

The GW Psychiatrist

The Newsletter of the George Washington University
Department of Psychiatry and Behavioral Sciences

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Promoting Human Rights Promotes Mental Health...

When Human Rights are Violated, there is No Mental Health

by James L. Griffith, M.D.

Leon M. Yochelson Professor and Chair

Our Department of Psychiatry has had a decades long history of human rights advocacy as part of our core mission. This commitment suddenly has taken on new relevance during the current political year. Reminiscent of the 1930s, serious proposals now are put forward that national security justifies discrimination against individuals by virtue of their religious faith, national origin, or non-citizen status. Some are challenging whether human rights advocacy should remain a pillar of our national foreign policy. Where should we stand as psychiatrists?

There are of course divergent views. One perspective is that psychiatrists are specialists in treatment of psychiatric disorders, not specialists in politics. From this perspective, psychiatrists risk diluting their effectiveness, or even besmirching the profession, by becoming involved in political controversy. It is recollected how social psychiatrists at the start of the community mental health movement over-promised and failed badly to correct problems of poverty and violence.

A different perspective is that psychiatrists not only treat disorders but also care for the patient as a person. The philosophical argument for the relevance of human rights is straightforward. Every person is born and, as such, has the right to speak and be heard without belonging to a particular group, social class, religion, or political party. So long as that person lives, he or she is entitled to freedom, to make plans, to create a life in



response to whatever life conditions he or she encounters. Human rights come with birth (Arendt, 1998; Cobb, 2013, p. 126). As psychiatrists, we can bolster this argument with scientific research that shows how freedom to speak, to be heard, to live without coercion creates physiological conditions necessary for both mental and physical good health. For example, adopting open, expansive “power poses” produces within minutes elevation of testosterone, lowering of cortisol, and increased tolerance for risk-taking (Carney et al, 2010). This has implications for people who through discrimination or social exclusion feel obligated to adopt closed, subservient physical postures. Studies of chronic powerlessness and behavioral inhibition show elevations in pro-inflammatory cytokines and adverse health behaviors, such as weight gain, cigarette smoking, alcohol intake, and lower physical activity (Richman and Lattaner, 2014; Kiecolt-Glaser et al, 2002). Chronic psychological distress without specific psychiatric diagnoses nevertheless predicts development of the metabolic syndrome (Puustinen et al, 2011). These studies align with the World Health Organization definition of

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Promoting Human Rights

“Our Department of Psychiatry teaches and practices human rights advocacy through an array of programs”

mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2005).

Our Department of Psychiatry teaches and practices human rights advocacy through an array of programs:

- **GWU Human Rights Clinic**— Under the leadership of Dr. Eindra Khin Khin, the GWU Human Rights Clinic provides psychiatric services for refugees, asylum seekers, and immigrants from around the world. Pro bono mental health evaluations are provided as part of the asylum process in collaboration with Physicians for Human Rights, the George Washington University Law School, and Georgetown University Law Center. Psychiatry residents learn how to conduct a document review, mental health evaluation, and written report; consult with attorneys; and give a deposition with potential court testimony.
- **Northern Virginia Family Services and the Program for Survivors of Torture and Severe Trauma**— PGY-III residents conduct year-long weekly clinics with immigrants and survivors of political torture. Residents learn how to work with translators and to collaborate with same-language psychotherapists and case managers in the interdisciplinary care of patients from dozens of different countries.
- **Residency seminars in “Global Mental Health” and “Mental Health Consequences of Stigma and Prejudice”** provide a knowledgebase and skill sets for addressing the mental health consequences of powerlessness, marginalization, stigma, and prejudice.

- **Departmental Scholarship**—

Dr. Pooja Lakshmin’s "Testimonial Psychotherapy in Immigrant Survivors of Intimate Partner Violence: A Case Series" soon will be published in *Transcultural Psychiatry*.

Dr. Allen Dyer is preparing to lead a third humanitarian mission in June to refugee camps in Greece. Psychiatry residents and medical students will travel as team members.

