees about crisis systems and hear about opportunities available at other institutions. Finally participants will be able to experience two activities used at the authors' institutions that aim to teach trainees about services available in the community. We hope to inspire participants to think more critically about the mental health crisis service continuum in their communities and work towards creating ideal systems of care.

## **General Session**

### **Monday May 06**

#### **Active Opioid Use Disorder and Acute Trauma: Pain and Management**

*Riley Imlay BA; Andrea Guerrero M.D.;M.B.A.; Ashika Bains M.D.; Simon Sidelnik; Ishan Gupta; Mladen Nisavic*

#### **Educational Objectives:**

Objective One: Recognize challenges to pain management in patient with active opioid use disorder and acute trauma  
Objective Two: Summarize risks of undertreated pain in patients with substance use disorders  
Objective Three: Develop approaches for medication treatment for opioid use disorder in patients with acute pain  
Objective Four: Examine procedures of methadone and buprenorphine induction and maintenance treatment in patients with opioid use disorder and acute pain

#### **Summary:**

Over the past three decades there has been a persistent and dramatic increase in opioid use in the United States with an estimated 9.5 million people reporting misuse of heroin or prescription

pain relievers in 2020. Presence of substance use disorders are also considered a risk factor for sustaining a traumatic injury. Patients with acute trauma and concurrent opioid use disorder can present treatment challenges especially for pain management. Chronic opioid use can produce physiological tolerance and opioid-related hyperalgesia and these patients frequently require higher-than-usual doses of opioids to achieve adequate pain control. Patients on buprenorphine present an added dilemma as use of buprenorphine may limit the efficacy of conventional short-acting opioids. Stigma and paucity of understanding for this patient population can lead to under-treated pain and increase risks of relapse and self-directed discharges. Participants of the session will be invited to reflect on personal experiences of patients with acute pain complaints and opioid use disorder in small group discussion. Approaches to pain management in opioid use disorder in the setting of acute injury though challenging may also present an opportunity for management of substance use disorder. During hospitalization for treatment for the injury patients can establish time away from illicit substance use which can foster insight and present an opportunity to start maintenance treatment options such as methadone or buprenorphine. Our session plans to outline approaches for co-treatment of opioid use disorder and pain based on the current literature using case examples. The presentation will outline three cases: the first of a patient with active opioid use and acute injury the second of a patient with acute injury on maintenance treatment with buprenorphine for opioid use disorder and the third of a patient with active opioid use on methadone with an acute injury. Each case will outline various considerations and approaches to patients with opioid use disorder and pain needs. Participants will engage through polling and small group discussion of salient points of each case.

## **General Session**

### **Wednesday May 08**

## **Addressing the “Epidemic of Loneliness and Isolation” and Its Psychiatric Sequelae Among Rural Elderly With a Common-Sense Treatment Model That Works**

*Avital Fischer M.D.;Ph.D.; Michael Flaum M.D.; Stephanie Weatherly*

### **Educational Objectives:**

Objective One: Identify factors contributing to late onset depressive and anxiety symptoms among older patients living in rural settings Objective Two: Discuss barriers to accessing behavioral healthcare for seniors in rural settings and strategies to address these barriers Objective Three: Describe how the core components of the integrated intensive outpatient treatment presented in this session might be applicable to other behavioral health problems

### **Summary:**

Over thirty years ago a lone psychiatrist practicing in rural Tennessee noticed a pattern: He was seeing more older people without significant prior psychiatric histories being referred by their PCP's for anxiety and/or depression who were not responding well to first-line medications. The pattern he noticed however went beyond symptom recognition to include recognition of a pattern of other common factors in their lives: Many were widows or widowers living alone often at some distance from their nearest neighbor; most were no longer working; many no longer drove and despite their isolation they wanted to stay in their homes. He recognized that in the context of being frail isolated and alone feelings of anxiety and depression might be a reasonable or expected response rather than target symptoms for medications. He had the idea of bringing them together a few times a week with the goals of helping to normalize their feelings provide some coping and adaptive skills connect them with others in their community (both professionals and peers); and perhaps most importantly show them they weren't alone. Over the past 20+years that simple idea has been shaped into a treatment model that has now been implemented in over 100 sites across 34 states under the name of “Senior Life Solutions” (SLS). The model is an

intensive outpatient program targeting rural seniors consisting of group and individual therapy and activities up to three days per week and integrated psychiatric care with at least monthly visits. The clinical team consists of a program director (usually an RN) one licensed therapist (usually a LCSW) a psychiatrist as the medical director and a patient coordinator (usually LPN or CNA). Transportation is provided for those who need it. Each program typically serves about a dozen patients at a time with an average length of stay of ~ 6 months. In this workshop the background rationale and core components of the SLS program will be described along with its ongoing implementation and expansion. Data will be presented demonstrating remission rates of both depression and anxiety of >50% as well as stable MMSE scores. Dr. Flaum who has served as a medical director for three of these sites in rural Iowa will share his clinical experience and perspective. Dr. Wetherly who serves as Chief Clinical Officer for the company that administers the SLS program will discuss various aspects of implementation and present descriptive and outcome data. Ultimately this is a program that targets vulnerable individuals who are isolated and it aims to create and solidify connections. In this case those people are the rural elderly but we hope to engage the participants in small and large group discussions about the potential to apply the key elements of this successful program to a broader array of mental health challenges that may be related to what the surgeon general has called Our epidemic of loneliness and isolation.”

### **General Session**

#### **Saturday May 04**

### **Alzheimer's Disease and Cognitive Disorders in Geriatric Hispanic/ Latinos. Why Doesn't “One Size Fits All” Approach Work?**

*Tanya Song; Claudia Roldan Rivera; Renato Alarcon M.D.; Bernardo Ng M.D.; Ruby Castilla Puentes M.D.; Daniel Jimenez Ph.D.*

### **Educational Objectives:**

Objective One: to evaluate current literature on differences in the brains of Hispanics with a dementia diagnosis compared with those of non-Hispanic whites and of African Americans

Objective Two: to review prominent validated neuropsychological assessments within the published literature to determine efficacy for implementation with diverse English and Spanish speaking populations. Objective Three: to discuss the evidence suggesting that Hispanics present with higher levels of depressive symptoms and cognitive impairment than white non-Hispanics.

Objective Four: to evaluate the Differences in Diagnosis Treatment and Access to Care Among Older Hispanics

### **Summary:**

Hispanics/Latinos are the largest ethnic/racial group in the United States. They are a heterogeneous population with unique characteristics related to individual-level socioeconomic factors including country of origin. Latinos are less educated and have lower levels of health literacy which places them at higher risk of misidentifying cognitive symptoms as part of normal aging rather than manifestations of a degenerative disease. Latinos in the USA live longer what has been identified as the Hispanic paradox yet with disproportionately higher rates of comorbidities lower income and greater obstacles to access care. Alzheimer's disease and cognitive disorders (ADCD) among diverse Latinos is poorly understood and understudied compared to other ethnic/racial groups that leave the nation ill-prepared for major demographic shifts that lay ahead in coming decades. Recent studies have uncovered dramatic differences in the brains of Hispanics with a dementia diagnosis compared with those of non-Hispanic whites and of African Americans. Based on extensive analyses of autopsied brains found that Hispanics diagnosed with dementia were much more likely to have cerebrovascular disease than either non-Hispanic whites or African Americans. Researchers also found that Hispanics and African Americans were more likely to have mixed pathologies that is a combination of Alzheimer's disease and cerebrovascular disease than non-Hispanic whites. And non-Hispanic whites were shown to

have more pure Alzheimer's disease than either Hispanics or African Americans. Population aging may contribute to an increasing prevalence of reported cognitive impairment. However population-level trends in reported cognitive impairment among Latinos are unclear and it is unknown whether there are differences among Latino subgroups. Current neuropsychological testing may not provide accurate data related to monolingual and bilingual individuals of Hispanic descent. This symposium aims to examine heterogeneity in reported cognitive impairment among older U.S. Latino subgroups and will provide a new research framework for advancing Latino ADCD knowledge encompassing the unique sociocultural cardiometabolic and genomic aspects of Latino health aging and ADCD. Some of the research challenges to progress in Latino ADCD research and the proposed solutions will be discussed.

## **General Session**

### **Sunday May 05**

#### **Ask Yourself: What Can Social Media Teach You About Methadone Management and Your Psychiatric Practice in General?**

*Megan Evans BA; Shram Shukla M.D.; Aidith Flores-Carrera D.O.; Rachel Han M.D.; Robin Bonomi M.D. Ph.D.*

### **Educational Objectives:**

Objective One: 1. Understand what predictive analytics are and their current applications are in social media. Objective Two: 2. Recognize the etiology of QTc prolongation in methadone and its associated risks. Objective Three: 3. Discuss current research models incorporating predictive analytics to mitigate the associated risks of QTc prolongation.

### **Summary:**

Social media platforms capitalize on effective data mining to predict and influence the behavior of consumers. Predictive Analytics (PA)1 encompasses this process and is widely used across industries to capitalize on internet market potentials. Modern society interacts with social

media frequently across multiple demographics and population ages from pre-adolescents to senior citizens. The high consumption rates combined with the precise targeting from PA produce a profit that allows these platforms to flourish. This approach to business is proactively seeking to build rather than retroactively enacting corrections to the marketing strategy. Similarly in the “swiss-cheese” error model platforms seek to implement overlapping proactive changes to prevent negative outcomes<sup>2</sup>. In addiction medication management targets a chronic condition with often-times long term use of pharmacotherapy. This can be exemplified in methadone management to treat opioid use disorder as it is a life-saving medication that can be difficult for patients to thrive without. It is therefore important to proactively address potential co-morbidities and identify earlier interventions that seek to prevent disease progression (or even emergence). Methadone increases the risk of QTc prolongation up to 12.4ms on average after initiation .<sup>3</sup> Many studies show this effect but few have examined potential methods of prevention. Here PA may be a potent method to improve predictive patient EKG changes to minimize risk of QTc prolongation. We will examine a case highlighting methadone’s contribution to EKG changes thereby allowing us to better understand the pharmacokinetic and physiologic etiology of QTc prolongation secondary to methadone. We will also examine the associated morbidity and mortality. Next we will explore the current prevention models in the literature for mitigating negative outcomes<sup>4-5</sup>. Furthermore methadone is only one medication that can increase the risk of QTc prolongation as many commonly prescribed psychiatric and general practice medications can compound this effect. Balancing the risks and benefits of each medication to a patient’s overall outcome and goal is difficult but may be improved with the application of PA tools. Many industries routinely use PA to simplify processes and provide better outcomes it is our goal to bring this powerful tool to addiction psychiatry as well.

## General Session

## Sunday May 05

### Break the Silence: Addressing the Void Between Asian Immigrants and Their Children

*Melissa Chen; Daniel Cho MD; Max Guan D.O.; So Min Lim D.O.; Brooke Stroffolino*

#### Educational Objectives:

Objective One: Explain religious/cultural approach to addressing Asian American intergenerational trauma  
Objective Two: Recognize the psychiatrist’s role in identifying cultural dynamics and historical trauma experienced by family members unique to Asian American patients  
Objective Three: Identify key tools to initiate discussion regarding intergenerational trauma within families  
Objective Four: Explain the rising need for support of culturally responsive intergenerational trauma-based therapy

#### Summary:

Historical trauma describes massive distressing or life-threatening events experienced collectively by those with a shared identity. Reactionary attachment disruptions and maladaptive coping strategies are transmitted from parent to child and beyond resulting in intergenerational trauma and cross-generational psychological effects. The DSM-V attempts to address the problem with the Cultural Formulation Interview; however such a panacea lacks the depth required for deeper understanding and subsequent work to be done. Without nuanced cultural and religious competence our current approach to intervention may lack efficacy or even be downright harmful. Our workshop seeks to explore intergenerational trauma specifically through the lens of Asian Americans and their families. The Asian American diaspora experience intergenerational trauma secondary to war genocide political turmoil and cultural differences. As a result they face complex family dynamics which are often strained from lack of communication and empathy challenging parenting styles and resentment. Panelists will 1) provide cultural context of historical trauma encountered by first generation Asian Americans 2) explore acculturative challenges and the ramifications on family dynamics when trauma is not addressed and 3) present tools that will serve



as a guide to navigating this topic in an empathetic culturally sensitive perspective. Participants will then break up into small groups to discuss their experiences and therapeutic modalities for addressing historical trauma with immigrant patients and their children. By the end of the workshop participants will be equipped with a toolkit to aid in management of interplay between multi-level generations of AAPI along with ideas and resources for future avenues of intellectual pursuit. Look below As AAPI who have both lived and clinical experience we aim to bring to the forefront an issue in need of dire intervention. Trauma begets trauma and we hope to advance the work to break that cycle.

## **General Session**

**Tuesday May 07**

### **Brief Action Planning (BAP): A Versatile Motivational Interviewing (MI)-Consistent Tool to Facilitate Health Behavior Change**

*Dean Wundrach; Steven Cole M.D.; Yuri Jadotte; Deirdra Frum-Vassallo Psy.D.*

#### **Educational Objectives:**

Objective One: At the conclusion of this workshop participants will be able to define Brief Action Planning (BAP) & its 8 core competencies.

Objective Two: At the conclusion of this workshop participants will be able to define the Spirit of MI and its importance for clinical practice and BAP. Objective Three: At the conclusion of this workshop participants will be able to begin using BAP in clinical practice.

#### **Summary:**

Psychiatric patients often present with multiple and complex lifestyle co-morbidities (eg obesity smoking risky drinking sedentary lifestyle etc) and/or other behavioral complexities (eg non-adherence) contributing to increased morbidity and mortality as well as clinician-patient discord and frustration. Psychiatric training does not typically prepare clinicians to use evidence-based approaches to manage these behavioral dimensions of routine patient care. This 90-minute

workshop introduces and prepares participants to begin using Brief Action Planning (BAP) one pragmatic evidence-based approach to help clinicians better manage these behavioral complexities of routine mental health practice. Brief Action Planning (BAP) is defined as a versatile Motivational Interviewing (MI)-consistent tool to support patient self-management and facilitate health behavior change. ([www.BAPProfessionalNetwork.org](http://www.BAPProfessionalNetwork.org)). Developed by clinicians in MINT (Motivational Interviewing Network of Trainers) BAP is firmly grounded in the principles and practice of MI and offers clinicians an evidence-based roadmap of 8 integrated and pragmatic competencies that clinicians can use to guide (motivate) patients towards action planning for improved physical and/or mental health. A recent scoping review reported 143 peer-reviewed publications in the literature. This workshop will present the core concepts and skills of BAP show videotape demonstrations of BAP and provide opportunities for real-play and role-play practice of BAP with feedback. After attending this workshop attendees will be able to begin using BAP in their clinical practices. BAP as a stand alone tool and technique can be effectively used for patients ready or nearly ready for change and also functions as a structured roadmap for the 4th "task" (or "process") of MI as recently described in the 4th Edition of Miller and Rollnick's Motivational Interviewing (2023). In addition BAP serves as the foundational tool for "BAP-MI" a novel (advanced skills) integration of Brief Action Planning and Motivational Interviewing to maximize outcomes across the full spectrum of readiness for change. The workshop will begin with a brief presentation of the core concepts and the 8 core competencies of BAP as well as the foundational relevance of the Spirit of MI. After viewing the first demonstration videotape of BAP participants will practice using BAP in real-play or role-play in groups of three with feedback from colleagues and workshop faculty a psychiatrist (SC) a health psychologist (DFV) and specialist in preventive medicine (YJ). After plenary discussion participants will watch two more advanced versions of BAP (with a behavioral menu and with problem-solving for low confidence) and practice these skills in real-or role-play with

feedback and interactive discussion. At the conclusion of this workshop participants will be able to begin using BAP in their routine clinical practices."''

## **General Session**

**Wednesday May 08**

### **Contingency Management Innovations in California to Address Overdose Challenge in Hard to Reach/Clinically Complex Populations**

*Vineeth Alluri; Fumi Mitsuishi M.D.;M.S.; Lisa Fortuna M.D. M.P.H.; Alexandra Haas; Valerie Gruber Ph.D. M.P.H.*

#### **Educational Objectives:**

Objective One: Identify the essential elements of urine drug test contingency management that are required to provide this intervention to patients in in Medicaid funded substance use treatment programs. Objective Two: Identify adaptations helpful for contingency management for stimulant use disorder for adults with co-occurring serious mental illness justice involvement and housing instability. Objective Three: Consider mobile application features that are best aligned with focal population served and can be integrated into clinical workflow to effectively build agency capacity. Objective Four: Choose clients with characteristics that reflect readiness for engagement in contingency management treatment. Objective Five: Discuss challenges and lessons learned in hospital to community-based program contingency management program to inform contingency management program planning.

#### **Summary:**

San Francisco is an epicenter of the overdose crisis but also a center of innovation in addiction treatment with attention to social determinants of health. Increasingly unaffordable housing and a growing unhoused population is coupled with increasing use of methamphetamine often adulterated with fentanyl. Chaotic circumstances create barriers to treatment alternatives beyond hospitalization and incarceration. With few established medical treatment approaches

evidence-based incentives treatment such as contingency management has been shown effective for stimulant use disorder. We share policy implementation and clinical lessons learned from work with over 200 clients in the rollout of three programs. Reflecting policy and treatment delivery innovation the California Recovery Incentives pilot involves escalating rewards for consecutive methamphetamine and cocaine negative urine tests in California Medicaid SUD programs; we will present on our implementation with adults with co-occurring stimulant use disorder and serious mental illness. The GAMified INcentive Treatment (GAIN) program added digital literacy support and wellness tasks incentives for a similar population; we worked with software developers to build a prototype app to assign and track completion of wellness tasks and urine toxicology screenings and record and calculate reward points for clients while also building capacity of clinical staff. HOUDINI LINK a six-month community-based patient navigator and contingency management program provides support to patients over 12 visits who are starting or restarting medication for opioid use disorder during hospital admission as they transition into the community with the possibility of earning \$325 in monetary incentives for MOUD adherence opioid and stimulant negative urine drug screens and meetings with their patient navigator. Preliminary outcome data and de-identified case scenarios will present commonly encountered clinical challenges to engage participants in learning to adapt evidence-based contingency management for stimulant use disorder for adults with serious mental illness. These demonstrate population-specific challenges and solutions including patient ineligibility due to medications prescribed for medical or psychiatric conditions that risked false positive urine test results patient interest in few of the state permitted gift card incentives (few vendors available near where clients lived unstable housing and building thefts preventing reliable home delivery) digital literacy barriers to app supported treatment disruptive behaviors resulting in suspensions from the clinic interfering with urine testing and reward provision and patient difficulty pausing stimulant use due

cognitive limitations and highly triggering living situations (limited sober living availability).

## **General Session**

**Tuesday May 07**

### **Culturally Informed Healthcare: Unveiling the Power of Ethnic Concordance Linguistic Competence and Cultural Alignment in Addictions Treatment**

*Nathaly Gonzalez; Monica Ormeno D.O.; Maria Veronica Clare Vigilar M.D.; Derrick Knox M.D.; Heather Hauck M.D.*

#### **Educational Objectives:**

Objective One: Highlight the importance of race/ethnicity concordance in addiction treatment  
Objective Two: Define cultural competence in addiction treatment  
Objective Three: Identify practical approaches to enhancing cultural competence  
Objective Four: Emphasize the role of cultural competence in improving therapy outcomes in linguistically diverse and minority populations

#### **Summary:**

The Race/ethnicity concordance is met when a patient and their healthcare team or clinician share a similar race or ethnicity. This concordance can significantly influence the patient-clinician communication and patients' clinical encounter experiences. When patients and clinicians share the same background longer treatment duration is associated with a stronger alliance in behavioral health[3]. Concordance prompts Hispanic African-American and Asian patients to seek care more frequently enhancing communication[2]. Racial discordance consistently relates to poorer patient-physician communication resulting in African-American patients facing shorter visits and diminished patient-clinician communication[1][2]. Medication-Assisted Treatment (MAT) helps bridge treatment completion gaps between Mexican Americans and non-Latino Whites with substance use disorders[6]. Culturally competent addiction treatment is facilitated through tailored strategies clinician-patient cultural alignment and

acknowledging cultural influences[7]. Factors affecting cultural competence include clinician understanding adaptable approaches training institutional support and matching based on cultural backgrounds[7]. This session highlights the importance of utilizing culturally informed and linguistically competent addictions treatment to dismantle health inequities oppressing minoritized and marginalized populations through an interactive panel presentation. The audience will be educated on three major concepts. The first concept will focus on the role of bi-lingual/ multi-lingual practitioners in therapy and the importance of primary/native language therapy for development and success in the therapeutic progress. The second concept will focus on the importance of patient and clinician race/ethnicity concordance and its relationship to quality of care and therapy outcomes. The last concept will be to help the audience understand the impact of cultural competence and culturally informed care in addition to treatment in minority populations. Attendee participation will be encouraged throughout the session to include interactive participant-panel discussion. In conclusion panelists will engage participants in gaining a deeper understanding of the crucial role that race/ethnicity concordance plays in healthcare. This session's emphasis on culturally competent addiction treatment and the significance of clinician-patient cultural alignment highlights the potential for improved outcomes in therapy especially for linguistically diverse and minority populations. Overall participants will leave this session equipped with knowledge to advocate for more inclusive and effective healthcare practices.

## **General Session**

**Monday May 06**

### **Entangled in the World Wide Web: From Identity Expression to Internet Addiction**

*Alexa Hooberman M.D.; Rikinkumar Patel MD MPH; Shruti Mutalik M.D.; Vlad Velicu M.D.; Antoine Beayno M.D.; Ambika Yadav M.B.B.S.*

#### **Educational Objectives:**

Objective One: Describe the prevalence of internet use and importance of exploring use in clinical assessments. Objective Two: Define problematic internet use including internet gaming disorder and internet addiction. Objective Three: Identify clinical tools to assess problematic internet use. Objective Four: Summarize available treatment options and avenues for future research in addressing internet use among patients. Objective Five: Describe strategies for education about healthy online use/ digital citizenship

### **Summary:**

Internet use is more prevalent now than ever before with 85% of Americans using the internet everyday and the average American spending nearly 7 hours per day online. Despite this internet use behavior is not part of routine mental health assessments. The internet has become a means of personal and professional growth self-expression connection and influence in turn having a major impact on an individual's physical emotional financial and spiritual well-being. A conversation about health is incomplete without an exploration of an individual's online presence. Social media is used to forge and rekindle connections as well as to express one's identity through posts performance and reaction videos virtue signaling strategic sharing of personal experiences and much more. Online video gaming can represent a hobby that promotes cognitive flexibility social connection wellness and a sense of community but when problematic use is present it can become a platform for behaviors such as cyberbullying unlawful sexual behavior identity theft and fraud to name just a few. Addiction to internet use and online gaming have been shown in the literature to be associated with mood disorders loneliness introversion neuroticism impulsivity and substance use disorders and our workshop will provide guidance on how to utilize specific characteristics to stratify patients based on risk and how this categorization can inform a personalized treatment approach. Our session emphasizes the prevalence of internet use the role it plays in an individual's life the insights it can offer into one's personal identity and the importance of exploring this in clinical assessments. We will explore the specific role of

social media as a means of healthy expression connection growth but also differentiate this from use for construction of blatantly false self representations (such as catfishing behaviors) risks such behaviors could pose to other users participation in potentially lethal online challenges and the risks of social media use among vulnerable populations including those with mental illness. We will introduce participants to the different forms of problematic internet use explore elements utilized by video game creators to promote pathologic use that leads to addictive behaviors and discuss challenges in diagnosis and management of internet gaming disorder. We will explore screening tools that can be used to identify these. Finally we address the importance of educating patients about safe internet use practices and engaging in advocacy for the development of policies to mitigate the public health risk posed by problematic internet use. Our workshop will propose that a crucial starting point for psychiatrists is to ask their patients about how they spend their time online. We underscore the need to develop policies to mitigate the public health risks of problematic Internet use.

## **General Session**

### **Monday May 06**

#### **Every Reason to Continue Lithium!**

*Natalie Machargo Carlo; Kush Bhatt M.D.; Balwinder Singh M.D. M.S.; Michael Gitlin; Vishnu Sundaresh M.D.; Maria Lourdes Gonzalez Suarez M.D. Ph.D.*

#### **Educational Objectives:**

Objective One: To review the evidence of lithium in mood disorders. Objective Two: Through presentation and audience Q&A review clinical pearls the effects of long-term lithium therapy in mood disorders and understand its effects on renal and endocrine functioning. Objective Three: Discuss how to effectively manage patients on long-term lithium therapy with renal and endocrine disorders.

#### **Summary:**

Lithium has been the historical gold standard for the treatment of bipolar disorder for over 60 years. Lithium is neuroprotective reduces suicide and all-cause mortality. It is recommended by major guidelines as a first-line agent for bipolar disorder and yet continues to remain underutilized.<sup>1</sup> The potential development of renal insufficiency and endocrine dysfunctions are major concerns for lithium nonprescription and discontinuation by prescribers leading to significant mood decompensation and harmful consequences.<sup>23</sup> Often the role of medical comorbidities other psychotropics get minimized and lithium gets the sole blame for the development of these medical issues. This session will focus on changing the narrative rather than focusing on why to discontinue lithium we aim to focus on how to diligently continue lithium in such cases to improve patient outcomes. The unique panel for this symposium includes two Mood disorders experts (Drs. Gitlin and Singh) an expert endocrinologist (Dr. Sundaresh) and an expert nephrologist (Dr. Gonzalez Suarez) with special interest in chronic kidney disease. We will review the evidence base of lithium in mood disorders clinical pearls and recent data regarding development of endocrine and renal diseases in mood disorders patients on lithium. We will review strategies to manage endocrine and renal disorders among the lithium responders. Clinical pearls will be reviewed by Dr. Michael Gitlin (lithium) Dr. Vishnu Sundaresh (management of endocrine disorders) and Dr. Lourdes Gonzalez Suarez (management of renal disorders).

## **General Session**

**Wednesday May 08**

### **Fostering the Therapeutic Alliance With Psychotic Patients: Listening With an Intent to Understand the Psychological Meaning of Psychotic Symptoms**

*Julia Chael; Michael Garrett; Fnu Nur-Ul-Ein M.B.B.S.; Nicole Hays*

#### **Educational Objectives:**

Objective One: Explain how psychotic patients desire to talk about their symptoms can run at counter to the interest the psychiatrist has in discussing a pharmacological treatment plan.  
Objective Two: Name at least one reason psychiatrists are often reluctant to accede to the patient's wish to talk about psychotic symptoms thereby weakening the therapeutic alliance.  
Objective Three: Define at least two transference representations of the psychiatrist that psychotic patients often bring to their encounter with their psychiatrist.  
Objective Four: Apply specific skills that support listening with an intent to understand the meaning of psychotic symptoms that foster the therapeutic alliance with psychotic patients.

#### **Summary:**

A positive therapeutic alliance contributes to successful treatment outcomes. A significant percentage of patients that residents encounter during training carry an Axis I diagnosis of psychosis. All programs provide in-depth training in diagnosis and pharmacological treatment of psychotic disorders but few programs provide specific training about how to engage a person who has a different view of reality. Residents inclined to challenge a patient's delusion (however gently) learn this is rarely a productive strategy. Research has shown that psychotic patients and psychiatrists often approach treatment from different directions making it difficult to establish a collaborative relationship. Patients frequently want to talk about the content of their psychotic symptoms whereas psychiatrists typically want to talk about the patient's pharmacological treatment plan. Residents who have not been taught to speak with such patients may be at a loss as to what to say or fear that showing any interest in the content of a delusion amounts to collusion with the psychosis. These hurdles can be avoided and with proper teaching and supervision. In addition to listening to psychotic patients with an intent to diagnose and prescribe listening with an intent to understand the psychological meaning of psychotic symptoms fosters a positive alliance. Even when the meaning of symptoms is not always immediately apparent or fully understood listening with an intent to understand strengthens



the therapeutic alliance. It indicates to the patients that the resident is aware that the patient is trying to communicate something of vital concern to their psychiatrist. The session will briefly outline the skill set residents need to listen for meaning which includes 1) assessing how the patient sees the resident in the transference (e.g. as a judge a potential incarcerator a persecutor a savior; an ignorant well-meaning person an audience for the patient's monologue; 2) identifying the patient's predominant affect which provides a common ground of understanding and agreement; 3) understanding the meaning of psychotic symptoms in the context of the patient's life history in particular in relationship to trauma.

## **General Session**

**Wednesday May 08**

### **From Homelessness to Recovery and Housing Stability Addressing Substance Use Among People Experiencing Homelessness With Serious Mental Illness**

*Diana Kim; Jane Hamilton PhD MPH LCSW-S; Angela Heads PhD; Lokesh Shahani M.D.; Namrata Walia M.D. M.H.A. M.P.H.*

#### **Educational Objectives:**

Objective One: Critically review and differentiate specific challenges and treatment barriers to addressing substance use disorders when providing care to the homeless population (competence/skills/strategies) Objective Two: Describe and utilize evidence-based interventions to promote medication adherence mental health recovery and housing stability using a harm reduction model (competence/skills/strategies/performance) Objective Three: Through small group discussion formulate plans for addressing common treatment dilemmas encountered with patients who are homeless and use substances (competence/skills/strategies) Objective Four: Incorporate motivational approaches as part of recovery-oriented psychiatric treatment to improve patient engagement and substance use outcomes (competence/skills/strategies/performance)

Objective Five: At the conclusion of this session participants will be able to employ strategies learned in their own practice settings (competence/skills/strategies/performance)

#### **Summary:**

Compared to the general population people experiencing homelessness (PEH) suffer from a greater prevalence of serious mental illness and co-occurring disorders including schizophrenia and other psychotic disorders mood disorders alcohol use and substance use disorders as well as a history of traumatic experiences. Further PEH are at increased risk of fatal overdose (opioid cocaine and benzodiazepines) and opioid-related hospital admissions compared to people who use drugs who have stable housing. PEH with substance use disorders face multiple barriers to engaging in substance use treatment. Effective psychiatric treatment may require providers to utilize motivational approaches including shared decision making to engage PEH in accessing a range of evidence-based interventions including housing first harm reduction opioid overdose prevention strategies medication assisted treatment and recovery-oriented cognitive behavioral therapy. This session will start by introducing background data on the intersection between homelessness serious mental illness and substance use. This will involve an interactive didactic session discussing provider experiences delivering psychiatric services to the homeless population overall as well as a discussion of the unique challenges in treating substance use. The discussion will include the evidence-based approach of harm reduction and the resources available to equip PEH with life-saving tools and information to create positive change and potentially save patient lives. Participants will split into small groups where facilitators will utilize case-based scenarios from psychiatric inpatient and outpatient settings to engage providers in incorporating strategies for prioritizing substance use and engaging patients in accessing evidence-based interventions to improve clinical outcomes for PEH. Participants will work as a group to formulate plans for addressing substance use and engaging their unique patient populations in evidence-based interventions. Each small group

will bring feedback to the main group regarding their discussion as to how providers can successfully address substance use as part of psychiatric care for PEH. Finally there will be a brief presentation of successes by a SAMHSA-funded integrated trauma-informed behavioral health treatment program for PEH with substance use conditions discharging from a regional academic inpatient psychiatric safety-net hospital.

## **General Session**

### **Tuesday May 07**

#### **Guarding Both Mind and Body: What Psychiatrists Need to Know for Integrating Prep for HIV Prevention Into Psychiatric Care**

*Inkyu Kang BS; Samuel Bunting M.D.; Brian Feinstein PhD; Aniruddha Hazra MD; Milton Wainberg*

#### **Educational Objectives:**

Objective One: Examine disparities in HIV vulnerability testing and access to biomedical prevention among psychiatric patients and patients with substance use disorders. Objective Two: Review the specific knowledge skills and considerations to promote HIV risk assessment and PrEP counseling and prescription for psychiatrists. Objective Three: Critically review cases of patients with various psychiatric and substance use disorders as well as HIV risk factors and discuss specific clinical skills required for PrEP prescription.

#### **Summary:**

Patients who are living with mental and substance use disorders experience HIV prevalence that is approximately 10 times greater than the general population. It is essential for clinicians to recognize how these conditions interact and amplify health disparities and excess disease burden for psychiatric patients. The Federal Ending the HIV Epidemic plan (EHE) places specific emphasis on a syndemic approach to HIV prevention specifically including patients with mental and substance use disorders in the settings where they are already seeking care. Pre-

exposure prophylaxis (PrEP) for the prevention of HIV with anti-retroviral medications was first FDA-approved in 2012. Currently there are two daily oral regimens approved for use (emtricitabine/tenofovir disoproxil fumarate [FTC/TDF] and emtricitabine/tenofovir alafenamide [FTC/TAF]) as well as the first long-acting injectable (LAI) regimen (cabotegravir [CAB]) administered every 8 weeks. All approved regimens are >95% effective in preventing sexual transmission of HIV and FTC/TDF is the only approved regimen for prevention via injection drug use with over 70% efficacy when taken as prescribed. Despite the growing number of regimens and well-documented efficacy clinical uptake of PrEP has not met the public health need and disparities in new HIV incidence remain. There is a critical absence of literature about PrEP prescription and use among psychiatric patients. As the primary clinicians for many of these patients psychiatrists have an important role to play in HIV prevention through PrEP prescription management and coordination responding to the EHE focus of diversifying the field of clinicians who prescribe PrEP. This workshop will provide evidence-based education about PrEP for HIV prevention specifically for psychiatrists. The content of this workshop is based on the Centers for Disease Control (CDC) PrEP Clinical Guidelines and informed by findings from the Chicago Study for HIV Prevention in Psychiatry (CSHPIP) a national mixed-methods study of knowledge barriers and facilitators of PrEP prescription among psychiatrists (n = 930). We found the most commonly identified barriers were knowledge of PrEP (93% endorsed) and need for training on the relevant clinical tasks (78% endorsed) to facilitate PrEP prescription (e.g. ordering initial and follow-up HIV/STI/metabolic lab testing referral to infectious disease interactions with psychotropics). Over 70% of psychiatrists were interested in additional training about PrEP to facilitate prescription. This workshop will present evidence-based training to address the specific knowledge gaps about PrEP identified from the diverse group of psychiatrists who participated in the CSHPIP which included an 18-item knowledge inventory about PrEP based on the CDC PrEP Clinical Guidelines.

## General Session

Monday May 06

### Health Equity and Digital Divide in the Age of Augmented Intelligence

*Kimberly Farmer; Darlene King M.D.; Julia Tartaglia M.D.; Morkeh Blay-Tofey M.D.; Jessica Thackaberry MD; Lisa Fortuna M.D. M.P.H.*

#### Educational Objectives:

Objective One: Assess patients for access to technology and be able to refer them to programs to help ensure they can connect to reliable internet with modern devices Objective Two: Assess patients for digital literacy and know at least three resources to offer for those requiring further help Objective Three: Formulate culturally competent treatment plans that account for patients' unique abilities and skills around technology Objective Four: Examine bias in machine learning development pathway and formulate plan for how to mitigate such bias

#### Summary:

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

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

## General Session

Sunday May 05

### Is "Terminal Anorexia" a Valid Construct and Adequate Justification for MAID?

*Nikhita Singhal M.D.; Brandon Woolfson; Patricia Westmoreland M.D.; Maryrose Bauschka; Elizabeth Wassenaar; Allison Nitsch*

#### Educational Objectives:

Objective One: Analyze the concept of MAID for psychiatric patients Objective Two: Distinguish the features of severe and enduring eating disorders Objective Three: Assess whether patients with severe eating disorders can recover physically Objective Four: Assess capacity in patients with severe eating disorders Objective Five: Employ concepts learned in this presentation when working with patients with severe eating disorders

#### Summary:

Anorexia nervosa (AN) is a treatable mental illness. Individuals with AN have the ability to recover even after they have been ill for more than two decades suggesting that active treatment should almost always be considered. However for the approximately 20% of individuals who have been unremittingly ill despite multiple attempts at treatment full recovery is deemed unlikely. Individuals who suffer from severe and enduring AN (SE-AN) are a subgroup of patients whose illness although chronic is not necessarily imminently life-threatening. However proponents of medical assistance in dying (MAID) for individuals with SE-AN have defined "terminal anorexia" as a new valid construct and one that justifies MAID for individuals with SE-AN. "Terminal anorexia" has been recently applied to individuals who have a diagnosis of anorexia nervosa and are age 30 or older; have had prior persistent engagement in high quality multidisciplinary eating disorder treatment; have expressed a clear consistent wish to stop trying to

prolong their lives and possess adequate decision-making capacity; understand that further treatment of AN will be futile and accept that death will be the natural outcome of discontinuing treatment. But is “terminal anorexia” a valid construct? Several eating disorder experts with decades of experience in the field have opined that this term cannot adequately be defined and should therefore not be used to justify MAID in this population. During this panel discussion a case will be used to illustrate the struggles of a patient with SE-AN panelists will explore whether there are any objective parameters that define terminality in AN. They will outline how both fiscal and societal pressures may also not favor costly repeated treatment for a chronic mental health condition such as SE-AN. Panelists will also discuss the impact of having a “terminal” diagnosis on a patient’s capacity for hope. In addition though SE-AN is not synonymous with decisional incapacity panelists will discuss concerns about whether a decision with an irreversible outcome (such as MAID) should be made by individuals with questionable decision-making capacity. The panel will conclude with questions from the audience.

## **General Session**

### **Wednesday May 08**

#### **It Is the Best of Times and the Worst of Times: A Tale of Three College Populations and Their Mental Health Needs**

*Anna Wilson; Ludmila De Faria; Raj Patel Psychiatrist; Kent Mathias M.D.; Ana Reyes M.D.*

#### **Educational Objectives:**

Objective One: Recognize the specific mental health needs of three at risk college populations. Objective Two: Demonstrate the value of early intervention in improving mental health and wellbeing for college students. Objective Three: Explain different forms of interventions to address college mental health challenges. Objective Four: Appraise research data on the benefit of incorporating wellbeing interventions for at risk college populations.

#### **Summary:**

College acceptance comes with the promise of learning adventure and newfound independence. Also with uncertainty of career prospects new relationships and changes in co-habitation economic strain unhealthy habits and potential alcohol and drug experimentation. Within a highly demanding and competitive academic environment struggles with mental health are compounded by poor help-seeking behaviors and scarce institutional resources resulting in many college students reporting unmanaged mental health and substance use that impact their academic performance. Stigma has further limited access to resources. Left untreated this can increase the risk of severe mental illness and impact academic retention. In this presentation we will spotlight three student populations at risk but with distinct and specific needs regarding assessment and treatment: first-generation/minoritized undergraduate students entering competitive STEM fields student-athletes and students with a substance use disorder. First the increased demand for cognitive diversity in science and engineering (STEM) fields to match the increasingly diverse US population has created the need for programs that promote successful transitions of traditionally under-represented (UR) racial and ethnic minorities into the biomedical workforce. These efforts are complicated by high rates of mental health symptoms among students with multiple underrepresented intersecting identities. As a response to concerns about the wellness and resiliency of trainees in our two NIGMS-funded undergraduate training programs at UF we developed implemented and evaluated interventions to enhance the wellness and resiliency of trainees and will share the data. Second student-athletes report mental health concerns (mental exhaustion anxiety and depression) at higher rates than before the COVID-19 pandemic raising concerns about the adequacy of support they receive underscored by college athletes’ suicides in the spring of 2022. Despite reporting high rates of stress and mental health symptoms during their transition to college very few seek help. Collegiate athletes’ decision to

seek mental health services is influenced by various cultural and environmental factors in an institutional structure of athletics not built for wellness. Lastly a college culture of alcohol and drug experimentation can foster substance misuse leading to unhealthy habits and extensive drinking and drug use patterns while seldomly seeking treatment for it resulting in poor physical and mental health lower engagement in studies heightened class absenteeism lower GPAs and academic persistence and higher rates of mental illness. These statistics serve as a call for comprehensive strategies for the creation of an environment that fosters education early identification and practical avenues for high-quality treatment of college students who need help with mental health and substance use disorders in college.

## **General Session**

**Tuesday May 07**

### **Long Hauler Psychiatric Syndromes**

*Anna Wilson; Robert Bransfield M.D.; Rosalie Greenberg; Brian Fallon*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to recognize the more common infections associated with Long Hauler Syndrome Objective Two: At the conclusion of this session the participant will be able to have a better understanding of COVID-19 Lyme disease PANDAS/PANS and their psychiatric manifestations. Objective Three: At the conclusion of the session the participants will be able to summarize access to care barriers in this patient population. Objective Four: At the conclusion of the session the participant will be able to formulate an assessment when a patient presents with psychiatric symptoms associated with long hauler syndromes. Objective Five: At the conclusion of the session the participant will be able to prepare a treatment plan when a patient presents with psychiatric symptoms associated with long hauler syndromes.

#### **Summary:**

The recent COVID-19 pandemic has left many with post-acute chronic psychiatric and general medical sequelae. These persistent symptoms are often referred to as “Long Hauler Syndrome.” These patients show a broad and variable spectrum of symptoms that may include fatigue cognitive impairments sleep disorders and psychiatric syndromes. This presence of this post-acute infectious syndrome in many has resulted in renewed interest in the association between infectious disease and psychiatric symptoms and other chronic illnesses. Psychiatric and general medical symptoms associated with Lyme disease Myalgic Encephalitis/Chronic Fatigue Syndrome Toxoplasmosis and Pediatric Autoimmune Diseases Associated with Streptococcal Infections/ Pediatric Acute-onset Neuropsychiatric Syndrome (PANDAS/PANS) has been particular subjects of research debate and controversy for years. The many infections associated with mental illnesses and specific mental illnesses associated with infectious diseases shall be reviewed. Lyme disease and COVID-19 shall be discussed in greater detail as examples of “Long Hauler” post-acute syndromes that may include psychiatric manifestations. The combination of prior or current infection general medical symptoms and psychiatric symptoms increases the difficulty of caring for these patients. It is a challenging interface in medicine and psychiatry to differentiate between psychosomatic somatopsychic multisystem illness and medical uncertainty. Some of the post-acute infection persistent morbidity includes psychiatric symptoms and some of the general medical symptoms are viewed as being psychogenic by some. As a result of the complexity uncertainty and controversies surrounding these illnesses; patients with these poorly understood emerging illnesses often have difficulty accessing care in the healthcare system. The assessment of these patients may include screening tools a thorough history review of systems a psychiatric exam mental status exam neurological exam and physical exam. Laboratory or other testing relevant to the patient’s complaints may be needed. The treatment can



include interventions directed towards the infection normalizing immune functioning identifying and treating the associated symptoms and identifying and treating substance abuse and disorders when present. Expanding our attention to the role of microbes as contributors to some mental illnesses can more effectively confront some of the problems we are dealing in psychiatry and help improve prevention diagnosis & effective treatment of psychiatric illnesses.