Drs. Suzan Song and **James Griffith** will present a workshop on “Refugee Psychiatry: Practical Tools for Building Resilience of Displaced Persons and Refugee Communities to Migration-Related Stressors” at the upcoming Annual Meeting of the American Psychiatric Association. **Dr. Griffith** will make other APA presentations on “Mobilizing Resilience and Recovery from Group Hatred as Social Trauma” and “Families and Recovery from Social Trauma.”

Dr. Shuo (Sally) He will present “Understanding Stigma in order to Increase Access to Mental Health Services for Chinese Americans at a Community Service Centers” at the Annual Meeting of the American Psychiatric Association

- **GWU Dept. of Psychiatry** co-sponsored the annual meeting of the National Consortium of Torture Treatment Programs for the fourth consecutive year on the GWU campus.

Many patients with psychiatric disorders suffer most from social distress other than their psychiatric symptoms. Advocacy that helps patients to find freedom from fear and uncertainty can make a bigger difference than adherence to specific treatment regimens. Our Department of Psychiatry seeks to model this mission to promote human rights as an element of care for our patients.

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From the Program Director

Fundamental Traits of Great Interns

by Eindra Khin Khin, M.D.

Assistant Professor and

Residency Training Program Director

As I witnessed the Match Day for Class of 2017 at the George Washington University School of Medicine and Health Sciences on March 17, 2017, I couldn't help but feel swept up by the palpable exuberance in the auditorium. The roar of the crowd at the announcement that 100 percent of the Class of 2017 will begin residency training this summer was deafening.

A week later, on March 22, 2017, I was invited to speak on a panel for the Class of 2017 on "How to be a Great Intern" in the same auditorium. Only this time, the room was filled with quiet and a different type of nervous energy. Throughout the session, the panelists focused on trying to help equip the soon-to-be graduates with various advices and help calm their nerves. The advices ranged from "make sure you read even before you start" to "show up on time" to "be honest when you make a mistake."

Based on this experience as well as my own experience working with the residents over the years, I can sum up all of these advices as followed: the most common competency domains in which the interns shine or struggle are professionalism and interpersonal and communication skills. Most medical students, on the brink of starting their internship year, are very self-conscious of what they don't know yet and tend to focus on potential deficits in the medical knowledge domain. While it goes without saying that it is a fundamental competency domain for all interns, it is also a domain where we expect a gradual growth over time during their training years. As the great saying goes, "No one in the room knows everything, and no one expects you to know everything."

In my opinion, here are the questions that are far more relevant, tangible, and pragmatic for interns:

Are you self-aware? Reliable? Responsible? Respectful? Honest? Organized? Adaptable? Proactive? Willing and eager to learn? A good team player?

Do you know your strengths and weaknesses?

Can you ask for help when needed? Take feedback? Keep a positive attitude?

A colleague of mine once asked me whether I believed these traits were teachable. Ever the educator, my answer



was a resounding yes. Now, a few years later, hopefully a bit wiser and definitely with much more gray hair, my answer is still yes. However, I have learned that there are two primary (more innate) traits that can effectively facilitate the acquisition of other important traits: self-awareness and capacity to take and integrate feedback.

Often times, when I receive commendations about my interns from various services, their medical knowledge is rarely the focal point of these commendations. What's more common is this: "It was great working with XXX on our service. She/He was very efficient (speaks to preparation and organization), a hard worker, a team player, and always keen to learn."

With that said, I am very excited about our incoming class of interns. During the recruitment season, I was so impressed by how each and every one of them embodied these traits, which was reflected in how highly they were ranked. I am looking forward to AY 2017-2018 as we welcome these great interns to join our GWU Psychiatry family! ■

We are excited to announce the GW Psychiatry 2017-2018 Intern Class!