## General Session

### Saturday May 04

#### Medical Assistance in Dying and the Psychiatrist's Role: An Overview

*Jennifer Frazee; Dhruvi Patel; Alexa Hooberman M.D.; Nina Djukic; Josepha Cheong M.D.; Gary Chaimowitz M.D.; Rebecca Brendel MD JD; Maria Oquendo M.D. Ph.D.; Dominic Sisti PhD*

#### Educational Objectives:

Objective One: Evaluate the ethical and legal framework surrounding Medical Assistance in Dying (MAID) with a specific focus on patients suffering from severe mental illness. Objective Two: Identify the key clinical and diagnostic criteria for determining eligibility and appropriateness for MAID Objective Three: Analyze the psychosocial and cultural factors that influence decision-making processes for both patients and healthcare clinicians regarding MAID Objective Four: Develop a patient-centered approach to facilitate open and empathetic communication between healthcare clinicians patients and families when discussing MAID

#### Summary:

Medical Assistance in Dying (MAID) is a topic of intense debate and legislative development in North America. This presentation aims to provide an overview of MAID with a focus on its relevance to the practice of psychiatrists. Until more recently access to MAID has been only to patients with intractable treatment resistant terminal illnesses such as late end stage cancer multisystem organ failure and advanced progressive musculoskeletal degenerative

diseases. Patients with mental illness were excluded from applying for MAID. Beginning on March 17 2024 persons suffering solely from mental illness will be eligible to apply for MAID in Canada. In the United States where physician-assisted death is legal in 10 states and Washington D.C. a requirement for eligibility is that the patient must be mentally competent and able to make their own healthcare decisions as well as communicate these decisions - disqualifying persons with dementia. What once was a consult posed primarily to subspecialist (forensic consultation-liaison and geriatric) psychiatrists is now increasingly involving general psychiatrists as the determination of mental competence and decisional capacity is an essential element of the assessment for medical assistance in dying. With eligibility expanded to include patients with mental illness psychiatrists will increasingly be involved with these assessments and discussions. Overview: This section serves as an introduction to MAID its history and evolution in North America. The current legal status and legislation in various jurisdictions will be discussed highlighting the differences and commonalities. Emphasis will be placed on how these laws address or overlook specific patient populations Legal and Forensic Issues: The presentation will explore the role of psychiatrists in assessing eligibility and capacity for MAID. It will also examine the potential challenges in determining decision-making capacity for individuals with mental illness and the legal safeguards in place to protect vulnerable patients. Ethical Principles: A discussion of the ethical principles involved in the arguments for and against MAID in patients with mental illness will be presented. Topics such as autonomy beneficence non-maleficence and justice will be explored in the context of MAID decision-making. Also examined are the ethical and societal implications of denying MAID to individuals with severe mental health conditions and whether such limitations are justified or constitute a form of discrimination. Patient-Centered Approach: A patient-centered approach to discussing the issue of MAID with individuals suffering from severe unremitting mental illness will be proposed. The approach will emphasize supportive and culturally

sensitive communication involving patients their families and clinicians. We aim to foster a more informed and compassionate approach to MAID in the general clinical setting and within the context of mental illness.

## General Session

Tuesday May 07

### New York State Comprehensive Well-Being: Ramifications for American Cities

*Anusia Mansukhani; Uriel Halbreich M.D.; Jonathan Alpert M.D.; Ph.D.; Benjamin Cook; Rahn Bailey M.D.*

#### Educational Objectives:

Objective One: At the conclusion of this session the participant will be able to define the multiple facets of well-being Objective Two: At the conclusion of the session the participant will be able to describe the physical and mental symptoms of stress and resilience Objective Three: At the conclusion of the session the participant will be able to identify vulnerable populations and individuals Objective Four: At the conclusion of the session the participant will be able to discuss disparities in access to Socio-Psycho-economic services.

#### Summary:

Significance The United Nations 2022 Population Review reports that over 50% of people live in cities. It predicts that by the year 2050 68% of total people of the planet will live in Urban areas mostly in Metropolitan conglomerates. The current trends of Rural-to-Urban migration and immigration from disadvantaged countries to established economies are expected to significantly accelerate and pose challenges in all aspects of Well-being-Socio-Economic Physical and Mental Health City-planning Law and Order Safety Housing Transportation etc. The already sharp disparities between the haves and have-nots are expected to widen and may lead to waves of unrest. The magnitude diversity and complexity of the fast-accelerating Urbanization process call for comprehensive Interdisciplinary collaborative efforts for efficacious solutions. The 2020 United

States Census and the American Community Survey (ACS) 2022 clearly demonstrate that the USA is a major destination of legal and illegal immigration as well as the increased diversity in many social determinants of Health and Well-being. The focus of the session is on 2 representative Metropolitan areas: New York City which is the Mega-Metropolitan Economic conglomerate of the USA North-East and Buffalo-Niagara which is a mid-size metropolitan area. Both metropolians have been undergoing substantial Socio-Economic changes with increased ethnic and cultural diversity. They are confronted with challenges of adaptation to change reality and perceptions of disparities and discriminations neighborhoods of multiple Psycho-social vulnerable populations and individuals and controversies over maintaining fair and equitable Law and Order. The two cities may serve as models for many other American Urban areas. The Presentations Professor Norman Sartorius (Former Director of the WHO Division of Mental Health and Past President of the WPA) will illuminate the global context of Urbanization with emphasis on loneliness and other social consequences. Benjamin Cook ( Professor at Harvard University and AECOM NYC) will present demographic data on vulnerable populations in NYC with attention to the "peripheral" Boroughs of Queens Brooklyn and the Bronx. Data on Buffalo-Niagara have been collected by Halbreich and local collaborators and will be included in Cook's presentation. Rahn Bailey ( Professor and Chair of Psychiatry at New Orleans Univer. and Chair-elect of the APA Global Mental Health and Psychiatry Caucus) will amplify and generalize the NYS data and their ramifications to the USA cities with emphasis on Economical and Ethnic disparities. Drs. Halbreich and Jonathan Alper ( Prof. and Chair of the Dept. of Psychiatry AECOM NYC who will serve as Co-Chair of the session) will lead an interactive discussion. Academics from other states as well as policy decision-makers from NYS will be invited to opine and actively participate."

## General Session

Tuesday May 07

## **Physicians Services and Systems - Operationalizing Trauma-Informed Care (TIC) for Persons With Substance Use Disorders**

*Aditi Agrawal M.D.; Eric Rafta-Yuan M.D.; Meghan Burke; Emily Walker*

### **Educational Objectives:**

Objective One: Describe TIC principles and their role in care of individuals with substance use disorders. Objective Two: Explain the application and impact of a TIC model on physician training and wellbeing. Objective Three: Exemplify the steps of transformation for substance use treatment services to become more trauma informed. Objective Four: Generate ideas to drive systemic change in organizations regulation and legislation.

### **Summary:**

Is trauma-informed care a mere catch phrase? Or can this model of care be meaningfully implemented to positively impact not only patient care but also our global healthcare system? Over the past 20 years research on neuroscience epigenetics and childhood adversity has irrefutably demonstrated that exposure to trauma violence and chronic stress adversely affects the health and well-being of children youth adults and communities. The rates of substance use in trauma impacted populations are astronomical and trauma is often associated with limited or worsened treatment outcomes. Health inequities in the SUD patient population also tie into severe and/or recurrent trauma exposure reduced access to appropriate and timely care and a lack of trust in the healthcare system. Trauma informed care is seen to be the antidote to these many ills improving patient outcomes and experience. At its most basic level trauma informed practice aims to shift the clinician-patient conversation from “What is wrong with you?” to “What happened to you? It can help substance use treatment programs improve identification and treatment of trauma-related co-morbid conditions on a population health level and positively impact the experience of healthcare professionals delivering care. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides

extensive guidance and grants to behavioral health systems for enhancing trauma responsiveness. In the last year the American Association of Medical Colleges (AAMC) has also approved TIC competencies for training of medical students. Through a trauma informed lens we can further move towards health equity inclusion belonging and social justice for persons with substance use disorders. Join our presenters through an exploration of the aspirations and obstacles of implementing a trauma-informed approach in education training and clinical programs with the goals of improving care for persons with substance use disorders and improving the professional gratification of those who deliver care."

### **General Session**

**Saturday May 04**

### **Prime Delivery: Implementing Mobile Treatment for Opioid Use Disorder in a North Carolina County of Primarily Indigenous and Underserved Persons**

*Dania Albaba M.D.; Orrin Ware Ph.D. M.P.H. M.S.W.; Lindsey Kennedy Pharm.D. BCPS; Robyn Jordan M.D. Ph.D.*

### **Educational Objectives:**

Objective One: Engage rural communities to implement a mobile unit model focused on treatment delivery for opioid use disorder  
Objective Two: Identify structural barriers that impede implementing harm reduction services through a mobile unit program  
Objective Three: Discuss how a community based participatory approach can be successfully utilized to implement change in a rural setting  
Objective Four: Discuss the significance of a community-led research approach

### **Summary:**

The startling number of 930000 persons in the U.S. dying from a fatal overdose from 1999 to 2020 points to an urgent need to implement strategies such as opioid use disorder medication delivery to communities in need. Rural communities are prime locations to implement opioid use disorder

mobile services considering these communities have a drug overdose death rate of 26.2 per 100,000 people are often under-resourced and have sparse substance use disorder treatment providers. In 2021 North Carolina a state in which approximately 33.3% of its population lives in rural areas had a drug overdose death rate of 39.2 (per 100,000) which is among the top one-third of states. Robeson County a rural county located in southeastern North Carolina has Indigenous Americans as the largest racial group at 42%. Because Indigenous Americans/Alaska Natives have the highest proportion of substance use disorders (28%) compared to other ethnicities increasing services in Robeson County is imperative. To address this prominent need an opioid use disorder mobile service was implemented in Robeson County in late 2023. The mobile service provides opportunities for persons in the community to be prescribed opioid use disorder treatment medications directly to partner community pharmacies. The present session will address the implementation process and how numerous barriers were surmounted including North Carolina's lack of Medicaid expansion unaffordable medications regulations surrounding implementing a mobile outreach van and stigma. We will also discuss our unique use of community-based participatory approaches to receive community buy-in and generate meaningful partnerships most notably with the Lumbee Tribe. The speakers of this session are a multi-disciplinary triad that consists of a social work researcher a pharmacist and a physician. Attendees will receive a dynamic presentation to consider ways to implement opioid use disorder medication delivery services to communities in need.

## **General Session**

**Tuesday May 07**

### **Psychedelics in the Treatment of Substance Use Disorders**

*Evan Liu; Tiffanie Totten; Brian Barnett M.D.; Peter Hendricks; Albert Garcia-Romeu; Kelley O'Donnell*

#### **Educational Objectives:**

Objective One: Describe the evidence for the use of psychedelics and psychedelic-assisted therapy for various substance use disorders Objective Two: Identify safety considerations around the use of psychedelics in patients with substance use disorders Objective Three: Recognize challenges to incorporating psychedelics into the current substance use disorder treatment paradigm should they gain regulatory approval

#### **Summary:**

While much of the contemporary focus on therapeutic applications for psychedelics has focused on mood disorders there is accumulating evidence that these compounds can be helpful for patients with substance use disorders (SUDs). As early as the 1950s researchers were investigating the therapeutic potential of lysergic acid diethylamide (LSD) and mescaline in patients with alcohol use disorder. Since then studies of various types have demonstrated promising findings for 3,4-Methylenedioxymethamphetamine (MDMA) ibogaine psilocybin and other psychedelics for SUDs. However important questions regarding the use of psychedelics in this patient population require further investigation. In addition to the efficacy of particular psychedelics for particular SUDs other important open questions include the misuse potential of psychedelics in patients with SUDs optimal therapeutic frameworks to use in conjunction with psychedelics in treating SUDs where to incorporate psychedelic treatments in the SUDs treatment algorithm the willingness of addiction specialists to administer psychedelic treatments to patients with SUDs and other issues around dissemination and implementation. The overarching goal of this session is to provide attendees with an introduction to the use of psychedelics in treating SUDs and associated challenges. Dr. Barnett will introduce the topic reviewing the early history of research in this area while discussing the misuse potential of psychedelics and questions around how psychedelic treatments could potentially fit into the existing SUDs treatment paradigm. Dr. Garcia-Romeu will present data from an open label trial of psilocybin-assisted therapy for tobacco use disorder. Dr. Hendricks will discuss findings from a randomized controlled trial assessing the efficacy

of psilocybin assisted therapy in patients with cocaine use disorder. Dr. O'Donnell will conclude the presentations with a discussion of data from a trial of psilocybin-assisted therapy for alcohol use disorder. The session will finish with a discussion between panelists and the audience about research on the use of psychedelics in the treatment of SUDs.

## **General Session**

### **Monday May 06**

#### **Racial Gender and Sexual Orientation Microaggressions Experienced in Healthcare and Strategies to Overcome**

*Aryana Rasti; Saul Levin M.D. M.P.A. FRCP-E FRCPsych; Fiona Fonseca M.D.; Dhruv Gupta MD MS; Ravi Chandra M.D.*

#### **Educational Objectives:**

Objective One: Appraise evidence-based literature on racial gender and sexual orientation microaggressions in healthcare. Objective Two: Identify racial and sexual orientation microaggressions experienced by patients and healthcare providers in the United States. Objective Three: Evaluate health and mental health consequences of microaggressions. Objective Four: Engage audience to explore effective strategies to overcome microaggressions experienced in healthcare.

#### **Summary:**

The disparate impacts of the COVID-19 pandemic have highlighted the inequities in healthcare experienced by racial gender and sexual orientation minorities. They are at an increased risk of chronic disease and premature death and face unique psychosocial barriers to care: limited access to healthcare services insufficient insurance coverage discrimination prejudice and microaggressions. First coined in 1970 by Harvard psychiatrist Chester Pierce MD for the African American population the term microaggressions has since expanded to include other minorities and those at the intersection of multiple minority statuses. This presentation examines the racial gender and sexual orientation bias against

patients and healthcare providers in the US. Presenters discuss the exponential risk for microaggressions in healthcare for individuals who self-identify as members of racial gender and sexual orientation minorities as well as other intersectional diversity dimensions. During the first half of the presentation on targets of microaggressions speakers focus on healthcare providers and individuals with mental health needs. The second half of the presentation focuses on strategies to overcome microaggressions and includes leaders of professional organizations and community members. Overt as well as subtle prejudice against racial gender and sexual orientation minorities within healthcare is widespread. Patients from these populations face unique challenges such as corporeal microaggressions disparities in pain management and higher rates of physical and mental health problems. Similarly when patients refuse care based on the treating provider's ethnicity or race it can be harmful to the provider involved and may give rise to legal ethical and clinical issues. Microaggressions directed towards healthcare providers can contribute to reduced quality of life job dissatisfaction suboptimal care practices and decreased patient satisfaction. The prevalence of race gender and sexual orientation microaggressions in healthcare may be a social determinant of mental health. The presentation aims to increase awareness and understanding among healthcare providers to incorporate the effects of microaggressions in assessments and treatment planning similar to approaches for other vulnerable groups. Discussion with the audience will include the process of evaluation and assessment of microaggressions against patients and providers and explore areas of future research and "clinical assessment." The conclusion engages the audience in solutions for race gender and sexual orientation minorities and their communities. Using the Microaggressions Triangle Model the presenters will facilitate a discussion on evidence-based as well as novel approaches to mitigate microaggressions at the individual interpersonal community and systemic level. Takeaways will include strategies for healthcare providers and professional medical societies.



## General Session

Tuesday May 07

### Roadmap to Recovery: Guidelines for Addressing Substance Use Disorders in Physicians in Training

*Jordan Paluch; Paul Rosenfield M.D.; Manassa Hany; Timothy Brennan; Benjamin Shuham*

#### Educational Objectives:

Objective One: Identify gaps in evaluation treatment and support for residents and fellows with substance-related problems Objective Two: Discuss survey of program directors about pathways for assessment and remediation attitudes towards remediation termination and return to training Objective Three: Educate GME leaders about overcoming stigma raising hope for recovery and creating a clear roadmap to promote recovery

#### Summary:

Physicians in training from medical school through residency and fellowship are at risk for substance use disorders and these can have devastating effects on their ability to function care for patients and complete training. A seminal survey in 1992 (Hughes) of nearly 10000 practicing physicians found an 8% lifetime prevalence of substance abuse or dependence. In 2014 even higher rates of alcohol abuse and dependence were found among 7288 participants and this was highly associated with burnout depression SI quality of life and recent medical errors (Oreskovich 2014). Several residency specialties have surveyed program directors or former residents about the prevalence of substance use and misuse and found significant rates (Lutsky 1991; Eckert 2016). When substance misuse or a substance use disorder is identified during medical training there is an opportunity to intervene effectively with treatment and monitoring. However stigma and punitive processes can undermine the recovery process and impede the trainees' ability to return to training. In a survey of anesthesia program

directors in the US over 10 years (Bryson 2009) 62% of respondents reported experience with at least one resident requiring treatment for SUDs. 43% of the program directors surveyed believe residents in recovery from addiction should be allowed to attempt re-entry but 30% believe they should not be allowed. Of residents terminated from or forced out of training there appears to be a higher rate of Black trainees than white (<https://www.statnews.com/2022/06/20/black-doctors-forced-out-of-training-programs-at-far-higher-rates-than-white-residents/>). We are surveying residency and fellowship directors at Mount Sinai and nationally about their awareness of SUDs the prevalence in their programs the processes by which they handle SUDs among trainees their awareness of physician health programs their attitudes about re-entry and termination and the policies of their institutions in handling SUDs. Based on this data a review of the literature discussions with experts and our own experience we are proposing guidelines for training institutions to create a fair equitable and successful pathway for addressing this issue and promoting hope for recovery. This general session will introduce participants to the problems of SUDs in trainees and the challenges of ensuring successful treatment and return to training. We will share case examples and findings of the survey and engage participants in shaping a protocol for their own institutions.

## General Session

Monday May 06

### Stigma Surrounding Addiction and the Use of Psychostimulants to Treat ADHD in a Prison Setting

*Brittany Quinn; Martin Katzman M.D.; Tia Sternat M.Psy; Gunter Lorberg M.D.; Martin Katzman M.D.*

#### Educational Objectives:

Objective One: Recognize the stigmatization of psychostimulant use in prison settings with respect to the potentiality of addiction. Objective Two: Summarize the neurobiological mechanisms of ADHD relating to hedonic tone and how that

may contribute to the development of criminality. Objective Three: Examine the risks and benefits associated with using psychostimulants as a treatment for ADHD as well as the cautionary steps required to attain a balance of outcomes among incarcerated individuals.

### **Summary:**

ADHD is very common in the prison setting with approximately 26% of adult inmates meeting the diagnostic criteria for ADHD. Incarcerated individuals with ADHD are found to be more verbally and physically aggressive engage in more extreme behavior and have more violent and non-violent infractions which may in part be explained by impaired reward processing caused by dopamine deficits and dysregulation in attention due to low levels of norepinephrine. Despite this ADHD remains undertreated in prison settings. While psychostimulants have been the first-line treatment for ADHD there are risks and challenges in proceeding with this form of treatment in prison. Potential side effects of psychostimulants such as aggression/ hostility abnormal behavior alterations in mood and even psychosis are all particular concerns for this population. Historically concerns regarding substance abuse misuse and diversion remain concerns in the prison environment and as such have resulted in prohibition and/or limitations as to the use of psychostimulants. Furthermore diversion and misuse as well as drug interactions must also be considered as many patients in this population are treated with other medications for comorbid conditions. Therefore considerable caution is needed as some patients may be unsuitable for such treatment. What are the necessary cautionary steps in administering psychostimulants in prison settings? And while psychostimulants could improve ADHD symptoms in prison are the risks and effort worth it? This panel discussion will assess the role of hedonic tone in ADHD and its contribution to the development of externalizing behavior and criminality. The speakers will discuss the neurobiology of criminality and ADHD and how psychostimulants target low hedonic tone. They will also discuss the balance between the benefits and risks associated with prescribing

psychostimulants within the prison environment. Finally the speakers will present their current research preliminary findings and future directions of this research.

## **General Session**

### **Monday May 06**

#### **The Art of Negotiation EmpoweHERment for Women in Academic Medicine**

*MacKenzie Sloas D.O.; Michelle Weckmann M.D.; Shannon Suo M.D.; Alison Lynch; Puja Chadha M.D.*

### **Educational Objectives:**

Objective One: Identify their own dominant bargaining style and what styles others are using. Objective Two: Demonstrate flexibility in response to differing bargaining styles to accomplish their goals. Objective Three: Describe how different negotiations are affected by relationships politics and creative solutions.

### **Summary:**

Women are vastly underrepresented in academic leadership at medical schools. A 2018 study found that only 41% of all full-time faculty are women and only 18% of chairs are women (22% in psychiatry). Women in academic medicine often endorse feeling inadequately prepared for negotiation one possible barrier/impediment to faster/further promotion. Female K-awardees have reported inadequate access to resources thought in part due to inadequate or disadvantaged informal negotiation. This workshop will help participants identify their individual bargaining styles and learn how to adapt to the styles of others with whom they may negotiate. Participants will be asked to complete a short survey to determine their predominant style followed by an interactive didactic about the differences between styles and concluding with a role-play and debrief of a possible academic negotiation. Participants are encouraged to arrive on time and stay for the entire session to maximize learning. Participants are not limited by gender or only to those in academic medicine but

role-plays and discussions will be focused on academic settings.

## **General Session**

**Wednesday May 08**

### **The Silent Sip: Unmasking Alcoholism in South Asian Communities**

*Apoorva Polavarapu; Harsh Patel M.D.; Wasib Malik M.D.; Komal Trivedi D.O.; Vasudev Makhija*

#### **Educational Objectives:**

Objective One: Aim to review current data trends on AUD in the south asian communities in USA and Canada. Objective Two: Educate and Identify postcolonial environments' effect on rise of substance use disorders. Objective Three: Analyzing Pop culture and Social Media's influence on Alcohol use disorders in south asian american communities. Objective Four: Highlighting specific themes within south asian patients affected by AUD via narrative therapeutic techniques. Discussing themes: Shame Stigma Cultural nuances lack of role models etc. Objective Five: Equip attendees with tangible resources they can take advantage of when encountering patients with Alcohol Use Disorder with a south asian background.

#### **Summary:**

Often the term 'Asian American' is improperly used as a broad monolithic label. However recent efforts have emerged to distinguish individuals and their communities within this highly diverse group. Specifically the 'South Asian Diaspora' encompasses people hailing from Bangladesh Bhutan India the Maldives Nepal Pakistan and Sri Lanka who are living outside their countries of origin. This population group constitutes the largest racialized community in Canada and is undergoing rapid growth in the United States. This clarification is very important because South Asian Americans may be more vulnerable to the negative health effects of alcohol due to a combination of biological psychological and cultural factors. Adding to the complexity of providing care are cultural norms in which binge

drinking of alcohol is positively regarded as a bonding element within specific South Asian American cultures. Moreover this perception is reinforced through the influence of popular media and social media platforms. In our session we aim to provide an in-depth exploration of the most current trends in Alcohol Use Disorder (AUD) within the South Asian American population. Our discussion will delve into the historical context of AUD in South Asian Americans examining how environments have shaped its prevalence with hopes to further enrich a discussion on how we cannot stereotype and delineate their drinking behaviors as a whole. Furthermore we will elucidate the differences between first-generation immigrants and their more acculturated counterparts shedding light on how cultural assimilation processes impact AUD. To engage the audience effectively we will employ narrative therapeutic techniques facilitating discussions around critical themes such as cultural nuances the pervasive presence of shame and stigma and patients' attempts to navigate accommodation versus assimilation into new cultures. Additionally attendees will actively participate in analyzing popular culture references and exploring emerging social media pieces. This segment of our session will increase awareness of the burgeoning epidemic of alcohol use disorder within the South Asian American community which has been exacerbated by the challenges posed by the pandemic. Ultimately we will equip attendees with tangible resources that extend beyond the confines of our presentation. These resources will serve as valuable references when healthcare professionals encounter patients grappling with alcohol use disorder and the complex amalgamation of South Asian American trauma and mental health disorders. We finally will have a small group discussion with a chance for attendees to debrief and share their own narratives regarding treating this population to further advance the much-needed discussion.

## **General Session**

**Saturday May 04**

## **Treating Patients in the Age of Climate Change: Practical Guidance for Clinical Practice**

*Arteen Rasti; Daniel Bernstein M.D. M.A. M.S.; Oliver Freudenreich M.D.; Eric Lewandowski Ph.D.; Peter Chien M.D.*

### **Educational Objectives:**

Objective One: Prepare a four-point action plan to help psychiatric patients during heat waves

Objective Two: Understand normative and non-normative mental health responses to climate change in context of contemporary clinical frameworks of diagnosis and treatment. Objective

Three: Understand different ways to build support and resilience for individuals and communities dealing with climate change effects

### **Summary:**

The climate emergency is upon us. Societies across the globe are now experiencing unprecedented and early impacts from our voracious addiction to fossil fuels. In 2023 alone Canadian wildfires exposed 100000000 Americans to days of dangerous air quality the city of Lahaina in Maui burned down Phoenix Arizona endured the hottest month for any US city in history water temperatures off of Florida soared to over 100° F and the California and Florida for-profit homeowners insurance markets continued to collapse from too many multi-billion dollar climate disasters. And these are just a few examples within one country after only 1.2° C of global warming to date. Most reasonable climate models predict at least 2° C more warming over the next human lifetime. Climate change will affect all of us with a disproportionate impact on vulnerable and marginalized communities. Unsurprisingly more people are seeking treatment for the mental health sequelae from climate change. These sequelae include depression substance use disorders PTSD eco-distress and solastalgia as well as worsening psychotropic medication side effects from heat. Our session will introduce practical guidelines for clinicians working with patients at the individual and community level struggling with the mental health manifestations from our climate emergency. We will begin by introducing a new formulation approach to considering climate change in our

care. We will provide guidance on how to create a four-point action plan to help psychiatric patients prepare for heat waves. Our session also will introduce clinical frameworks for organizing the range of emotional psychological and psychiatric responses to the impact of climate change. Additionally it will discuss constructive and unconstructive responses for patients and clinicians alike. We will conclude with a population level approach to clinical considerations. We will introduce specific ways that community psychiatrists can integrate climate change mental health into their work via facilitating community readiness and resilience. As we inexorably accelerate deeper into the climate emergency the need for climate and eco-aware mental health care will grow. This presentation will equip participants to meet the needs of their patients and their communities in a rapidly warming world.

## **General Session**

### **Tuesday May 07**

## **Using System Dynamics Modeling to Understand and Optimize Behavioral Health Treatment Systems**

*Andrea Zhang; Gregory Dalack M.D.; Kristen Lich Ph.D.; Jeremy Fine; Debra Pinals M.D.*

### **Educational Objectives:**

Objective One: 1) Describe how system dynamics modeling can be used to reflect patient movement through behavioral health (BH) treatment systems in a given community

Objective Two: 2) Identify challenges and opportunities in coordinating siloed community BH systems using activity data to test and refine the model to reflect the current state of care in the community Objective Three: 3)

Understand how system dynamics models can guide decision-making about resource investments to improve access to care and reduce backups and queueing at pressure points in the community system

### **Summary:**

This workshop updates the effort to refine and apply a system dynamics model developed as part of the 2020 APA Presidential Task Force on Assessment of Psychiatric Bed Needs in the U.S.(1) System dynamics modeling allows us to simulate (on a computer) how patients flow into and out of multiple health care entities and community supports (e.g. EDs Psychiatric Emergency Services crisis services shelter programs inpatient beds step-down programs). Once the model reasonably matches current system behavior in the community it is then used to inform strategic decision making of scarce resources across complex and otherwise fragmented and uncoordinated care systems (23). The “Anytown U.S.” concept model is being applied adapted and tested in a Southeast Michigan community incorporating clinical activity data from health care systems and behavioral health agencies in Washtenaw County to optimize the model for the extant systems of care ensure that the model reflects the perceived reality about pressure points and bottlenecks in the system and help inform the potential impact of finite resource investment in services to improve access to the right level of care at the right time for any given patient. Access to services is particularly challenging for under-served communities. For example in 2019 44% of those with any mental illness insured by Medicaid in Michigan did not access care (4). The lack of resources including insufficient inpatient beds crisis support services intermediate levels of care (partial hospital and intensive outpatient programs) as well as general outpatient mental health services leads to larger numbers of individuals in crisis presenting to Emergency Departments (ED) and other crisis care settings. Due to delays adults in crisis end up interacting with criminal justice systems and homeless shelters (among other safety net systems) burdening their limited resources. Many attempts to solve this problem have failed in part because mental health services are developed and provided by different agencies and health systems which act independently and typically do not coordinate with one another. The workshop will review the efforts to bring together typically siloed behavioral health treatment entities in the community to better understand the services of

each the ebb and flow of patients between and among service providers and contribute specific utilization data in order to optimize the model’s ability to reflect the current state and then allow modeling of the impact of addition expansion or contraction of specific treatment services on the overall flow and access to services for patients in BH crisis in the community. An optimized model has the potential to become an evidence-based approach to propose where and how private and public investment in BH services can improve access to care at various levels of intensity reduce ED boarding and support cost-effective and coordinated use of BH resources (5).

## **General Session**

**Wednesday May 08**

### **What Psychiatrists Should Know About Anti-Amyloid Therapy for Alzheimer’s Disease**

*Amy Abramowitz M.D.; Milza Howard; Michael Weber; Kim Johnson*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to explain how to assess and manage mild cognitive impairment  
Objective Two: At the conclusion of this session the participant will be able to incorporate a comprehensive approach to identifying and treating comorbidities that impact cognition  
Objective Three: At the conclusion of this session the participant will be able to implement anti-amyloid therapies in their own practice  
Objective Four: At the conclusion of this session the participant will be able to summarize how to use biomarkers when counseling patients with early cognitive impairment

#### **Summary:**

The FDA traditional approval of lecanemab a monoclonal antibody targeting protofibrils of soluble amyloid occurred on July 6 2023. Lecanemab is the first monoclonal antibody covered by Medicare plans for patients with mild cognitive impairment (MCI) and mild dementia due to Alzheimer’s Disease pathology. The



approval of anti-amyloid therapy has increased interest in early diagnosis of cognitive impairment interventions for MCI and ways of improving quality of life for people living with cognitive impairment. In this session we will discuss the impact prevalence diagnosis and pathogenesis of MCI. We will describe the evaluation of MCI in the clinical setting and the role of genetics imaging and other biomarkers. We will give an overview of the comprehensive evaluation of cognition that includes comorbidities that contribute to cognitive decline such as psychiatric disorders sleep disorders and polypharmacy. We will also discuss the effectiveness of lecanemab in population appropriate use considerations when prescribing lecanemab potential adverse effects and adverse effect management. We will then highlight two clinical models for evaluating and managing MCI and incorporating anti-amyloid therapy into practice. We will lead case-based discussions with the audience to illustrate these models. First we will share case examples from patients in the Duke Memory Disorders Clinic who are currently receiving lecanemab clinically. This audience will participate in case discussion which will highlight practical aspects of prescribing lecanemab in a memory clinic including interpreting CSF biomarkers CMS registry requirements and coordinating with infusion centers and radiology for MRI maintenance. We will share development of a protocol for prescribing the drug managing patients receiving the drug and considerations of access and prescribing in diverse populations. Next we will discuss our approach to managing MCI in the Aging Brain Clinic at UNC. Our focus is on optimizing cognition in older adults with mild cognitive impairment by 1) providing interdisciplinary evaluation and treatment of cognitive disorders 2) implementing interventions longitudinally within the clinical setting to focus on factors that worsen cognitive impairment particularly medication side effects sleep disturbance and anxiety/depression and 3) focusing on helping patients understand their diagnosis risk of worsening cognition promoting wellbeing and adapt to cognitive changes in their everyday life. We will incorporate audience discussion of a case on how a patient has been

evaluated in the clinic how we have including anti-amyloid therapy into our workflow and approach to managing patients with early cognitive impairment.

## **General Session**

### **Saturday May 04**

#### **Alternative Harm Reduction Approaches for Treating SUDs in Minoritized Communities**

*Alan Rodriguez Penney M.D.; Carl Erik Fisher; Camila Gelpi-Acosta; Juan Cortez; Samantha Corso*

#### **Educational Objectives:**

Objective One: List at least 2 alternative harm reduction approaches Objective Two: Identify cultural relevant approach to particular minoritized communities Objective Three: List at least 2 aspects to incorporate into their practice

#### **Summary:**

Harm reduction in the context of substance use seeks to minimize the harm associated with use. These typically take the form of syringe exchange programs (SEPs) naloxone fentanyl test strip wound care kits among others. Substance use disorders disproportionately affect minoritized communities. For example American Indian or Alaska Native are more likely to have a substance use disorder (nearly 30%) compared to any other ethnic group (CBHSQ 2022). A second example is New York City's (NYC) overdose deaths predominantly affect Black people. This talk looks at alternative harm reduction approaches such as overdose prevention centers decriminalization and incorporating cultural aspects to harm reduction particularly in minoritized communities. OnPoint NYC established the first overdose prevention centers (OPC) to allow people who inject drugs to use in a supervised setting as a means of reducing overdose deaths. These measures save lives and have not been shown to increase crime rates (Chalfin et al. 2023). Meanwhile drug decriminalization efforts are a response to the harm caused by mass incarceration from the war on drugs particularly affecting minoritized communities.

Decriminalization has shown the potential to reduce overdoses HIV and Hepatitis C rates without increasing drug use. It continues to face challenges when funding is cut or when not properly implemented. Finally it's important to maintain cultural competence when providing harm reduction intervention. Puerto Rican (PR) IV drug users who live in NYC have different risky injection behaviors compared to other groups (Gelpí-Acosta et al. 2019). Engaging around PR-native norms around drug use leads to culturally appropriate risk-reducing interventions. In summary the evidence of established harm reduction interventions is well documented. Exploring other aspects to harm reduction that are not common in the US such as OPCs decriminalization movements and cultural awareness around drug use expands our harm reduction toolkit. This benefits minoritized communities which have been hit hardest by US drug policies.

## General Session

### Tuesday May 07

#### The Future of the DSM: A Comparison of the Categorical Dimensional and Perspectives of Psychiatry Approaches

*Nitin Gogtay MD; Diana Clarke Ph.D.; Kimberly Yonkers M.D.; Bruce Cuthbert Ph.D.; James Potash M.D.; M.P.H.*

#### Educational Objectives:

Objective One: Name two approaches to classification of mental and substance use disorders that are alternatives to the DSM-5/DSM-5-TR Objective Two: Define “dimensional” in relation to the classification of mental and substance use disorders Objective Three: Define “pluralistic” in relation to the classification of mental and substance use disorders Objective Four: Name four “Perspectives” on making sense of a patient’s distress and identify the logic underlying each of these

#### Summary:

The need for a classification system of mental disorders has long been clear<sup>1</sup> with different

systems emphasizing phenomenology etiology and course as defining features<sup>2</sup>. The systems have differed with respect to whether their principal objective was for use in clinical research or administrative settings.<sup>1</sup> In this symposium three classification approaches will be highlighted: the current Diagnostic and Statistical Manual of Mental Disorders fifth edition-text revision (DSM-5-TR) the Research Domain Criteria (RDoC) and the Perspectives of Psychiatry framework. Although the DSM is primarily a categorical system with each iteration attempts have been made to integrate some level of dimensionality as knowledge of the underlying causes and presentations of different mental disorders advanced. For example DSM-III and DSM-IV used a strictly categorical model requiring a clinician to determine whether a disorder was present or absent based on a predetermined set of criteria DSM-IV introduced severity indicators for some diagnoses and DSM-5 and DSM-5-TR attempted to go one step further towards dimensionality such as with the proposed alternate model of personality disorder.<sup>3</sup> The dimensional approach can be viewed as moving the classification of mental and substance use disorders forward. In this symposium the Research Domain Criteria RDoC is used as an example of how these disorders can be conceptualized dimensionally. RDoC is a framework that provides an organizational structure for research in the context of major domains of neurobehavioral risk factors and functioning. <sup>45</sup> The aim of RDoC is to understand the nature of mental health and illness in terms of varying degrees of dysfunction in fundamental psychological/biological.<sup>4</sup> The Perspectives of Psychiatry provides a pluralistic framework that incorporates the Disease approach (what a person has) and also three other approaches from psychological traditions: Life story originating with interpretive psychology (what a person experiences); Behavior based on behavioral psychology (what a person does); and Dimensions or trait-based derived from experimental psychology & psychometrics (who a person is). Making sense of patients in this multi-pronged and comprehensive way requires thorough assessment which itself establishes a therapeutic

alliance through the patient entrusting the psychiatrist with their story and instills hope and confidence in patients as they perceive the commitment and concern the psychiatrist demonstrates.<sup>6</sup> By organizing problems into groups the Perspectives points clinicians towards therapeutic strategies: diseases we try to remedy primarily with medications; behavioral problems we endeavor to interrupt; for life story concerns we rescript people's narrative about their experience and its meaning; and for dimensional issues we guide people towards the best fit with their environment.<sup>7</sup>

## **General Session**

**Tuesday May 07**

### **An Overview of All Antipsychotics: How Far Have We Come?**

*Jaida Condo; John Kane M.D.*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participants will be able to understand the similarities and differences among available antipsychotic agents. Objective Two: At the conclusion of this session the participants will be able to appreciate the importance of shared decision making in the choice of medications. Objective Three: At the conclusion of this session the participants will be able to better appreciate the unmet needs in medication effectiveness in schizophrenia

#### **Summary:**

Antipsychotic medications are the mainstay of both the acute and long-term treatment of schizophrenia. At the present time there are numerous different medicines approved in the U.S. for this indication. It has been common to categorize the agents as 1st or 2nd generation but that has become less meaningful as there are major differences among the 2nd generation agents and considering them individually maybe more useful especially as new agents with potentially different mechanisms of action are

introduced. Meta-analyses indicate that overall the differences among medications in terms of adverse effects are greater than the differences in terms of efficacy-with the exception of clozapine. Given the plethora of available medicines it is useful to consider their different characteristics in terms of both efficacy and tolerability as well as methods of potential administration. It is also important to understand the limitations of current treatments in terms of unmet needs such as the amelioration of negative symptoms or the enhancement of cognitive functioning. In addition a substantial subgroup of patients does not respond adequately to acute treatment in the alleviation of positive symptoms-even in the very first episode of illness. Though maintenance treatment has been shown to be highly efficacious in reducing the risk of psychotic relapse a substantial subgroup of patients will relapse even despite treatment with "guaranteed" medications in the form of long-acting injectable formulations. The risks and consequences of a potential relapse remains a subject of some debate especially in the case of early phase patients. Clinicians are faced with an array of choices and it is useful to consider how these choices are made and what factors should be weighed in making such decisions. First we want to encourage shared decision making in that patients (and families) should be educated about the indications for the medication the benefits and potential risks (both short and long-term) as well as the expected time course of treatment. It is of note that clinicians and patients do not always express the same concerns about various adverse effects and surveys have shown that clinicians are often of the mark when asked what is important to their patients and their families. While medications can be very impactful in reducing some of the signs and symptoms of a schizophrenia illness they do not necessarily assure the functional gains required for true recovery and rates of recovery remain disappointingly low. The availability of appropriate and timely psychosocial interventions in conjunction with the judicious use of medication is key in facilitating recovery yet access to and the consistent implementation of such combined treatment is too often lacking.

## General Session

Wednesday May 08

### What Can We Learn About Addictions With the Amy Winehouse's Clinical Case?

Joy Li; Analice Gigliotti M.D.

#### Educational Objectives:

Objective One: Learn to identify protective and risk factors for the development of addictions. Objective Two: Learn about dual diagnosis in substance dependence. Objective Three: Learn how to treat addiction to alcohol, heroin, and crack cocaine. Objective Four: Learn about substance use disorder's prevention.

#### Summary:

Winner of six Grammys and with eight nominations, Amy Winehouse had a meteoric career both in her rise to fame and her decline. The audience could watch at times astonished her downfall driven by excessive use of psychoactive substances. The scandals are public: physical injuries, imprisonments, DUI... During a fertile period in her life she composed songs expressing her suffering and substance use, one of them titled "Rehab" for obvious reasons. But how did a middle-class girl reach such a point? Did she already have any behavioral disorders in childhood? In some of her interviews she claims she had bulimia and self-harm behavior. When did she start using drugs? When and why did her condition worsen to the point of leading to her death? After reading several biographies and watching almost a hundred interviews of the British singer, her relatives, friends, and co-workers, the speaker invites the audience to delve into her life to learn how to diagnose, manage, and prevent substance use disorders. "

## General Session

Saturday May 04

### Evaluating the Lifelong Effects of Exposure to Repetitive Head Impacts in Professional Athletes

Daniel Daneshvar MD PhD; Gregory Stewart M.D.