Mahmoud Aborabeh

Elizabeth Ebbets

Javad (John) Fatollahi

Carl Quesnell

Jeremy Safran

Gary Stablein

From the Associate Program Directors

by *Vanessa Torres, M.D.*

Assistant Professor and Associate Program Director

A transition is defined by the process or period of changing from one state or condition to another. Over the past few years, I have experienced many transitions. The first was graduating residency with an exciting fellowship opportunity. This included a change in environment, being around family, a supportive mentor, and an eagerness to learn psychosomatic medicine. A year passed quickly, described best in Spanish as “en un abrir y cerrar de ojos”, or, in the blink of an eye. Then came the transition from fellowship to junior attending, which was far from easy. The learning curve, to my surprise, is still there along with the new experiences. For example, there is a higher sense of responsibility for the excellent care of patients. In addition, as a junior attending, I also hope to serve as an example to medical students and residents.

I have seen medical students transition from their psychiatry clerkship rotations to making decisions that will impact them for the rest of their lives; (add suspense song)... the dreaded Match. This year as I participated in the Match event at GWU, I felt proud for the students

I worked with, and I had a sense of vicarious thrill that reminded me of when I transitioned out of medical school. Working with the residents for the past few years, I have seen their growth parallel to mine. I have seen them from anxious, to excited young doctors, onto more poised physicians going through their own changes, not only in their residency training but also in their personal lives.

Last year, I was offered the opportunity to serve as co-associate director of the residency program. My goal was to gain administrative experience, further my faculty development and learn a new set of skills for the future. I believe that this position has provided me with these opportunities and the chance to be at the table, working for our trainees, and supporting them during their own transitions. Witnessing our residents going through their own transitions has helped me process some of my own.

As one of my favorite artists Gustavo Cerati, put it “poder decir adios...es crecer” - to say goodbye is to grow. As we grow personally and professionally, we leave behind the last stage and say goodbye to people and certain experiences. Transitions will continue to happen, some exciting and others anxiety provoking, but I look forward to them as part of my growth. ■

Children’s National Health System Update

by *Lisa Cullins, M.D.*

Training Director

and *Martine Solages, M.D.*

Associate Training Director,

Child and Adolescent Psychiatry Fellowship

The two years of child psychiatry fellowship pass so quickly. It is inspiring to witness how – with hard work, passion, and determination – our fellows blossom into stellar child psychiatrists and trusted colleagues in such a short period of time. We are so proud to “launch” another superb class of fellows this year. Unsurprisingly, top-notch institutions leapt at the opportunity to bring our fellows on board. Chief fellow Dr. Ben Anderson has accepted a position at the Institute of Living in Hartford, CT. Chief fellow Dr. Valentina Cimolai will join the faculty at Virginia Commonwealth University. Dr. Michael Morse and Dr. James Murphy have secured faculty positions at Georgetown University and the University of Colorado, respectively. Dr. Munjerina Munmun will remain a little closer to Children’s National, as an

attending psychiatrist at the Center for Children in Southern Maryland. Our first year fellows are dutifully finishing up their work on the acute care units and beginning to map out their electives and scholarly projects for next year. As always, we appreciate the enthusiasm and wide-ranging expertise of our faculty, which allows us to offer an enviable array of electives and specialty rotations: Infant and Toddler psychiatry, Feeding Disorders, Eating Disorders, Gender Development, and Autism Spectrum Disorders. We look forward to celebrating the accomplishments of our second years at graduation and welcoming another promising academic year. ■

Left:
Lisa Cullins, MD

Right:
Martine Solages, MD



INOVA Fairfax Hospital Update

Psychosomatic Medicine Fellowship

by Yu Dong M.D., Ph.D.

Assistant Director, Consultation-Liaison Service



As you might have heard, Dr. Thomas Wise will be stepping down as a Chair of Psychiatry at the end of 2017, but will still remain as an active GW faculty member. This is an opportunity to reflect on both the history and current happenings with our consultation service and fellowship at Inova Fairfax Hospital (IFH).

The Psychosomatic Medicine Fellowship at IFH is one of the first fellowship programs in the United States, established by Dr. Wise about 40 years ago. Before coming to IFH, Dr. Wise ran the Psychiatry Consult Service at Johns Hopkins Hospital. After contemplating several years on developing a Psychiatry Consultation Service in a community hospital, he chose Fairfax Hospital. Over the past 40 years, it proved to be a brilliant decision.

The spectrum of both medical and psychiatric pathologies at IFH has no limits. After being here for four years doing inpatient consults on a daily basis, I'm still amazed by the complexity of the cases and challenged by their management. We routinely see specific patient populations (geriatric, OB/Gyn, heart and lung transplants, and of course, patients with all spectrum of neurological conditions) and routinely collaborate with other consult teams (geriatric, palliative care, advanced heart and lung disease, critical care and neurology). With my own interest in neuropsychiatry, I'm currently doing a study with the Chief of Epilepsy, Dr. Kurukumbi, screening co-morbid psychiatric conditions in epilepsy patients. We see all patients admitted electively for video EEG, not just the patients with psychogenic non-epileptic seizures. This has been an extremely valuable experience for fellows, and this collaborative approach has been appreciated immensely by both patients and neurology service. As a quaternary care center, IFH provides highly specialized care in heart and lung transplant. Inova Heart and Vascular Institute (IHVI) performed the first successful heart transplant in this region in 1986; IHVI's ventricular assist device (VAD) program is one of the largest and busiest in the Mid-Atlantic area. Dr. Cathy Crone has been the transplant psychiatrist for IVHI for the past 25 years; therefore, we see many patients pre- and post- transplant; offer psychiatric clearances for transplant (VAD, heart and lung), donor evaluation (kidney), and daily inpatient management of all psychiat-

ric conditions before and after transplant. Transplant patients may stay in cardiac and pulmonary ICU for an extended amount of time (in one of our most recent cases over 300 days). Taking care of such patients is a very unique experience, providing opportunities for bedside psychotherapy for very ill patients and ongoing collaboration with other providers.

Substance use disorder is a growing problem nationwide. Not many providers are fond of managing drug intoxication/withdrawal, drug seeking behaviors, factitious behaviors or malingering. But, these patients can present very sick or have comorbid, true medical problems. As a consult service, managing health providers' strong countertransference is equally challenging as managing patient's deceptive behaviors. In our fellowship, we are not only training the fellows to recognize and manage all different kinds of toxidromes, we also focusing on developing skills to work with both patient and non-psychiatric providers to optimize care for these patient and meantime prevent intragenic harm. This year, our fellows will present "Deceptive behaviors in hospital setting" at the APA annual meeting in San Diego. The goal is to educate psychiatric providers to identify deceptive behaviors and feel more comfortable to give the diagnosis and treat it accordingly.

To no one's surprise, many graduates of our programs have become the leaders in the field of Psychosomatic Medicine. To name a few, all of the presidents of Academy of Psychosomatic Medicine (APM) in the past few years are graduates from IFH: Dr. Cathy Crone, Dr. Steve Epstein, and Dr. Robert Boland. All of the graduated fellows, including myself, have gained enormous amount of knowledge and experience in psychosomatic medicine after one year of training. This should be attributed to Dr. Wise's weekly system-based and pathology-based literature review in combination with the exposure to the vast variety of cases. At the end, I want to reassure everyone, Dr. Wise will continue to be an active teacher and serve as an important mentor for residents and fellows in the coming years. ■



Dr. Thomas Wise will be stepping down as a Chair of Psychiatry at the end of 2017, but will still remain as an active GW faculty member .

Chief's Corner

by *Stephanie H. Cho, M.D.*

Co-Chief Resident, Inpatient Services

Pondering and debating my reflections on the past year, I found it difficult to find a place to start. Since I lack words to begin, I will use those of Paul Kalanithi, a neurosurgeon diagnosed with metastatic lung cancer during residency training. In his memoir, Kalanithi said the diagnosis of cancer “changed both nothing and everything.” I have found myself drawn to these words time and again this past year.