#### Educational Objectives:

Objective One: Understand the public health impact posed by repeated traumatic brain injuries (TBIs) and their long-term consequences. Objective Two: Recognize comorbid conditions that exacerbate cognitive decline in individuals with a history of repeated TBIs such as hypertension, sleep apnea, diabetes, and mental health disorders. Objective Three: Explore the role of pathology and genetic factors in the severity and manifestation of neurodegenerative conditions following repeated TBIs. Objective Four: Integrate knowledge about the interplay of head impact characteristics, genetic predispositions, and comorbid conditions in the trajectory of cognitive decline post-TBI. Objective Five: Develop strategies to mitigate the long-term consequences of repeated TBIs by applying insights from current research in pathology and clinical practices focusing on the modifiable nature of comorbid

#### Summary:

Exposure to repeated traumatic brain injuries represents a significant public health concern, and the understanding of their long-term consequences has evolved considerably. The increasing recognition of the long-term consequences of repeated head impacts, particularly in sports and specific professions, necessitates a deeper understanding of the comorbid disease processes that may exacerbate cognitive decline. The knowledge gap lies in the limited awareness among healthcare professionals about the modifiable nature of these comorbid conditions and their potential impact on neurodegenerative processes. By exploring this intersection, the session aims to bridge the gap between current clinical practices and the potential for achieving better cognitive outcomes in individuals with a history of repeated TBIs. Recent research has highlighted the interplay of multiple factors that contribute to the

risks associated with cognitive decline following repeated head impacts. Pathology plays a central role in unraveling the complex relationships between head impact characteristics genetic predispositions and comorbid conditions. These studies have revealed that the severity and frequency of head impacts influence the likelihood and severity of neurodegenerative pathology observed. Moreover the examination of genetic factors has uncovered specific alleles associated with more severe pathology but not the presence of pathology and has been implicated in cognitive manifestation of disease. In addition to head impact characteristics and genetics recent work has identified comorbid conditions as key players in influencing the trajectory of cognitive decline. The intersection of these factors adds a layer of complexity to the understanding of TBI-related risks. Comorbid conditions such as hypertension sleep apnea diabetes pain testosterone dysfunction depression anxiety and ADHD may act synergistically with the consequences of head impacts and genetic predispositions exacerbating cognitive decline. There may also be a maladaptive phenotype that further increases likelihood of cognitive impairment. This session seeks to integrate insights from pathology and clinical research to address the multifactorial nature of risks associated with repeated TBIs. By examining the interconnections between head impact characteristics genetic factors and comorbid conditions healthcare professionals will learn new approaches to mitigate the long-term consequences of repeated traumatic brain injuries.

## **General Session**

### **Sunday May 05**

#### **A Guide to Psychiatry Fellowship Applications**

*Catherine Nguyen M.D.; Zheala Qayyum Assistant Professor of Psychiatry; Barry Wall; Roopa Sethi; Shilpa Srinivasan MD; Jeffrey Hunt; Florina Haimovici MD FACLP DFAPA*

#### **Educational Objectives:**

**Objective One:** At the conclusion of this session the participant will be able to recognize the critical need for sub-specialty training in psychiatry to address the diverse mental health challenges.

**Objective Two:** At the conclusion of this session the participant will be able to articulate the gap in the number of physicians with expertise to deliver care in various psychiatric subspecialties.

**Objective Three:** At the conclusion of this session the participants will be able to develop a strategy for fellowship training preparing application preparation and effectively navigating the application process.

**Objective Four:** At the conclusion of this session the participant will be able to outline strategies for guiding IMG psychiatry trainees through the application and preparation process for subspecialty fellowships.

#### **Summary:**

The field of psychiatry is witnessing a growing need for specialized expertise to cater to the diverse mental health challenges of today's society. International Medical Graduates (IMGs) not only help serve the needs of a diverse community but can also bring a wealth of experience from their varied backgrounds and add richness to the healthcare force. There is a pressing need for sub-specialty training in psychiatry emphasizing the importance of establishing a critical mass of physicians with expertise in areas such as child and adolescent psychiatry geriatric psychiatry addiction psychiatry forensic psychiatry consultation and liaison psychiatry as well as emerging fellowships like reproductive psychiatry community psychiatry interventional psychiatry and neuropsychiatry. As the global population grapples with increasing mental health challenges particularly in children and aging adults there is a glaring gap in the number of physicians equipped with these specialized skills. The children's national mental health crisis further exacerbates this deficit. This session will not only highlight the imperative to foster and inspire interest in psychiatry among IMG trainees but also aims to guide them through the intricate process of applying and preparing for fellowship training. By doing so we hope to bridge the gap between the growing demand for



specialized psychiatric care and the number of qualified practitioners.

## **General Session**

**Sunday May 05**

### **Buprenorphine Update and Evolving Standards of Care**

*John Renner M.D.; Petros Levounis M.D.; Dongchan Park M.D.; Stephen Wyatt DO*

#### **Educational Objectives:**

Objective One: At the conclusion of the session the participant will be able to discuss the rationale and need for medications for opioid use disorder: buprenorphine methadone naltrexone and naloxone. Objective Two: At the conclusion of the session the participant will be able to discuss the pharmacological characteristics of opioids used in clinical practice. Objective Three: At the conclusion of the session the participant will be able to describe buprenorphine protocols for all phases of treatment and for optimal patient/treatment matching. Objective Four: At the conclusion of the session the participant will be able to discuss the management of opioid use disorder in adolescents pregnant women and patients with acute and/or chronic pain.

#### **Summary:**

This session will describe the resources needed to set up office-based treatment with buprenorphine for patients with opioid use disorder (OUD). We will review the DSM-5 criteria for OUD and the commonly accepted criteria for patients appropriate for office-based treatment of OUD. Confidentiality rules related to treatment of substance use disorders as well as the DEA's requirements for recordkeeping will also be discussed. Administratively billing and common office procedures will be covered. Additional topics include epidemiology symptoms current treatment of anxiety depression and other comorbid psychiatric disorders; how to distinguish independent disorders from substance-induced psychiatric disorders special treatment populations including adolescent

pregnant women with substance use disorders older adults with substance use disorders patients who are HIV-positive patients with chronic pain and finally the impact of stigma on patients with substance use disorders. Stress will be placed on the importance of expedited admission to treatment for OUD and the utilization of low-dose and high-dose protocols for the initiation of buprenorphine treatment. Additional medications for OUD methadone and naltrexone will be reviewed. The session will utilize case studies to reinforce learning and include common clinical events associated with substance use disorders.

## **Learning Lab**

**Tuesday May 07**

### **Give It Your Best Shot: Learning How to Prepare and Administer Long-Acting Injectable Medications in Psychiatry (Not eligible for CME credit)**

*Megan Ehret PharmD MS BCPP; Donna Rolin; Robert Cotes M.D.; Kathryn Hanley L.P.A. R.N. P.M.H.N.P.; Sarah MacLaurin P.M.H.N.P.-B.C.*

#### **Educational Objectives:**

Objective One: Locate palpate and identify landmarks for all injection sites utilized for the administration of long-acting injectable (LAI) medications in psychiatry. Objective Two: Practice identifying and preparing injection sites and administration of injections (using placebo/sterile water) into each of the anatomical sites. Objective Three: Practice preparation of LAI medication in psychiatry. Objective Four: Demonstrate decision-making using knowledge of LAI medications in psychiatry including medication options patient variables and injection preparation and administration.

#### **Summary:**

Long Acting Injectable (LAI) medications in psychiatry are an essential tool for the treatment of serious mental illness (SMI) and substance use disorder (SUD). The American Psychiatric Association Practice Guideline (APA) for the

Treatment of Patients with Schizophrenia suggests that patients receive LAIs “if they prefer such treatment or if they have a history of poor or uncertain adherence”. In a recent systematic review and comparative meta-analysis that included data from 137 studies the authors noted significant advantages for LAIs in reducing the risk of hospitalization and relapse for individuals with schizophrenia. According to the American Society of Addiction Medicine LAI naltrexone is recommended for patients who are no longer physically dependent on opioids. There are no current guidelines available for the use of buprenorphine LAIs. Despite the available guidelines for some of these product and potential for real-world outcomes LAIs remain underutilized. In addition to patient and prescriber barriers administrative factors such as a lack of trained personnel to administer LAIs are significant obstacles to greater adoption of LAIs. Prescribers of LAIs may also benefit from practical training for how to administer LAIs particularly in settings where there is not dedicated staff available to provide them. Practice opportunities in simulation settings including both preparation and administration may help to build confidence and improve technique to ensure that LAIs are delivered correctly. In this learning lab we will teach participants the basic tenants of LAI administration which include proper injection technique medication preparation and identification of anatomical landmarks. Then we will provide participants with practice opportunities to administer LAIs on injectable models in different sites. Additionally we will have participants practice preparing LAIs as well.

## **Learning Lab**

### **Saturday May 04**

#### **Shrink Think: Interactive Classroom Games to Teach Psychiatric Interviewing Techniques**

*Adrian Cheng; Harneel Gill; Gabriella Miggins; Dean Atkinson; Sandra Jovanovic M.D.; Mario Montelongo M.D.*

#### **Educational Objectives:**

Objective One: Articulate the importance of the psychiatric interview in skillfully and sensitively navigating the patient experience. Objective Two: Define the “natural gate” as defined by Dr. Shawn Christopher Shea. Objective Three: Practice natural gates by improvising transitional phrases to gracefully maneuver the psychiatric interview through the game “Psych Connector.” Objective Four: Discover creative ways to assess for auditory hallucinations suicidal ideation and substance abuse through the game “Psychobabble.” Objective Five: Investigate opportunities to integrate educational games into teaching psychiatric interviewing techniques to trainees.

#### **Summary:**

The psychiatric interview is one of the most important tools available to psychiatrists as it allows the clinician to skillfully and sensitively navigate a patient’s experience. Although psychiatry relies heavily on the interview few teaching tools exist to help medical students and residents learn interviewing techniques. When these skills are taught instruction is often passive or ineffective. With auditory hallucinations for example medical students are often only taught to ask “Do you hear voices?” Sometimes a patient may not have enough insight to identify hallucinations as “voices” or perhaps paranoia may prevent them from disclosing their symptoms. While straightforward stock questions often fail to uncover the truth of a patient’s experience. To equip younger clinicians and future psychiatrists to navigate the psychiatric interview with dexterity educators must present curriculum in a way that is engaging accessible and relevant to patient care. In this session we will introduce participants to two interactive classroom games. First the game “Psychobabble” challenges participants to think outside the box when assessing psychiatric symptoms especially symptoms typically screened with stock questions. Second the game “Psych Connector” invites participants to improvise transitional statements to gracefully maneuver the psychiatric interview using natural gates. Learners will work in groups to play these two educational games in a friendly and collaborative environment. The

overall experience stretches a participant's imagination and creates a joyful synergy between refining interview techniques and enjoying the games. Moreover this session will discuss the practical efficacy of these games as teaching tools as demonstrated in the initial study of "Psychobabble" which found that the teaching tool may more than double a learner's self-reported competence in assessment of psychiatric symptoms. This session will provide participants the opportunity to experience these games as learners and to reflect on integrating these educational games to complement other clinical curriculum for medical students and residents.

## **Learning Lab**

**Sunday May 05**

### **Supporting Person-Centered Care: A Simulation of Hearing Voices**

*Kathryn Schwarzmann; Naomi Sequeira; Mari Miyoshi M.D.; Sherin Khan L.C.S.W.*

#### **Educational Objectives:**

Objective One: To describe the types and varieties of voice hearing experiences and the impact on daily tasks. Objective Two: To assess their ability to empathize and understand the experience of hearing distressing voices. Objective Three: To identify effective ways of helping people who hear distressing voices.

#### **Summary:**

This learning lab is based on The Hearing Distressing Voices simulation developed by Pat Deegan. This lab is a groundbreaking empathy-building experience that helps mental health professionals further their understanding of the challenges and strengths of people who experience psychosis particularly auditory hallucinations (AH). The experience is both authentic and powerful as the simulations allow the participant to experience the intrusion of AH while performing typical tasks required of a patient. Designed by those who hear voices themselves learning lab participants will listen to

an audio recording that simulates the experience of hearing voices while engaging in several set activities typical to community care ER and day treatment settings. Both experienced practitioners and those new to care of those with psychosis have found the impact of this lab to be profound. After the simulation there will be an opportunity to debrief and discuss the experience as well as guidance for working with people who hear distressing voices.

## **Learning Lab**

**Sunday May 05**

### **Measurement Based Care Learning Lab Part I**

*Zeshan Barlas; David Kroll M.D.; Carlene MacMillan M.D.; Bonnie Zima M.D. M.P.H.; Kathryn Ridout M.D. Ph.D.*

#### **Educational Objectives:**

Objective One: List at least 2 CMS quality measures that rely on measurement based care  
Objective Two: Describe the elements of a successful measurement based care use case in an outpatient psychiatry practice  
Objective Three: Identify strategies for overcoming some of the most common barriers to measurement based care including selecting measures incentivizing psychiatrists and motivating patients

#### **Summary:**

The time for measurement based care (MBC) to become the standard of care in psychiatry is now. MBC is well-recognized by psychiatrists to be a tool that can help their patients achieve better treatment outcomes and in a shorter timeframe compared to traditional care. It is also increasingly becoming the foundation of the quality measures used by CMS and similar organizations to both define and assess quality of care in Psychiatry. It is a simple tool to use—in theory—and at the same time it is difficult to implement at scale due to a variety of barriers including a lack of infrastructure to support its use in some of the most widely used electronic health record systems. This learning lab which is Part I of a 2-part series sponsored by the Council on Quality Care will (briefly) make the case for MBC describe resources available to

psychiatrists to support MBC and present successful use cases in outpatient settings. It will then break out into small groups to discuss specific challenges and how to overcome them.

## Learning Lab

Tuesday May 07

### Rendering Safe and Therapeutic De-Escalation Interventions

*Misleydi Rios Rodriguez; Jose Viruet L.C.P.C.*

#### Educational Objectives:

Objective One: Gain understanding of trauma-informed care practices and de-escalation techniques  
Objective Two: Identify the key differences between crisis emergency situations and awareness on best ways to respond  
Objective Three: Develop understanding of our physiological responses to stress provoking situations for the provider and the client  
Objective Four: Demonstrate understanding in applying effective de-escalation techniques

#### Summary:

Delivering high quality health care services in a safe environment while fulfilling your organization mission vision and values requires the understanding of Trauma-Informed care practices and therapeutic de-escalation techniques. Understanding these therapeutic principles will provide guidance for handling disruptive behaviors by establishing clear expectations and effective communication with patients who are experiencing emotional dysregulation. Our understanding of trauma can help us mitigate risk while creating a safe and healing environment for both patients and staff by using respectful and restorative approaches. In this interactive and hands-on learning lab participants will expand their skills and knowledge around therapeutic de-escalation techniques setting the foundation for healthy engagement during a crisis de-escalation. Participants will have the opportunity to share their personal perspectives in group discussions

engage in case example role plays and practice de-escalation techniques.

## Master Course

Monday May 06

### Buprenorphine and Office-Based Treatment of Opioid Use Disorder

*John Renner M.D.; Dongchan Park M.D.; Stephen Wyatt DO; Petros Levounis M.D.*

#### Educational Objectives:

Objective One: o At the conclusion of the course the participant will be able to discuss the rationale and need for medications for opioid use disorder: buprenorphine methadone naltrexone and naloxone.  
Objective Two: o At the conclusion of the course the participant will be able to discuss the pharmacological characteristics of opioids used in clinical practice.  
Objective Three: o At the conclusion of the course the participant will be able to describe buprenorphine protocols for all phases of treatment and for optimal patient/treatment matching.  
Objective Four: o At the conclusion of the course the participant will be able to discuss the management of opioid use disorder in adolescents pregnant women and patients with acute and/or chronic pain.

#### Summary:

This course fulfills the 8-hour requirement for the addiction treatment credit which is now required for a new or renewed DEA (Drug Enforcement Administration) license. This course will describe the resources needed to set up office-based treatment with buprenorphine for patients with opioid use disorder (OUD). We will review the DSM-5 criteria for OUD and the commonly accepted criteria for patients appropriate for office-based treatment of OUD. Confidentiality rules related to treatment of substance use disorders as well as the DEA's requirements for recordkeeping will also be discussed. Administratively billing and common office procedures will be covered. Additional topics include epidemiology symptoms current treatment of anxiety depression and other

comorbid psychiatric disorders; how to distinguish independent disorders from substance-induced psychiatric disorders special treatment populations including adolescent pregnant women with substance use disorders older adults with substance use disorders patients who are HIV-positive patients with chronic pain and finally the impact of stigma on patients with substance use disorders. Stress will be placed on the importance of expedited admission to treatment for OUD and the utilization of low-dose and high-dose protocols for the initiation of buprenorphine treatment. Additional medications for OUD methadone and naltrexone will be reviewed. The course will utilize case studies to reinforce learning and include common clinical events associated with substance use disorders.

## **Master Course**

**Sunday May 05**

### **Master Course on Consultation-Liaison Psychiatry**

*Mark Oldham M.D.; Nancy Byatt D.O. M.B.A. M.S.; Scott Simpson MD MPH; Gerald Winder M.D.*

#### **Educational Objectives:**

Objective One: Discuss the elements of delirium that invite clinical intervention including cognitive resilience delirium causes unique types of pathophysiology and specific neuropsychiatric disturbances. Objective Two: Describe evidence-based interventions for addressing behavioral health emergencies in acute medical settings Objective Three: Explain the diagnostic and treatment implications of detecting catatonia especially in the general hospital Objective Four: Describe best practices for screening assessment and treatment of perinatal mental health and substance use disorders in perinatal care settings Objective Five: Describe key examples of substance-related challenges in the transplant center and practical guidance on addressing them as part of an interdisciplinary team

#### **Summary:**

This course will cover the following core topics in Consultation-Liaison Psychiatry while incorporating considerations relevant to the care of patients with substance use in line with the Annual Conference theme: Delirium (Dr. Oldham): Delirium is the most common psychiatric condition in the general hospital and poses a host of clinical challenges from prevention and detection to the management of its neuropsychiatric disturbances. This presentation will provide a clinically focused review highlighting four aspects of delirium that invite clinical intervention: cognitive resilience the causes of delirium its unique types of pathophysiology and specific neuropsychiatric disturbances of delirium. Agitation (Dr. Simpson): Patients in medical settings commonly present with psychiatric emergencies which may be due to psychiatric conditions the effects of substances or medical conditions. Patients in crisis are at increased risk harming themselves or others. Using case examples and audience feedback this presentation will review evidence-based strategies for managing psychiatric emergencies paying particular attention to engaging patients with addiction. Women's mental health (Dr. Byatt): Perinatal mental health or substance use disorders affect one in five women and are the leading cause of maternal mortality in the US. Further professional societies and policy makers recommend that mental health care be integrated into perinatal care. This presentation will review how to detect assess and treat perinatal mental health and substance use disorders and review models for integrating mental health care into perinatal care including clinical pearls for doing so. Catatonia (Dr. Oldham): There is increasing recognition of the importance of identifying catatonia in the general hospital with both diagnostic and treatment implications. This presentation will review catatonia assessment catatonia's association with primary and secondary conditions and clinical management. Recommendations from the field's first catatonia consensus guideline will be covered along with an overview of the related conditions of neuroleptic malignant syndrome and serotonin syndrome. Transplant psychiatry (Dr. Winder): Mental health and substance use disorders in solid organ



transplant patients may often be regarded as of lesser importance relative to the pressing nature of active medical and surgical issues facing this population yet they are essential to address as part of transplant care. This presentation will cover the impact of mental health and substance use conditions in the transplant population and describe the clinical approach to detecting and treating these conditions as part of a multidisciplinary care team.

## **Master Course**

**Monday May 06**

### **Update in Reproductive Psychiatry: Clinical Research Education and Advocacy Perspectives**

*Lucy Hutner M.D.; Lisa Catapano M.D. Ph.D.; Lauren Osborne M.D.; Samantha Meltzer-Brody; Catherine Birndorf M.D.; Julia Frew M.D.; Surya Sabhapathy MD MPH; Karen Sheffield-Abdullah Ph.D.*

#### **Educational Objectives:**

Objective One: Appreciate clinical advances in the field of reproductive psychiatry including updates in psychopharmacology Objective Two: Understand major education and research initiatives underway in the field Objective Three: Describe methods of developing culturally responsive perinatal mental health care for patients from marginalized populations Objective Four: Appreciate the importance of optimizing reproductive mental health care for patients across the gender and sexuality spectrum Objective Five: Discuss the clinical approach for patients with substance use disorders in the perinatal population

#### **Summary:**

Reproductive psychiatry is an emerging medical specialty which focuses on the intersection of mental health and reproductive transitions such as such as postpartum depression which is widely considered the most common complication of childbirth (Deligiannidis 2021). In the last decade there have been major gains from clinical education research and public health/advocacy

perspectives. These gains include the development of effective rapidly acting medications for postpartum depression; the creation of collaborative care models for perinatal mental health care delivery; research focusing addressing the social determinants of perinatal mental health particularly the care of patients from marginalized communities; the development of clinical approaches to optimize reproductive mental health care for patients across the gender and sexuality spectrum; the development of programs to address substance use disorders in the perinatal population; and the creation of standardized materials for education for psychiatry trainees and other healthcare professionals (Deligiannidis 2021 Erdly 2023). This course represents a comprehensive update and overview of the field of reproductive psychiatry for general psychiatrists. This course offers the general psychiatrist top level expert information from leaders in the field focusing on clinical research education and advocacy approaches including future directions for this emerging medical specialty.