Less than a month after being named co-chief, I was diagnosed with breast cancer. Though I (unfortunately) am far from the first person in our GW psychiatry family to have cancer, I still felt bewildered and at a loss. In

... the diagnosis of cancer “changed both nothing and everything.”

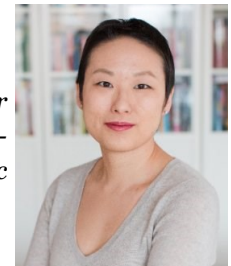
a flurry of activity, I went through tests and procedures, appointments, and treatment— all the while continuing to see patients, attending seminars and supervision, and transitioning to chief resident. Though I did not hide my illness,

my goal was that no one would notice any difference.

Once when working with ALS patients, Dr. Griffith suggested that my therapeutic goal be for the illness to take from their lives only what was necessary, no more and no less. In a way, to strive to have their illness change nothing, even while it changed everything. I had unwittingly internalized this idea as I struggled to maintain as much normality as possible in my life. I resisted when supervisors and mentors encouraged me to cut back, responding that I did not want the cancer to take away anything more than it had to. They saw my avoidance for what it was, and the risk it posed to my patients and myself. I am grateful for their gentle guidance in helping me integrate this new component of my identity into my work. In the process, the practice of psychiatry became a lifeline, helping ground and maintain my sense of self, an identity in addition to that of cancer patient.

While unrealistic, I suspect I am not alone in my persistent fantasy of fixing patients’ problems. This changed the longer I sat as both physician and patient. As a patient, I valued those who had the strength to quietly share my pain. I realized the power of “just” sitting with a patient in their pain. Rather than feel helpless and frustrated, I started to more fully understand and appreciate the privilege of bearing witness to their suffering. One of the most powerful interventions I could offer was to do nothing other than listen, with the realization that sometimes it would make all the difference.

Our work as psychiatrists can often go unnoticed and unappreciated given its private and internal nature. As both physician and patient, I have seen and experienced how radically life can change from an internal perspective with little effect on the external view. While I often found this frustrating and discouraging as a trainee, I now appreciate the potential of our work to change everything while changing nothing. ■



Dr. Cho will be continuing her training at the University of Southern California in Psychosomatic Medicine.

Chief Resident 2017-2018

We are pleased to announce that the Chief Resident for the 2017-2018 academic year is Dr. Terry (TJ) Price. Dr. Price brings not only management, academic and clinical expertise to the job but also his grounded disposition.

As the Pre-Chief Resident this year, Dr. Price spearheaded our recruitment season as the Chair of the Recruitment Committee.

Congratulations, Dr. Price!



Chief's Corner

by Ross Goodwin, M.D.

Co-Chief Resident, Outpatient Services

After a year of screening patients for our resident psychotherapy clinic, I continue to be moved by the struggle patients face in accessing outpatient psychiatric services in our city. Desperation and frustration are common in the voices of men and women from various backgrounds seeking affordable psychotherapy and psychiatric medication management. I have spoken to dozens of people who have called multiple clinics and agencies only to hear the refrain of long waiting lists or unavailability.

Early in my year of administering the resident clinic, I quickly learned my limitations in terms of having to refer prospective patients elsewhere when we lacked sufficient capacity for a new patient or when a person's particular clinical needs exceeded what our trainee clinic can offer. The conversations I dreaded most involved calling back a prospective patient to let them know we could not see them, and to ask whether they would be interested in alternative referrals. I provided other options while at the same time acknowledging to the person at the other end of the telephone that he or she faced an uphill battle, with no guarantee that the next options would be available. I consoled myself partially with the knowledge that I had listened carefully to that person's story and reflected on their needs. Even if we at GW were not in a position to help at the moment, maybe we could guide the person in the right direction, or perhaps be available in several months if the need for psychotherapy persisted.