## **Master Course**

**Monday May 06**

### **Child and Adolescent Psychiatry Master Course**

*John Walkup M.D.; Andrea Spencer; Aron Janssen M.D.; Karen Wagner M.D. Ph.D.; Christopher McDougale M.D.; Jeffrey Strawn M.D.*

#### **Educational Objectives:**

Objective One: Critically review and analyze cases to improve outcomes from pharmacotherapy in children and adolescents with autism Objective Two: Critically review and analyze cases to improve outcomes for children and adolescents with anxiety disorders Objective Three: Critically review and analyze cases to improve outcomes for children and adolescents with mood disorders Objective Four: Critically review and analyze cases to improve quality and safety of patient care in management of gender dysphoria Objective Five: Critically review and analyze cases to improve outcomes for children and adolescents

with obsessive compulsive related disorders and tic disorders

### **Summary:**

The presentation will update 5 important clinical domains relevant to practicing psychiatrists including the evaluation and treatment of mood disorders (Dr. Karen Wagner) anxiety disorders (Dr. Jeffrey Strawn MD) autism spectrum disorders (Dr. Christopher McDougale) gender dysphoria (Dr. Aron Janssen) ADHD (Dr. Andrea Spencer) and lastly OCD and related disorders and tic disorders (Dr. John Walkup). Each of the presenters has extensive expertise and are considered world experts in their respective domains. Their presentations will focus on the basics of evaluation and treatment and importantly address challenges and controversies within each of their respective interest area. Ample time will be allotted for questions and answers and participant engagement.

## **Media Session**

### **Sunday May 05**

#### **A Seat at The Table**

*Helena Hansen M.D.;Ph.D.; Cynthia Turner-Graham M.D.; Walter Wilson M.D. M.H.A.; Jonathan Shepherd M.D.*

#### **Educational Objectives:**

Objective One: By the end of the session audience members will be able to describe the historical significance of events surrounding the 1969 APA board meeting Objective Two: Audience members will be able to name at least one way in which these events led to changes in APA leadership structure and mission Objective Three: Audience members will be able describe at least one future goal for mental health justice and equity as described by those interviewed in the film.

#### **Summary:**

This 30 minute film written directed and produced by members of the APA Council on Minority Mental Health and Health Disparities with input from the APA Black Caucus and Black

Psychiatrists of America showcases the history of Black Psychiatrists in the APA how they have shaped the current structure of the organization and its mission as well as the aspirations of leading Black Psychiatrists and their allies for future work toward mental health equity and justice. Film screening to be followed by panel discussion with some of those interviewed in the film as well as the film producers. This session is presented by the APA Foundation.

## **Mental Health Innovation Zone**

### **Tuesday May 07**

#### **Trials & Tribulations of Startups**

*Leslie Schrock; Tracy Warren MBA; Maggie Norris*

#### **Educational Objectives:**

#### **Summary:**

Embarking on a startup journey in the mental health sector offers unique challenges and opportunities. Achieving traction is crucial for bringing transformative solutions to life. This journey isn't just about innovation and business execution; it also involves navigating an emotional rollercoaster. Entrepreneurs face highs of innovation and lows of setbacks testing resilience and fueling growth amidst the stark realities of startup life. Our program delves into common obstacles from funding and team building to market competition and regulatory hurdles while also addressing the mental health challenges entrepreneurs encounter. Gain insights from experienced entrepreneurs on overcoming both external challenges and internal struggles preparing you for the multifaceted world of startups.

## **Mental Health Innovation Zone**

### **Saturday May 04**

#### **Mental Health Innovation Zone Welcome Session & Kick-Off**

#### **Educational Objectives:**

### **Summary:**

Welcome to the American Psychiatric Association's Mental Health Innovation Zone! Join us for an inspiring kick-off session as we embark on a journey of transformation and breakthroughs in mental health care. We'll explore cutting-edge innovations and creative solutions that are reshaping the landscape of psychiatry. This is a unique opportunity to hear from industry experts thought leaders and fellow change-makers with the latest technologies.

### **Mental Health Innovation Zone**

**Monday May 06**

#### **Youth Mental Health Innovation**

*Eva Szigethy MD; Tristan Gorrindo M.D.; Helen Egger MD; Mona Potter MD*

#### **Educational Objectives:**

##### **Summary:**

Understand the landscape of innovative mental health solutions for children & adolescents! Discover pioneering methods inventive answers and transformative concepts that are reshaping how we provide support for young minds. From the latest technology to inventive initiatives be at the forefront of youth mental health care to bring about positive change for the next generation.

### **Mental Health Innovation Zone**

**Saturday May 04**

#### **Innovations for Mental Health Disparities & Inequities**

*Christina Mangurian M.D.; A. Jacques Ambrose MD MPH MBA; Kevin Simon M.D.;M.P.H.*

#### **Educational Objectives:**

##### **Summary:**

Be a part of the mental health revolution! Technology has opened doors to mental health support like never before boosting access with the

potential to bridge healthcare disparities. But how do mental health technologies currently affect underserved and underrepresented communities? Join us as we discuss mobile apps virtual platforms and online tools for psychiatric services. Discover how technology can empower mental health clinicians with data-driven insights progress tracking telepsychiatry and seamless collaboration. Come away empowered to learn how to build a more inclusive and equitable mental health care system.

### **Mental Health Innovation Zone**

**Saturday May 04**

#### **Healthcare Investments**

*Gowri Aragam MD; Seth Feuerstein JD;MD; Alex Katz*

#### **Educational Objectives:**

##### **Summary:**

Calling all aspiring psychiatric entrepreneurs! Securing funding for your startup can be a formidable challenge. Our panel is here to guide you through the intricate landscape of venture capital and funding in the realm of mental health. During this session we will unravel the challenges associated with securing funding for mental health startups. By shedding light on the common misconceptions surrounding fundraising and venture capital — and the hurdles faced when gaining traction for innovative ideas — we aim to equip entrepreneurs with a comprehensive understanding of the funding landscape. Get deeper insights into the world of venture capital and funding for mental health startups as we demystify the process identify viable investment options and provide strategies to overcome challenges. Join our panel of experts as we empower you on your journey to bring innovative mental health solutions to fruition.

### **Mental Health Innovation Zone**

**Saturday May 04**

**Sponsor Presentation by Otsuka**

### **Educational Objectives:**

#### **Summary:**

Otsuka is known for its innovative approach in healthcare focusing on neuroscience nephrology and digital innovation to address unmet medical needs. Their history is marked by creativity and the pursuit of limitless possibilities which has shaped their contributions to healthcare. At the APA Mental Health Innovation Zone Otsuka is set to unveil exciting advancements underlining their commitment to enhancing mental health care and support. For more information please visit their official website at Otsuka-us.com.

### **MindGames**

#### **Monday May 06**

#### **MindGames Masters**

### **Educational Objectives:**

#### **Summary:**

In this new educational gaming format the three highest scorers from the MindGames Review Course and self assessment will participate in the MindGames Masters Live event at APA's Annual Meeting in New York City New York at noon on Monday May 6 2024 on the MHIZ stage

### **Plenary**

#### **Monday May 06**

#### **Emerging Voices: DEIB Innovation and Leadership**

### **Educational Objectives:**

Objective One: 1 Objective Two: 2 Objective Three: 3 Objective Four: 4 Objective Five: 5

#### **Summary:**

Back for the 2024 Annual Meeting: the Monday plenary "Emerging Voices: Diversity Equity Inclusion and Belonging" will feature an Impactful Address from Acclaimed Public Interest Lawyer

and New York Times Best-selling Author Bryan Stevenson Bryan Stevenson is the founder and Executive Director of the Equal Justice Initiative a human rights organization in Montgomery Alabama. Under his leadership EJI has won major legal challenges eliminating excessive and unfair sentencing exonerating innocent death row prisoners confronting abuse of the incarcerated and the mentally ill and aiding children prosecuted as adults."

### **Plenary**

#### **Monday May 06**

#### **Convocation of Distinguished Fellows**

### **Educational Objectives:**

Objective One: 1 Objective Two: 2 Objective Three: 3 Objective Four: 4 Objective Five: 5

#### **Summary:**

The Convocation is a celebration of the APA members who have been awarded the designations of Distinguished Fellow Distinguished Life Fellow International Distinguished Fellow International Fellow and Life Fellow\* of the American Psychiatric Association effective January 1 2024. These individuals join an elite group of psychiatrists with this honorary distinction who continue to make significant contributions to the field of psychiatry. Additionally we will honor the new class of 50-year Life Members for their commitment to the APA as well as those receiving Special Presidential Commendations and Distinguished Service Awards.

### **Presidential Session**

#### **Tuesday May 07**

#### **A Sense of Belonging: Lessons Learned on the a Path to a More Inclusive Training Program**

*Natalie Machargo Carlo; Lawrence Malak M.D.; Michelle Singh; Sahana Malik*

### **Educational Objectives:**

Objective One: Understand how to initiate a EDI committee and initiatives at one's own training program  
Objective Two: Understand the importance and benefits of diversity in medical training and education  
Objective Three: Understand the potential benefits of a supportive community forum for BIPOC/URM trainees  
Objective Four: Know how to empower residents to help establish and build community connections through outreach and experiential opportunities

### **Summary:**

Over the last 15 years there has been a spotlight and focus on efforts to improve the diversity of our medical schools and physician workforce while also aiming to better understand and address topics in health care around health equity social determinants of health and social justice. These efforts have been led both by national organizations such as the AAMC and AMA but also by student groups aiming to change the status quo. These efforts accelerated in the wake of COVID and the post George Floyd-BLM movement that led to the creation of Equity Diversity and Inclusion committees and initiatives at many training programs and institutions. However these efforts can be challenged by entrenched systems. There remains a need to support program directors in their efforts to create more supportive and inclusive environments for their trainees particularly with respect to incorporation of holistic review principles in recruitment. In this Session we will discuss the benefits of a more diverse and inclusive training environment and highlights efforts that aim to: 1) Improve recruitment and diversity of trainees; 2) Increase work and outreach with underserved populations while in training; 3) provide more support and mentorship to BIPOC/URM trainees while in training

## **Presidential Session**

**Monday May 06**

### **Parenting Conflict and Children's Mental Health: An Asian Indian Perspective**

*Naomi Sequeira; Ananya Roy; Tarak Vasavada M.D.; Tanuja Gandhi M.D.; Manan Shah MBBS;MD; Raman Baweja; Karuna Poddar MD MS*

### **Educational Objectives:**

Objective One: To increase understanding about the impact of culture process of acculturation and intergenerational challenges on parenting in Asian Indian communities. Objective Two: To increase understanding about the cultural perspectives of mental health and barriers to seeking mental health and substance use care for parents and children in Asian Indian families. Objective Three: To create a safe space for discussion about the challenges of being an Asian Indian parent or child in the U.S. a critical yet often uncomfortable discussion to have. Objective Four: To increase understanding about the need for culturally informed practices and resources to improve treatment mental health awareness and participation in treatment in Asian Indians.

### **Summary:**

**BACKGROUND:** Per the US census reports South Asians are a fast-growing minority population in the United States. However there is still a paucity of resources to meet the unique mental health needs of Asian Indians in the US. To address the unique mental health needs of this population it is critical to understand the interplay between specific cultural generational and ethnic factors that impact their understanding of mental health and interactions with the mental health system. This is particularly important in the context of children and families as cultural factors intergenerational challenges experiences of discrimination the immigrant experience and the process of acculturation have a significant influence on the attitudes and practice of parenting in Asian Indian families. Similarly children growing in Asian Indian families can experience unique struggles and challenges due to cultural and ethnic factors acculturation intergenerational challenge and the experience of being an immigrant or growing up in an immigrant family. The idea of dating using social media and other teenage activities can often become areas of conflict and struggle due to varied cultural and generational perspectives around these critical



issues. These factors also play a role in parental understanding and attitude towards mental health and willingness to seek mental health and substance use treatment for themselves and/ or their children. This presentation is an effort to increase understanding about the unique mental health needs and challenges faced by Asian Indians families in the US to improve our ability to provide culturally informed care for children and families. **METHODS** Through an interactive format using didactics (presentations 10-15min each) short video clips (2-3 video clips up to 5 min each) and a panel discussion the presenters will use their professional cultural and personal experiences to help examine and reflect on the unique experiences and challenges of parenting and growing as a child in an Asian Indian families including attitudes towards seeking mental health and substance use support for children and families from an Asian Indian perspective. **CONCLUSION** This presentation will increase participant knowledge and understanding about the experience of families and children of being Asian Indian in America from a cultural professional and personal perspective and increase participant understanding comfort and ability to provide culturally informed care.

## **Presidential Session**

**Saturday May 04**

### **Practice-Based Guidelines: Buprenorphine Treatment in the Age of Fentanyl**

*Wali Yousufzai M.D.;M.P.H.; John Mariani M.D.; Frances Levin M.D.; Sandra Comer Ph.D.; JEFFREY DEVIDO M.D.*

#### **Educational Objectives:**

Objective One: Attendees will be able to identify aspects of fentanyl pharmacology that complicate opioid use disorder (OUD) pharmacotherapy  
Objective Two: Attendees will become familiar with the data supporting the use of medications for treating patients using fentanyl with an emphasis on extended-release injectable products  
Objective Three: Attendees will become familiar with the Practice-Based Guidelines:

## **Buprenorphine in the Age of Fentanyl (PCSS Guidance)**

### **Summary:**

Opioid use disorder (OUD) is a major US public health problem affecting approximately 2 million Americans. Fentanyl and fentanyl analogues are now the most frequent cause of fatal overdoses in the US accounting for over 71000 deaths in 2021. Despite fentanyl use being the leading cause of overdose deaths in the US there are limited data available to provide guidance as to the most effective approaches for treating individuals who use fentanyl. Fentanyl and fentanyl analogues are potent full agonists at the  $\mu$ -opioid receptor. The greater potency of fentanyl compared to morphine is likely due to higher lipophilicity and differential changes in mu-opioid receptor conformation leading to selective activation of intracellular signaling pathways. Reports of standard buprenorphine induction dosing approaches precipitating opioid withdrawal symptoms represents an important clinical challenge in the treatment of patients using fentanyl. This presentation will provide an update on the current understanding of the pharmacological interactions between fentanyl and buprenorphine the clinical evidence for treatment of individuals using fentanyl and the highlights of the Providers Clinical Support System (PCSS) Practice-Based Guidelines: Buprenorphine in the Age of Fentanyl. Dr. Frances Levin will summarize the mission of PCSS and the resources available for clinicians. Dr. Sandra Comer will provide an update on the pharmacology of fentanyl and potential interactions with buprenorphine treatment as well as insights from human laboratory investigations. Dr. John Mariani will present the available clinical evidence for buprenorphine treatment of individuals using fentanyl. Dr. Jeffrey DeVido will summarize the PCSS Practice-Based Guidelines for providing buprenorphine treatment to patients using fentanyl and provide context for the development of guidelines with a rapidly evolving evidence base. A portion of the presentation will be reserved for an audience question-and-answer discussion with the faculty.

## Presidential Session

Sunday May 05

### Transgender Mental Health

*Deonna Vaughn M.D.; Andrew Tran M.D.; Eric Yarbrough M.D.*

#### Educational Objectives:

Objective One: Understand the spectrum of gender identity and sexual orientation Objective Two: Review general guidelines for gender-affirming care Objective Three: Review medical and surgical gender-affirming care options

#### Summary:

Gender-affirming care for transgender people is again under the spotlight in politics around the United States. Despite the large amount of misinformation research has shown us that transgender people respond positively to gender-affirming care. This presentation will focus on reviewing the basics of gender-affirming care from understanding the gender spectrum gender's relationship to sexuality therapy hormones and surgical interventions. Clinicians should understand these treatment options and this presentation will cover most of the necessary topics for those who desire an introductory to intermediate course in gender-affirming care. There will also be extra time devoted to questions and discussion.

## Presidential Session

Monday May 06

### ACLP Presidential Symposium: Hot Topics in Consultation-Liaison Psychiatry Across the Lifespan

*Alan Shu M.D.; Maryland Pao M.D.; Haniya Raza D.O. M.P.H.; Mark Oldham M.D.; Durga Roy M.D.*

#### Educational Objectives:

Objective One: At the conclusion of this session the participant will be able to: Identify 3 strategies for improving the health care delivery and experience for both medical teams and their patients with ASD. Objective Two: At the

conclusion of this session the participant will be able to: Describe the long-term cognitive trajectory of delirium. Objective Three: At the conclusion of this session the participant will be able to: Recognize common neuropsychiatric conditions within the first year after traumatic brain injury

#### Summary:

Consultation-liaison psychiatrists seek to optimize psychiatric and medical outcomes of patients through the provision of high quality integrated psychiatric care for those with medical/surgical illnesses. The Academy of Consultation-Liaison Psychiatry's Dr. Pao will chair a session that highlights diagnosis treatment and management of autism delirium in critical care and neuropsychiatric disorders such as traumatic brain injury across the lifespan. The CDC recently estimated the prevalence of autism spectrum disorders (ASD) in children as 1 in 38 in the United States. Evidence suggests that individuals with ASD experience higher morbidity from medical illnesses and decreased life expectancy compared to the general population compounded by additional healthcare disparities based on race ethnicity socioeconomic status geography sex or gender identity. Further due to innate differences and difficulties in language and communication social relatedness learning and behaviors individuals with autism may experience challenges in navigating health care settings and tolerating medical evaluations procedures and treatments. Health care providers should ensure optimal medical services for patients with ASD beginning with identification advance planning and delivering care with attention to communication environment and behavior management. Dr. Raza will review how consultation liaison psychiatrists can play an important role in facilitating these processes. Dr. Oldham will review updates in critical care psychiatry presented as a psychiatric A-to-F bundle analogous to the traditional A-to-F bundle common to critical care settings. In the psychiatric A-to-F bundle "A" is for advocacy and the importance of integrating psychiatric expertise into critical care settings. "B" is for breathing support and highlights the role of effectively

managing psychiatric symptoms during weaning trials and the extubation process. “C” stands for catatonia increasingly recognized in critical care settings. “D” is for delirium the most common psychiatric condition in the ICU. “E” expands upon the idea of early mobility and exercise by incorporating psychiatric considerations into the patient’s overall experience and recovery. “F” refers to family and other support and underscores the crucial role of social connections to ensuring optimal outcomes. An estimated 2.8 million emergency department visits hospitalizations and deaths in the United States following traumatic brain injury (TBI) each year; many have cognitive psychiatric and physical disability. Dr. Roy will explore key unresolved dilemmas of evaluation or management of neuropsychiatric sequelae after TBI across the life span ranging from pediatric concussions through all severities of TBI in adulthood. Differential diagnosis workup algorithms and recent cutting-edge research for biomarker prognostication and treatment interventions will be presented along with strength of supporting evidence.

## **Presidential Session**

**Sunday May 05**

### **Eating Disorders: An Overview of Recent Developments**

*Rachel Shenoit M.D.; Parisa Sharif; Evelyn Attia M.D.*

#### **Educational Objectives:**

Objective One: Accurately identify the Feeding and Eating Disorders including Anorexia Nervosa Bulimia Nervosa Binge-Eating Disorder and Avoidant/Restrictive Food Intake Disorder  
Objective Two: Recognize that Eating Disorders affect all gender ethnic and racial groups  
Objective Three: Identify Atypical Anorexia Nervosa a DSM-5 label within the category of Other Specified Feeding and Eating Disorders (OSFED)  
Objective Four: Distinguish Avoidant/Restrictive Food Intake Disorder (ARFID) from other restrictive eating disorders and learn about treatments currently considered for use in ARFID

#### **Summary:**

Eating Disorders are serious psychiatric disorders associated with high rates of morbidity and mortality. Prevalence rates vary by sample and method of ascertainment. It is estimated that approximately 2.5% of the population in the US will have an eating disorder during their lifetime. Eating Disorders are described worldwide and are responsible for health care and disability-related costs that are estimated to total \$400 billion annually in the US. Eating disorders are not new disorders and despite myths to the contrary do not affect only white adolescent females. Anorexia nervosa was first described centuries ago; bulimia nervosa first entered the scientific literature 45 years ago and appears to be more prevalent in Hispanic/Latino and African-American populations than in non-Latino white individuals. Binge eating disorder first introduced as a formal diagnostic category in DSM-5 was described as clinical problem for decades prior to DSM-5’s publication in 2013 and had garnered an extensive literature prior to formal diagnostic recognition. Another new label Avoidant/Restrictive Food Intake Disorder (ARFID) was introduced in DSM-5 and has been a welcome addition; it describes a significant number of individuals with an eating problem characterized by limited eating that contributes to medical or psychosocial difficulty without the body shape and weight concerns typical of other eating disorders. This presentation will review the current eating disorder diagnoses and what is known about presentation treatment and course of illness. Recent investigations into illness mechanisms will be described with specific attention to the neurobiology of anorexia nervosa and mechanism-based treatments that are currently under development. The presentation will additionally describe new topics relevant to eating disorders identification and management including Atypical Anorexia Nervosa (a condition defined as including all of the features of anorexia nervosa except for the presence of a significantly low body weight) ARFID and the utility of medications in the management of eating disorders.

## Presidential Session

Sunday May 05

### International Adventures in Combatting Stigma

Claire Pinson; Marcia Verduin M.D.

#### Educational Objectives:

Objective One: Critically review local spheres of influence in which stigma may be present and develop strategies for meeting people “where they are” Objective Two: Analyze opportunities in current practice to reduce stigma through creative use of analogies Objective Three: Implement a plan to address barriers to care related to perceived biases and misconceptions

#### Summary:

We are living in an era of increasing divisiveness and an “us versus them” mentality particularly in regard to political beliefs cultural issues and even responses to the pandemic. This divisiveness has the potential to create even greater barriers to seeking and accepting treatment for mental health conditions among certain segments of the population. The presenter had a unique opportunity to address the stigma surrounding mental health issues in one segment of the population – local church pastors – and the response was surprising. What began as a one-time serendipitous presentation to help North American pastors recognize and better understand mental health issues has evolved into an opportunity to address the intersection of mental health and spirituality on a global level. The presenter will share her approach to finding common ground and how the recognition of mental health issues as more than a “spiritual crisis” has transformed this segment of the population. She will challenge audience members to begin thinking about their own spheres of influence and where they might have an opportunity to radically impact mental health stigma in their communities.

## Presidential Session

Wednesday May 08

## Novel Pharmacological and Neurocircuit-Based Approaches to Advance the Treatment of Depression

Bhavana Muppavarapu; James Murrough M.D.; James Murrough M.D.; Laurel Morris; Conor Liston PhD;MD

#### Educational Objectives:

Objective One: Understand the potential of novel pharmacological approaches to treat depression Objective Two: Summarize the rationale for targeting the KCNQ2/3 channel to treat depression and anhedonia Objective Three: Describe how the ventral tegmental area (VTA) can be visualized in humans with high resolution brain imaging and targeted to treat depression Objective Four: Appreciate how prefrontal cortical neurons are affected by chronic stress and how ketamine may reverse these processes to treat depression

#### Summary:

Depression is one of the largest public health problems the world over. New treatment approaches are urgently needed to address this sizable medical problem. New clinical and translational research focusing on novel pharmacological targets and neural circuits is hoped to point the way towards new more effective treatments. The current symposium will bring together three unique but complementary talks on novel approaches to advance treatment discovery for depression and related conditions. James Murrough will present new data on the role of neural circuit changes in the treatment of anhedonia and depression in the context of a clinical trial of a novel KCNQ2/3 opener in adults with major depressive disorder (MDD). Among other findings activation of the ventral tegmental area (VTA) during a reward task is attenuated following treatment with the KCNQ2/3 opener ezogabine but not placebo. At baseline higher VTA activation during the task was associated with worse depression symptoms ( $R=0.28$   $p=0.042$   $N=38$ ). Laurel Morris will present her recent work on advances in ultra-high-field (UHF) 7T-MRI that reveal structural and neural network changes of small brainstem structures including the VTA in individuals with depression. Extending this work

she has combined technical innovations using UHF 7T-MRI with a non-invasive brain-machine-interface protocol to successfully train individuals to regulate their own VTA activity in real-time via neurofeedback. The talk will present new unpublished data in N=39 individuals showing that VTA activity can be regulated over time ( $F(1)=5.0854$   $p=0.038$ ) and is related to changes in anhedonia and motivation measured by smartphone-based digital phenotyping. In the concluding talk Conor Liston will present new results elucidating the circuit-level mechanisms that mediate ketamine's rapid-acting antidepressant effects in a pre-clinical model. Using two photon imaging fiber photometry and optogenetics (N=51 mice) he will show how medial prefrontal cortical neurons that project to the nucleus accumbens encode an anticipatory reward signal that is required for regulating motivation and supporting decisions to expend effort to obtain rewards. Chronic stress disrupts coordinated activity in these neurons while ketamine rescues this deficit ( $F(215)=17.1$   $P=0.00013$ ). Ketamine also drives the formation of new synapses in prefrontal projection neurons which are required for maintaining its antidepressant effects over time ( $F(117)=9.96$   $P=0.0058$ ). Overall the symposium will present the audience with a series of unique and complementary perspectives on how advances in clinical and translational research is moving the field towards new treatment approaches to relieve depression.

## **Presidential Session**

**Sunday May 05**

### **Transgender Healthcare in the Military: A Panel Discussion. What Was It Like Then and Where Are We Now?**

*Madeline Schmiedeknecht; Monica Ormeno D.O.; Jesse Ehrenfeld M.D.; Sofia Matta M.D.; Blake Dremann; Emily Shilling*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will understand key dates and

events for transgender service members in the military. Objective Two: At the conclusion of this session the participant will be knowledgeable about the accession and retention standards of active duty military service members. Objective Three: At the conclusion of this session the participant will understand how transgender treatment is compatible with serving in the military. Objective Four: At the conclusion of this session the participant will be knowledgeable about components of gender transition in the military. Objective Five: At the conclusion of this session the participant will be knowledgeable about SPARTA and the commitment to serve of transgender service members.

#### **Summary:**

President Obama took many historic steps towards LGBT equality in the US with gender identity and sexual orientation laws the Hate Crimes Prevention Act repeal of the military's ban on openly gay service members known as "don't ask don't tell" and culminating with the end of the military's longstanding ban on openly transgender service members. On June 30 2016 Secretary of Defense Ash Carter announced that transgender people would no longer be discharged or denied reenlistment in the military because of their gender identity. A study commissioned by Secretary of Defense Carter carried out by the RAND Corporation found that allowing transgender people to serve openly would involve a small fraction of the total force with minimal impact on readiness and health care costs<sup>1</sup>. Timeline of Events: On July 26 2017 President Trump tweeted that the US Government would not accept or allow transgender individuals to serve in any capacity in the US Military. On February 27 2019 five transgender service members and Dr. Jesse Ehrenfeld testified on Transgender Service in the Military Policy before the House Armed Services Committee Subcommittee on Military Personnel at the US House of Representatives in response to President Trump's ban<sup>2</sup>. On January 25 2021 President Biden signed an executive order repealing the ban on transgender people serving openly in the military. This panel will bring together two members who testified to Congress in 2019 Dr. Jesse Ehrenfeld AMA President and



combat veteran CDR Blake Dremann US Navy and Past President of SPARTA an organization that advocates and educates about transgender military service and CDR Emily Shilling US Navy current President of SPARTA. CDR Monica Ormeno MD FAPA US Navy and Dr. Sofia Matta will serve as Co-Chairs. A video presentation of the February 2pm 7 2019 Congressional Hearing will be shown. We will discuss the Congressional Hearing accession and retention standards in the military healthcare of transgender service members and highlight the contributions of transgender service members and Veterans. We will discuss SPARTA and its mission to advocate for inclusive military policy provide peer support and develop transgender military service educational resources on behalf of currently serving transgender military members.

## **Presidential Session**

**Saturday May 04**

### **Alcohol Use Disorders – Some Pearls for Clinical Practice**

*Saul Levin M.D. M.P.A. FRCP-E FRCPsych; Dr Laxmikant Rathii; Tarak Vasavada M.D.; Bhavana Chawda M.B.B.S.*

#### **Educational Objectives:**

Objective One: Counselling the patient on the “safe” limit of alcohol consumption Objective Two: Scientifically sound inputs on whether controlled drinking or total abstinence will be advisable for a given patient Objective Three: Shedding light on some aspects of treatment which are commonly overlooked

#### **Summary:**

Management of alcohol use disorders is a complex and multi-pronged area of treatment. World-over different clinicians and centres use strategies that are either based on scientific evidence or on individual predilections and comfort levels of the therapists. Theory and research findings abound in the field. What a grassroot clinician needs is pragmatic guidelines that can be helpful in the day-to-day clinical practice. A plethora of evolving research findings

make it necessary that an individual clinician should get some inputs from the experts on what new or hitherto commonly overlooked strategies can be tried with regard to the management. How much of alcohol consumption is “safe-enough” is a question that elicits different answers from different recommendations. The Centre for Diseases Control (CDC) USA states that to reduce the risk of alcohol-related harm the 2020-2025 Dietary Guidelines The Centre for Diseases Control (CDC) USA recommends that adults of legal drinking age can choose not to drink or to drink in moderation by limiting intake to 2 drinks or less in a day for men or 1 drink or less in a day for women on days when alcohol is consumed. The National Health Service (NHS) UK has recommended drinking no more than 14 units of alcohol a week spread across 3 days or more . That's around 6 medium (175ml) glasses of wine or 6 pints of 4% beer. There's no completely safe level of drinking but sticking within these guidelines lowers your risk of harming your health. The World Health Organisation (WHO) states that the risks and harms associated with drinking alcohol have been systematically evaluated over the years and are well documented. The World body has now published a statement in The Lancet Public Health: when it comes to alcohol consumption there is no safe amount that does not affect health. Much debate has been raging over the years on whether a person with problem drinking needs to stop drinking altogether or should be advised to drink in moderation with at least an initial supervision by a doctor. Some authorities have laid down recommendations on characteristics of individuals who are more likely to succeed with controlled drinking and of those who aren't. A clinician needs to make a careful judgment on this issue in a given patient and advise accordingly. An alcohol-dependent person in the course of his illness often faces difficulties in his social-occupational life. Marital and family disharmony financial difficulties rupture of social-connectedness and loss of job are some common fallouts. Stopping the intake of alcohol altogether does have many potential benefits but a person can be called truly “recovered” only when there is a vocational rehabilitation. Psychiatrists and counsellors alone or working with social workers

and occupational therapists should attempt at helping the patient re-integrate into the society from which he was torn apart.

## **Presidential Session**

**Saturday May 04**

### **American Society of Hispanic Psychiatry: Latinx Perspectives of Migrant Mental Health**

*Sheyla Moliner; Shielene Vargas; Raul Salazar; Reynaldo Zamora Reyes; Pamela Montano M.D.; Nathaly Rubio-Torio; Nancy Colimon; Maria Rueda-Lara MD; Valerio Villamil*

#### **Educational Objectives:**

Objective One: Recognize the impact of specific stressors faced during the migration and post-migration process in mental health and how the familial system can be negatively impacted by forced separations  
Objective Two: expand knowledge on the significant mental health challenges faced by migrant populations particularly focusing on Latinx perspectives  
Objective Three: learn different models of interdisciplinary and community engagement that empower Latinx immigrant communities vulnerable populations to thrive  
Objective Four: x  
Objective Five: x

#### **Summary:**

In the United States have been characterized by substantial challenges and alterations in policies. The nation currently hosts an approximately population of 40 million immigrants and 35 million children born to foreign parents underscoring the enduring significance of immigration as a pressing and multifaceted issue especially concerning individuals hailing from Latin American and Caribbean countries It is essential to recognize the significant percentage of 11.4 million undocumented immigrants with a dominant majority hailing from Latin American nations. Recent policy changes have ushered in more stringent screening processes for asylum scores a heightened rate of detention and deportation for individuals with minor infractions and have contributed to the emergence of a challenging and unwelcoming environment for immigrants who are

seeing safety and an improved quality of life (Roch et al. 2020). Even in sanctuary cities like New York City (NYC) this social framework has divided viewpoints on welcoming immigrants leading to varied attitudes and sentiments. While some advocate for compassion and support for immigrants others hold more restrictive views. Amidst the formidable obstacles it becomes imperative to acknowledge the mental health requirements of Latinx immigrants. Their journey encompasses a multitude of stressors spanning the entire migration process commencing with trauma experienced in their countries of origin extending through in-transit traumas such as violence and trafficking and persisting into post-migration stressors encompassing limited resources acculturative stress and apprehensions of deportation (Roch et al. 2020). The stressors place undocumented immigrants at an elevated susceptibility to mental health disorders encompassing conditions like depression post-traumatic stress disorder (PTSD) and substance use disorders. Furthermore the pervasive dread of deportation and enforced removal can precipitate behavioral issues among youth and disrupt family cohesion. In response to these complex mental health challenges the imperative lives in adopting a holistic approach. This necessitates the utilization of culturally sensitive assessment tools the incorporation of trauma-informed care the fostering community-building initiatives and the facilitation of collaborative efforts with legal entities and other supportive organizations. At the forefront of organizations tackling the challenges faced by immigrant communities is Voices Latinas a non-profit dedicated to serving the needs of Latinx individuals and families in Queens New York City. Their mission is to empower educate and connect these communities through culturally sensitive services that cater to their unique needs including sexual health gender-based violence mental health and immigration-related issues. Understanding the diverse identities and experiences of Latinx immigrants is essential for developing effective strategies that support their journey towards a better life in an increasingly complex society. By acknowledging and respecting their diversity Voices Latinas

strives to create a safe and inclusive environment where everyone can thrive.

## Presidential Session

**Saturday May 04**

### **How to Incorporate Addiction Psychopharmacology Into Psychiatric Practice: A Case-Based Presentation**

*Jason Kim; yuebo yang M.D.; Ziba Colah M.D.; JEFFREY DEVIDO M.D.*

#### **Educational Objectives:**

Objective One: Describe first line medications for addiction treatment for opioid alcohol cannabis and stimulant use disorders Objective Two: Develop clinical skills specifically around how to communicate with patients about medications for addiction treatment options with focus on patients with other co-occurring mental health issues Objective Three: Develop plan for incorporating medications for addiction treatment within general psychiatry practice

#### **Summary:**

Co-occurrence of addictive disorders and other mental health conditions is common. As such psychiatrists are particularly well positioned to simultaneously treat both of these conditions. Fortunately psychopharmacologic treatments for addictive disorders (also known as Medications for Addiction Treatment or MAT) have a growing evidence base supporting their efficacy; however they are under-utilized. Therefore the overarching objective of this session is 1) to increase participants' familiarity with simple MAT options for various substance use disorders especially opioid stimulant alcohol and cannabis use disorders and 2) to develop clinical skills in relation to selecting appropriate MATs presenting MAT options to patients and enhancing the likelihood of patients remaining in treatment while they are taking MAT. To more closely resemble real-life clinical practice conditions the session will utilize case presentations to frame the discussions with an emphasis on clinical

situations in which patients present with other co-occurring mental health conditions.

## Presidential Session

**Wednesday May 08**

### **Issues in Transgender Mental Health**

*Kelly Akah M.D.; Kenneth Ashley M.D.*

#### **Educational Objectives:**

Objective One: Analyze the role of structures and policies in health and mental health inequities for transgender individuals Objective Two: Employ correct language with transgender and gender non conforming people Objective Three: Evaluate the controversies in the provision of gender affirming care Objective Four: Develop hospital policies and procedures to provide appropriate care for transgender and gender non conforming people

#### **Summary:**

Despite increased education and awareness of issues transgender people face trans individuals continue to experience marginalization discrimination stigmatization and violence. The presentation will review some of the major mental health and health issues of transgender people including: inequities lack of culturally appropriate care diagnostic and treatment issues and barriers to care. The audience will be introduced to basic concepts and terminology relevant to sexuality including gender identity and sexual orientation. There will also be a presentation of the demographics of the transgender community. There will be a review of issues related to mental and physical health care for transgender people including health care inequities their etiologies and treatment options. Mental health topics will include societal stigma and discrimination mental illnesses and substance use issues common to transgender populations and the treatment of transgender people with chronic and persistent mental illness. Physical health topics will include HIV as well as screening for cancers. The progression of diagnoses for transgender individuals in both DSM and ICD will be chronicled

including the current diagnostic criteria in both DSM and ICD. There will be a brief discussion of the World Professional Association of Transgender Health Standards of Care Vol 8 (WPATH SOC 8) as well as overview of gender affirming care. Issues with some hospital policies which discourage transgender and gender nonconforming individuals from getting appropriate and timely care will be reviewed as well as a model for hospital policies and procedures to address this important issue. Finally there will be a discussion of current controversies in providing gender affirming care especially for youth as well as other legal assaults to other communities based on sexual orientation and gender identity/gender expression.

## **Presidential Session**

**Sunday May 05**

### **Addiction and Mental Health: A 21st Century Community Engagement**

*Wali Yousufzai M.D.; M.P.H.; Rahn Bailey M.D.; Patrick Kennedy; Anita Everett M.D.; Eliot Sorel M.D.*

#### **Educational Objectives:**

Objective One: Discuss presidential actions taken to improve mental health access and treatment following the Community Mental Health Act of 1963 Objective Two: Describe the requirements of the Certified Community Behavioral Health Clinic program Objective Three: Discuss the global implications of community-based integrated behavioral health models

#### **Summary:**

In the mid-twentieth century those deemed mentally ill were sequestered into asylums we only see in media like One flew Over the Cuckoo's Nest and American Horror Story. In an attempt to dismantle these asylums sixty years ago President John F. Kennedy signed into law the Community Mental Health Act of 1963- the final law he would sign before his assassination. This marked the first time a United States president addressed mental health on the national stage and was a turning point in our response to mental health conditions

and the need for accessibility of mental health services particularly crisis care using human community-based models. Despite the law's shortcomings President Kennedy's groundbreaking leadership to humanize and prioritize the wellbeing of those with mental health needs carved the path for future generations to make inroads: President Carter established a Presidential Commission on Mental Health President Clinton signed the initial Mental Health Parity Act of 1996 President George W. Bush signed the Mental Health Parity and Addiction Equity Act of 2008 and President Biden's administration released new proposed rules to strengthen enforcement of that law just this year. This session seeks to highlight the accomplishments and shortcomings of the Community Mental Health Act of 1963 its current relevance to serious mental illness and addiction both on a national and global stage and to discuss a progressive approach to best practices moving forward. In acknowledging impacts of this landmark legislation Former Congressman Patrick J. Kennedy will provide a historical overview of the Community Mental Health Act (CMHC) and discuss how aligning our expertise experience and resources for the purposes of progress will require a large-scale coordination of strategic vision to unite stakeholders- including mental health advocates substance use and recovery clinicians business leaders insurers politicians and government agencies. In line with President Kennedy's vision for a new frontier in mental health treatment Dr. Anita Everett Director of the Center for Mental Health Services (CMHS) will discuss two key initiatives that SAMHSA is working with CMS and other federal and state agencies in the expansion of community and crisis care particularly for addiction services: The Certified Community Behavioral Health Clinic (CCBHC) program and the development of a nationally accessible crisis and suicide prevention lifeline 988. Together with a nationally available crisis call line that can refer a person to a CCBHC the future President Kennedy envisioned for a new frontier in mental health treatment is within our grasp. In celebration of the 10th year anniversary of the APA's Global Mental Health and Psychiatry Caucus this session will conclude with discussion

on national and global implications in the development of community-based models for serious mental illness and addiction services worldwide.

## **Presidential Session**

**Saturday May 04**

### **DSM: Then and Now**

*Shikha Walia M.D.; Sheyla Moliner; Lia Mandavalli; Kush Bhatt M.D.; Nicholas Flugrad M.D.; John McIntyre M.D.; Laura Fochtman M.D.; Deborah Hasin Ph.D.*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to identify the major initiatives of each of the DSMs (I-5) and in particular some of the controversies in the development of DSM-5. Objective Two: At the conclusion of this session the participant will be able to describe how a structured approach to diagnosis such as the DSM facilitates creation of clinically useful practice guidelines. Objective Three: At the conclusion of this session the participant will be able to understand and be able to use the categories of substance use disorders in DSM-5 TR.

#### **Summary:**

DSM has been described as the cornerstone of modern psychiatry. Beginning in 1952 (DSM I) the DSM has evolved reflecting advances in our understanding of mental disorders which in turn has been aided by the widespread and uniform use by clinicians and researchers of a common classification system. DSM II (1968) was significantly influenced by psychoanalytic thinking and had increased the DSM diagnostic categories to 181 from 106 in DSM I. A major paradigm shift occurred in 1980 with the publication of DSM III with the inclusion of explicit empirically-based diagnostic criteria and a multi-axial system. The Feighner criteria published in 1972 and the Research Diagnostic Criteria (RDC) published in the late 1970's (Spitzer Endicott Robbins) were major influences in the the formulation of DSM III. The goal of increased reliability of diagnoses was

significantly realized researched rapidly advanced and communication with other physicians and patients was enhanced. There were also some criticisms - oversimplification of human behavior cook-book" medicine over-inclusiveness of mental illnesses and loss of the patients story. DSM IV was published in 1994 and as a significant change for the field added the criteria of "clinically significant distress or impairment". As occurred with DSM III field trials were part of the development process. After 14 years in preparation DSM-5 was published in 2013. The manual was now 992 pages (as compared to 120 pages in DSM I) and now was titled with an Aramaic number in part to allow for multiple revisions in a more timely manner as new data is acquired. Asperger's syndrome was incorporated into Autism Spectrum Disorder and several new diagnostic categories were added including Disruptive Mood Dysregulation Disorder Binge Eating Disorder Hoarding Disorder and Pre-Menstrual Dysphoric Disorder. DSM -5 -TR was published in 2022 includes new diagnoses including Prolonged Grief Disorder and updates the descriptive text for many disorders. One of the major impacts of the DSMs is the facilitation of developing clinically useful practice guidelines. APA has had a robust Practice Guideline project since 1994 and the research that fuels the creation of the guideline recommendations has flourished because of the existence of a common terminology and specific diagnostic criteria. In DSM -5 significant changes were made in the section on Substance Use Disorders including the combining of abuse and dependence criteria into one disorder. Also legal problems as a diagnostic criterion was dropped craving was added and a criteria count (2-11) was added as a severity indicator. "

## **Presidential Session**

**Sunday May 05**

### **Psychotherapies Targeting Social Determinants of Mental Health**



*Seth Turner BS; Stephanie Ma M.D.; Adaobi Nwabuo MBBS MPH; Katherine Wu M.D.;M.A.; Dilip Jeste M.D.; Cesar Alfonso M.D.; Alma Jimenez M.D.*

### **Educational Objectives:**

#### **Summary:**

Growing literature provides strong evidence for a significant impact of social determinants of mental health on mental physical and social functioning of people with psychiatric disorders. This impact is even greater than that of traditionally considered medical risk factors. Examples of major social determinants of mental health include different forms of discrimination such as racism sexism gender-related stigma and ageism; early-life adversities; lower socioeconomic status that reduces educational and occupational opportunities; and disadvantaged urban neighborhoods with high levels of substance use and violence. At the same time an individual's mental health status can also affect social determinants of mental health through personal choices such as those related to living conditions. Yet social determinants of mental health are rarely assessed in routine clinical practice let alone targeted toward psychotherapeutic and policy-based interventions at personal and community levels. Recent research suggests an important role for psychotherapies to promote the well-being and overall health of persons with mental illnesses through a focus on social determinants of mental health. To our knowledge this symposium will be the first one at a major psychiatric conference addressing the use of psychotherapies that target social determinants of mental health. Jeste will summarize the literature on the impact of social determinants of mental health in people with schizophrenia and major depressive disorder as well as valid and pragmatic ways of assessing them and psychotherapeutic interventions at individual and group levels. Alfonso will focus on the effects of psychotherapies on biology especially epigenetic changes that can potentially reverse the adverse genomic effects of early-life trauma. Jimenez will discuss ways of training medical students residents and early career psychiatrists in the use of individual and group psychotherapies that address social determinants

of mental health. Thus this symposium will address clinical research and educational aspects of psychotherapies that can enhance the health and well-being of persons with serious mental illnesses. All the three speakers are office holders in the World Federation for Psychotherapy which is an affiliate of the World Psychiatric Association and will also discuss strategies for promoting international collaboration in clinical care research and education in the field of psychotherapies addressing social determinants of mental health. In sum this Symposium will impart the message that attending to social determinants of mental health in routine clinical assessment evaluation and management of people with serious mental illnesses represents a holistic up-to-date and pragmatic approach to addressing the mental health impact of social inequalities.