Whether we were ultimately able to accept a person into the clinic or not, the simple act of taking 20 or 30 minutes to conduct a telephone screening often produced initial therapeutic benefits, affording the patient a trained ear to hear their struggle that they sought so long to tell and to reflect on their hope for treatment. I was repeatedly reminded of how powerful even a truncated psychiatric interview by telephone could be to a person who had struggled for decades with debilitating depression or who had profound occupational impairments from pervasive anxiety.

Some of my most rewarding conversations with prospective patients occurred when I was able to affirm that I heard their struggles and that we indeed had a resident who could work with them. Following my weekly supervisory meetings with the associate program director to

discuss patients, I heard relief and anticipation from people whom we were able to match with one of our residents to begin psychotherapy.

I complete my chief year encouraged by the knowledge that our residents work diligently and offer excellent therapy that can transform lives and mobilize hope in dozens of patients. The annual PGY3 case conference grand rounds each spring are a testament to our residents' transformative work with patients, as well as the journeys of personal and professional growth that each novice psychotherapist experiences. I am optimistic for the future benefit that patients and residents alike will derive from the resident psychotherapy clinic. ■



Dr. Goodwin will continue his training at the Johns Hopkins Hospital in Child and Adolescent Psychiatry.

Farewell!

Good luck to all of our graduating residents!

Lisa Adler will begin her fellowship in Child and Adolescent Psychiatry at the Children's Hospital of Philadelphia.

Carrie Lewis and **Gathi Abraham** will start fellowship training in Child and Adolescent Psychiatry at Children's National Health System.

Sally He will join the staff at Whitman Walker.

Linda Ojo will join the Kaiser Permanente Group.

Stefani Reinold has accepted a position with the Genesis Counseling Center.

Bruce Shaver will begin his Forensic Psychiatry fellowship at Saint Elizabeths Hospital in July.

Belated congratulations to **Karen Wooten** who graduated earlier this year!

Finally, **Dr. Baiju Gandhi**, our GW CL Director, will be moving forward to a new career path. His dedication to patient care and teaching will be sorely missed. We wish him the best in his future endeavors!

Kudos!

Our clerkship coordinator, **Anthony Crisafio**, is finishing his master's degree in public health and will begin medical school in the fall. He has been an invaluable member of the department, actively contributing to research, scholarship and education in the department. While we are sorry to see him go, we wish him the best!

In the PGY-1 class, **Jimmy Chen** was recognized for his excellence as a resident teacher at the VCU School of Medicine Inova Campus 12th Annual Teaching Awards.

In the PGY-2 class, **Kaitlin Budnik** presented a paper at the Annual Symposium of the National Consortium of Torture Treatment Programs. Residents have been actively improving interdepartmental cooperation. As chair of the On-Call committee, **Jacqueline Posada** presented to GW's Emergency Medicine Department at their Grand Rounds. **Janice Yuen** delivered a presentation to the Emergency Department residents about consult communication optimization.

In the PGY-3 class, **Seth Rosenblatt** presented at the annual conference of the American Psychosocial Oncology Society.

In the PGY-4 class, **Gathi Abraham** presented at the 38th Annual Meeting Society for the Study of Psychiatry and Culture. **Stephanie Cho** presented a poster on our GW Asylum Clinic at the National Consortium of Torture Treatment Programs. She will also present a poster on

medical student responses to outpatient psychiatric experiences and co-present a workshop with Anthony on educational research in clerkships at the meeting of the Association of Directors of Medical Student Education in Psychiatry. **Sally He** will present on stigma in the Chinese American community at the Annual Meeting of the American Psychiatric Association. **Stefani Reinold** presented at the World Congress on Women's Mental Health in Dublin Ireland. **Linda Ojo** also presented at the World Congress and was recently awarded the Diane K. Shrier, M.D., Scholarship for Research in Women's Health and Mental Health.



Jimmy Chen, PGY-1

Hello and Welcome!

Welcome to our new residency program coordinator **Charity Bryan**! Also, Dr. **Suzan Song** welcomed a new addition to her family, baby **Bodhi**.

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