### **Presidential Session**

#### **Monday May 06**

#### **The Deaths of Despair the Great Educational Divide and Psychiatry: Where Is the Hope?**

*Nathaly Gonzalez; Kenneth Thompson M.D.; Angus Deaton; Anne Case*

#### **Educational Objectives:**

Objective One: Contrast the occurrence of the deaths of despair by educational attainment  
Objective Two: Evaluate how the educational divide drives premature mortality due to overdoses and suicide  
Objective Three: Integrate a public health perspective into psychiatric practice  
Objective Four: Utilize the findings about the social context of the deaths of despair in designing public policy

#### **Summary:**

Deaths of despair—from drug overdose alcoholic liver disease and suicide—exceed mortality from cancer or cardiovascular disease among prime-aged Americans. The burden of these self-inflicted deaths has not been equally shared; the rise in mortality is being borne almost exclusively by those without a four-year college degree. Since

Durkheim suicide was long thought to be more common among those with more education. However in birth cohorts born after WWII suicide risk for men and women without a BA has pulled away from that for the more-educated and is ever-higher for later-born birth cohorts. Mortality rates from alcoholic liver disease and cirrhosis have been rising among those without a BA recorded in larger numbers among younger men and women—those born in later birth cohorts—largely the result of an increase in binge drinking. Opioid-related mortality has skyrocketed but again only among men and women without a BA. Prior to the arrival of COVID the largest contributor to the rising all-cause mortality gap between those with and without a BA was the rising gap in deaths of despair. The increase in mortality risk from these causes together with a reversal of long-term progress against mortality from cardiovascular mortality again exclusively among the less educated was enough to have caused adult life expectancy for those without a four-year degree to fall for a decade after 2010 while adult life expectancy continued to rise among those with a BA. We believe the roots of this crisis lie in an economy in which good jobs disappeared for men and women without a BA. Men without a four-year degree saw no increase in wages for 50 years. The loss of jobs for working class men and women has had knock-on effects on marriage rates on affiliation with institutions that bring social connection and on any hope less-educated Americans had for building a life for themselves and their families. Drug manufacturers understood the vulnerabilities of the working class and targeted prescription opioids to areas in which working class jobs had been eroding. Drug overdoses rose before the marketing of Oxycontin but its arrival turned a small blaze into a five-alarm fire. History repeats itself. The last major opium-related epidemic in the US took place following the Civil War when life in the US South was turned upside-down. The Opium Wars in China occurred when the Qing dynasty was in an advanced state of decline. The social and economic antecedents of the our epidemic of deaths of despair return us to Durkheim and his writings on the risks brought on by social and economic upheaval and the consequent lack of

social integration. That deaths of despair are almost exclusively happening among those without a four-year college degree means that explanations must not only recognize the social and economic correlate here education but tell us just what it is about not having a college degree that leads to self-inflicted deaths in today's America.

## **Presidential Session**

**Tuesday May 07**

### **The State of LGBTQ+ Mental Health**

*Jaida Condo; Amir Ahuja M.D.*

#### **Educational Objectives:**

Objective One: By the end of this presentation the audience will be able to identify the component groups of the LGBTQ+ community. Objective Two: By the end of this presentation the audience will be able to explain at least 3 mental health disparities between LGBTQ+ people and their cisgender and heterosexual counterparts. Objective Three: By the end of this presentation the audience will be able to identify the state of LGBTQ+ mental health in 2023 and identify 3-5 contributing factors. Objective Four: By the end of this presentation the audience will be able to describe 3-5 specific clinical interventions to improve LGBTQ+ mental health. Objective Five: By the end of this presentation the audience will be able to identify 3-5 specific policy-based interventions to improve LGBTQ+ mental health.

#### **Summary:**

The Lesbian Gay Bisexual Transgender and Queer (LGBTQ+) community has long had disparately large problems with mental health. This has been linked to a phenomem called Minority Stress wherein minority groups such as the LGBTQ+ community face health disparities due to the stress of being discriminated against and marginalized. That continues to be true today despite much progress that has been made in social acceptance of this community. One clear contributing factor continues to be anti-LGBTQ+

legislation. Hundreds of laws throughout the United States have been considered or passed that are targeted at making transition-related care more difficult to obtain restricting LGBTQ+ content in schools and restricting sports and community participation of LGBTQ+ students. This has had a negative effect on LGBTQ+ mental health particularly for youth. In the most recent surveys of SAMHSA and The Trevor Project data has come out which has confirmed this. Statistics show that over 1/3 of LGBTQ+ youth feel their mental health is worse because of anti-LGBTQ+ legislation. Adult members of the LGBTQ+ community also continue to be more likely than their heterosexual and cisgender counterparts to be depressed to be suicidal to have any mental health problem and to have substance use issues. In particular LGBTQ+ people of color and those of lower socioeconomic status are particularly vulnerable. Also Bisexual men and women have a particularly high risk for both mental health issues and substance use issues. In addition the data suggest that a majority of LGBTQ+ youth still feel that their homes and schools are not affirming places and a majority of those who want mental health treatment are unable to get it mostly due to cost. In this session I will review the latest data from smaller studies as well as nationwide surveys to bring the audience up to date on LGBTQ+ mental health. Then we will discuss the clinical approach that is most successful in treating this population. This will include elements of cultural competence affirmative treatments and affirmative clinical environments. It will also touch on proper evaluation of this population and questions and concerns that should be addressed in Psychiatric treatment. Finally I will discuss sociopolitical issues of today and how those are directly impacting LGBTQ+ mental health. Included in this will be a discussion about the role of Psychiatry in supporting LGBTQ+ legislation and making clinical and other public environments more supportive for this population. The talk will conclude with questions from the audience and a discussion."

## **Presidential Session**

**Tuesday May 07**

## **Improving Global Mental Health: WPA Action Plan 2023-2026**

*Caroline Ezekwesili BA;M.P.H.; Saul Levin M.D. M.P.A. FRCP-E FRCPsych; Danuta Wasserman M.D. Ph.D.; Thomas Schulze; Norbert Skokauskas; Paul Summergrad M.D.*

### **Educational Objectives:**

Objective One: N/A Objective Two: N/A Objective Three: N/A

### **Summary:**

Healthy lifestyle practices such as engaging in physical activity eating a balanced diet and adopting good sleep habits have positive effects on the promotion of mental well-being and prevention of mental health problems in the general population. In psychiatric patients healthy lifestyles can supplement and amplify the effects of existing pharmacotherapies and psychotherapies.

## **Presidential Session**

**Tuesday May 07**

### **The 2023-2024 Presidential Initiative: Confronting Addiction From Prevention to Recovery**

*Smita Das M.D. Ph.D. M.P.H.; Lief Fenno M.D. Ph.D.; Tauheed Zaman M.D.; Jeremy Kidd M.D. M.P.H.; Petros Levounis M.D.; James Sherer M.D.*

### **Educational Objectives:**

Objective One: Cite the impact that the addictions featured in the campaign have had on the US including on vulnerable populations Objective Two: Access and share key resources that were produced in the campaign Objective Three: Replicate strategies used in the campaign to make their communities more aware of substance use disorders or apply these strategies to other mental health topics.

### **Summary:**

Leading the first ever APA presidential initiative on addictions our presenting team sought to emphasize the most basic and important

fundamentals of addictions/treatment for three main audiences: clinicians the community and those who can impact policy. Over the course of the 2023-2024 year we completed 4 full campaigns to educate the general public but also health care colleagues on addiction psychiatry prevention treatment neurobiology and other basic concepts. The four areas of focus were: Vaping Opioids Alcohol and Technology addictions. Our major messages were that substance use and addictions are important treatment works and we can all be a part of the movement. Media and advertising are established forms of communication that impact substance use. For example the Centers for Disease Control and Prevention's national tobacco education campaign Tips From Former Smokers is estimated to have promoted over half a million sustained quits (> 6 months) during 2012-2015 using evidence based messages and similar efforts have succeeded for vaping. We worked to maximize reach intensity and duration on the type of messages used for example developing animated explainer videos that are relatable easily consumable and had clear messages. Other techniques we used included social media live events anchoring to resource pages developing talking points for all audiences blogs and news articles. We also aimed to avoid previous failed campaigns in addictions such as the "Just say no." Finally partners were very important in achieving our goals. The session will summarize the outputs of each of the campaigns as well as key metrics on success including reach (such as clicks or impressions). We hope to further disseminate the work products that will continue to live within the APA.

## **Presidential Session**

**Sunday May 05**

### **The Psychiatrist of The Future**

*Ojas Deshpande; Rashi Aggarwal M.D.*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to list current

psychiatric workforce challenges. Objective Two: At the conclusion of this session the participant will be able to identify potential strategies to address current challenges. Objective Three: At the conclusion of this session the participant will be able to discuss benefits and obstacles to the implementation of the potential solutions to current challenges.

#### **Summary:**

It is well known that access to mental health care is a challenge for many patients in the United States. This is due to a severe psychiatric workforce shortage and is expected to continue and potentially worsen. This shortage and access to care is even worse for subspecialty care. Serious concerns have been raised about the shortage of psychiatrists specializing in addiction geriatrics and child and adolescent psychiatry and about access to psychiatry in rural settings. In response to this crisis the number of residency training positions in psychiatry has increased over the last several years. According to a survey done by American Association of Directors of Psychiatry Residency Training the most common reason to develop new training programs or to expand the number of training slots in a program was the shortage of psychiatrists. While the local institution was the most common funding source for new programs and program expansions the survey found that many programs were unable to expand because of inadequate funding. Another major challenge that psychiatry residency training programs face is the difficulty in recruiting and retaining faculty to train future residents. Despite these challenges the last five years have seen addition of several new residency training programs. Psychiatry as a profession needs to continue investing in and advocating for the training of an increased number of future psychiatrists. However increasing the training slots alone is not going to be enough to address the deficits in the workforce. To meet the growing need for mental health care for the population it will be necessary to utilize other potential solutions. This symposium will discuss potential changes in how psychiatrists of the future will need to practice and how residency training may need to adapt to meet these needs and help us

alleviate our mental health workforce shortage. Examples of the skills required by future psychiatrists will include expertise in how to lead teams and supervise and work with advanced practice providers to provide the best care to the maximum number of patients. In addition the future psychiatrist will have to be a true “generalist”- being able to treat a wide variety of problems within child and adolescent geriatric and addiction populations and referring only the more complex and challenging patients to subspecialty psychiatrists. To expand the reach of future psychiatrists and partially address maldistribution psychiatrists will need to be familiar with collaborative care models and telepsychiatry. All or most psychiatrists will need to have some degree of comfort in providing consultations and education to primary care specialists providing mental health care. This session will provide ample time throughout the session for robust audience engagement. Participants will be able to offer new potential strategies and discuss challenges and opportunities related to the strategies discussed in the session.

## **Presidential Session**

**Monday May 06**

### **Viewing ‘Belonging’ Through the Lens of Cultural Expression: Radical Recovery Practices to Support Mental Well-Being in Marginalized Communities**

*Caroline Ezekwesili BA;M.P.H.; Altha Stewart M.D.*

#### **Educational Objectives:**

Objective One: Recognize the importance of cultural artistic expression in addressing and healing racial trauma and mental illness  
Objective Two: Identify examples of how artistic expression can be used in a therapeutic manner to improve awareness and understanding of racial trauma for patients needing or seeking mental health treatment  
Objective Three: Identify opportunities for establishing needed collaborative relationships between communities

and providers to address these determinants of health and achieve optimal well-being

#### **Summary:**

Throughout the history of the experience of life for African Americans in the US Black writers artists musicians and actors have used their voice and artistic abilities to articulate the emotion and experience of being Black in America. From the earliest writings of Black authors many have become well-known dating back to the writings of Phyllis Wheatley up to Toni Morrison today. This lecture was inspired by the work of Ms. Morrison who in 1990 delivered a series of three lectures at the William E. Massey Sr. Lectures in American Studies at Harvard University. Later she published “Playing in the Dark: Whiteness and the Literary Imagination” an examination of the African American presence in white American literature. It was in these and other works that followed that she carefully and thoughtfully explored the concepts of “belonging” and “difference” and made early references to the work in diversity and inclusion with which we are now struggling. The first Black woman to receive the Nobel Prize in Literature (1993) she is one of the most influential writers of our time. Her writings are profound and based in an essential aspect of American reality. Her work now several decades old speaks in a prescient manner to the themes of the struggle of today’s immigrants and the resulting violence against them. Her keen and timely sense of the power of storytelling to frame the individual’s sense of ‘otherness’ when describing the movement of people across borders continents and oceans to escape persecution poverty and violence. However she also speaks eloquently about those who consider the US “their” home and others as foreign failing to recall the real history of this country. As an early social justice warrior her work is a lens through which we have an opportunity to better understand the intersectionality of race gender and class that maintains the structural institutional and systemic inequities that minimize marginalize and devalue African Americans. Morrison’s work also provides a lens to better understand the psychology required to convince the progeny of enslavers to engage in creating and maintaining the delineation



between enslaver and enslaved in the US with such ease and allowing the enslaver and generations that followed to continually confirm their humanity in the face of committing such inhumane acts. Finally the lecture will include a review of one her most widely read works *Beloved* which demonstrates how the lack of ownership over ones' self impacts the psyche of more than just the person experiencing it. Themes of trauma both physical and psychological brings us full circle to how the legacy of enslavement continues to create traumatic experiences for African Americans today. This post traumatic slavery syndrome must be addressed if we are to achieve the level of psychological wellness that allows African Americans to survive and thrive in this society.

## **Psych Bites**

**Tuesday May 07**

### **Trapped in attempts to escape reality? Technological addictions in virtual era.**

*Farah Zaidi M.D.*

#### **Educational Objectives:**

Objective One: At the conclusion of this session the participants will be able to define Addiction/Process (or behavioral) addiction.

Objective Two: At the conclusion of this session the participants will be able outline stages of addiction cycle. Objective Three: At the conclusion of this session the participants will be able to examine the ever present danger of technology as a threat multiplier for human addictive tendencies. Objective Four: At the conclusion of this session the participants will be able identify potential solutions and treatments.

#### **Summary:**

In 1954 Dr. Meerloo MD in his article "Television Addiction and Reactive Apathy" called attention to TV addiction its impacts on community/youth and emphasized the need to study its pathogenic impacts. Fast forward 70 years later to 2024 we are living in the age of AI Vision pro and everything

that falls under the umbrella of technology. From the concept of star trek's communicator to the current digital watches and ever evolving technology at dizzying pace is literally at our fingertips. This session will aim to focus on technology and digital devices as the facilitator of human addictive tendencies. In addition to discussing stages of addiction we'll explore how technology acts as a quick but temporary fix for various underlying triggers and sufferings (e.g. Isolation anxiety depression cravings for connection escape from emotional pain chasing the high and so on). Given ubiquitous presence of technology around us we'll explore how technology dissociates one from reality. In many ways we are revisiting (or regressing to) the past in its modern form. For example we used to write on slates now we have iPads with iPencils we used to listen to radios and now we have plethora of podcasts we used to listen to bedtime stories and now we have multitudes of apps for audio books and so on. We are living in an era where everything appears to be moving fast as if the ground is shifting under our feet and we must move faster. Is it the reason that we also need many distractions to sooth ourselves our inner child and our children/youth or is it the cause for more fragility? Or perhaps both. We'll explore this together in our "brave new world" and will discuss potential solutions.

## **Psych Bites**

**Sunday May 05**

### **Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RAs): Can They Treat Psychiatric Disorders?**

*Roger McIntyre M.D.*

#### **Educational Objectives:**

Objective One: Discuss the role of glucagon-like peptide-1 (GLP-1) receptors in normal brain function Objective Two: Review the interaction between GLP-1 receptors and other brain neurotransmitters Objective Three: Discuss the role of GLP-1 receptor agonists in the treatment of psychotropic-drug related weight gain (PDWG)

Objective Four: Discuss emerging research findings suggesting GLP-1 receptor agonists as treatments for psychiatric disorders

**Summary:**

A strategic priority in psychiatry is to identify targeted mechanistically-informed therapeutics. During the past decade evidence has emerged indicating that for some individuals living with psychiatric disorders a disturbance in cellular metabolism is a critical mechanistic step mediating the disease process. Practitioners are familiar with the increased rate of obesity type 2 diabetes mellitus metabolic syndrome and nonalcoholic fatty liver disease in persons living with serious and persistent mental illness. Clinicians are also familiar with the role of pharmacologic strategies to prevent and treat psychotropic drug related weight gain (PDWG) and weight as part of the illness. The prevailing view in psychiatry is that a disturbance in brain trophic processes are central to the pathoetiology of depression and related disorders. In addition to alterations in dendritic length connectivity and complexity persons with depressive and related disorders exhibit alterations in synaptoplasticity synaptic strength and long-term potentiation (LTP). The foregoing cellular and plasticity alterations are a result of deficiency in brain trophic factors. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are agents that target the glucagon receptor system and approved as glucose-lowering agents and for weight management. GLP-1 receptors are also identified in the human brain in regions known to subserve reward function general cognitive processes as well as negative valence systems (e.g. fear). Replicated evidence also indicates that GLP-1 RAs are brain penetrant and act as brain trophic factors. The brain trophic action of GLP-1 RAs involve glutamate-GABA systems as well as other neurotransmitters. GLP-1 RAs have antioxidant anti-inflammatory and anti-apoptotic effects along with neuromodulatory and neurotrophic effects. GLP-1 RAs are currently being tested as treatments for many mental disorders including depressive and cognitive disorders Parkinson's disease traumatic brain injury cerebrovascular disease as well as alcohol use disorder. This

session will review the physiology of GLP-1 in the human brain discuss the rationale of targeting GLP-1 receptors for brain-based disorders such as depression and discuss the evidence supporting the potential application of GLP-1 RAs the treatment of mental illness.

**Special Session**

**Sunday May 05**

**Rhapsody In Blue At 100: The Mind and Music Of George Gershwin**

*Richard Kogan*

**Educational Objectives:**

**Summary:**

**Special Session**

**Saturday May 04**

**IMG Workforce Meeting**

*Lucy Magardichian Esq*

**Educational Objectives:**

**Summary:**

Are you an IMG? If so join your peers for a series of small-group table topic discussions focused broadly on mentorship scholarly activities and advocacy.

**Special Session**

**Sunday May 05**

**Psychiatric Education and Training Across the Atlantic**

*Geert Dom; Hygiea Casiano; Marisa Dias; Mohammed Al Uzri*

**Educational Objectives:**

Objective One: At the conclusion of this session the participant will be able to have a broader view on the similarities and differences in training and education systems between the regions surveyed.

Objective Two: At the conclusion of this session the participant will be able to have insight in the content of these training programs. Objective Three: At the conclusion of this session the participant will be knowledgeable of the newest trends in psychiatry training and education in the UK and Canada

**Summary:**

Training and education are central in view of the developing and maintaining of high-quality medical professionals such as psychiatrists. Although in many countries new initiatives and investments are made to improve the quality of training and education there remain important differences between countries and global regions. Specifically for Europe substantial differences remain between different parts of Europe as to the content and quality of the training and the national accreditation requirements. This despite European regulations towards a unified recognition of (medical) professional titles and degrees. In view of this many medical specialties have already developed “European board exams” albeit that these exams do not replace national exams and accreditation. Recently the Section of Psychiatry of the European Union of Medical Specialists (UEMS) in collaboration with the European Psychiatric Association (EPA) and the European Federation of Psychiatric Trainees (EFPT) embarked on a joint initiative to develop and organize the European Board Examination in Psychiatry. In this session the different steps and future steps will be highlighted and mirrored with the newest developments in the psychiatry training and education systems in the UK and Canada.