

The GW Psychiatrist

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

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WASHINGTON, DC

Telehealth: A New Digital Age for Our GW Department of Psychiatry

James L. Griffith, M.D.

Leon M. Yochelson Professor and Chair

Last August our Department of Psychiatry became possibly the only academic psychiatry department with a strategic plan to become a model center of humanistic psychiatry:

The mission of our GW Department of Psychiatry is to provide preeminent psychiatric expertise, education, and innovation grounded in humanistic psychiatry, that alleviates suffering, builds resiliency, and unlocks the potential of individuals, families, and communities.

Our vision is for our department to serve as a model center of humanistic psychiatry anchored in neuroscience research, that enables individuals, families, and communities of our nation's capital to live healthy, vibrant lives, and trains the next generation to integrate humanism into mental health care around the world.

While we share with all psychiatrists our commitment to treat mental illnesses, our humanistic mission goes further in its commitment to use our psychiatric expertise to relieve human suffering more broadly, whether or not due to a mental illness; to help vulnerable individuals build resilience against adversity; and to help our patients, families, and communities to realize their potentials.

Last week we took a step towards this vision when Dr. Jeff Akman, Dean of our GW School of Medicine and Vice-President for Health Affairs, approved financial support for a major upgrade of our capabilities for



telehealth and telepsychiatry. This plan has multiple elements:

- The Department of Psychiatry internet bandwidth will be expanded so that it can reliably accommodate multi-person videoconferencing;
- All three departmental conference rooms will be outfitted with state-of-the-art Zoom teleconferencing equipment that can be accessed remotely from laptop computers or smart phones;
- Video-recording cameras and equipment will be installed in the group therapy room with an audio connection across both sides of the one-way mirror;
- Our department will become an ECHO hub for training, supervision, and clinical consultation with clinicians in remote or under-resourced regions. Extension for Community Healthcare Outcomes (ECHO) is rated Level A for its evidence base as a national (and international) telehealth system that links clinicians in rural and underserved areas with education, mentoring, and support from university experts;

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Telehealth: A New Digital Age for Our GW Department of Psychiatry

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- Telehealth training and supervision will be added to our residency curriculum. Community psychiatry rotations that utilize telehealth will be developed;
- Our global mental health research program and psychiatric services projects will be adapted to the new technology.

Our new telehealth capabilities hold the promise for expanding the scope of our educational programs and clinical practices beyond our downtown location. Telepsychiatry refers to the treatment of patients remotely through digital audiovisual technology. Telehealth refers more broadly to patient education, training and case consultation for primary care clinicians, stigma reduction programs, and other initiatives that promote mental health.

Telehealth is becoming the mainstay of global mental health research and training due to prohibitive costs incurred when U.S. mental health professionals must travel to other countries. However, it can also expand access to underserved areas in the U.S. For example, Mr. Evan Workman, our former Executive Coordinator, is now Disaster Program Manager for West Virginia, where he organizes immediate support for individuals and families impacted by disasters such as fires, floods, or other catastrophes. Evan has proposed a partnership with our department so that our senior residents can provide brief psychotherapy via telepsychiatry for West Virginians impacted by disasters. We are currently evaluating this proposal as a potential telehealth community psychiatry rotation.

As we move into a new era of digital technology, we face new clinical and ethical challenges. How do we best provide person-centered care that relieves suffering, builds resilience, and enables individuals, families, and communities to live healthy, vibrant lives, despite remote access and the mediating presence of digital technology? Achieving this aim is our commitment and will be a focus of our scholarship as a center for humanistic psychiatry.



PSYCHIATRY GRAND ROUNDS, FALL 2018

Oct. 11: Gerald Perman, M.D.

Clinical Professor, &

Lorenzo Norris, M.D.

Associate Professor and Assistant Dean of Student Affairs
GW Department of Psychiatry and Behavioral Sciences

Mortality and Morbidity Conference:

Borderline Personality Disorder, Clinical Dilemmas

Oct. 18: Byamah Mutamba, M.D., M.Sc.,

Butabika National Hospital, Uganda, &

Dristy Gurung, M.Sc.,

Transcultural Psychosocial Organization, Nepal

Mental Health Services Delivered through Public Health Systems in Low-Resource Settings: Learnings from Uganda and Nepal

Oct. 25: Allen Dyer, M.D., Ph.D.

Professor

GW Department of Psychiatry and Behavioral Sciences

Madness as Metaphor

Nov. 1: Rosa Aurora Chavez, M.D., Ph.D.

Panel Discussion Moderator

Psychoanalysis in the 21st Century: Cutting Edge Developments in Psychoanalytic Theory and Clinical Practice

PERLIN ENDOWMENT LECTURE

Nov. 8: Yeates Conwell, M.D.

Professor and Vice-Chair of Psychiatry and Director

Office for Aging Research and Health Services

University of Rochester Medical Center

25th Seymour Perlin, M.D. Grand Rounds on Suicidology

Nov. 15: TBD

Nov. 22: TBD

Nov. 29: Cameron Middleton

Director, Humanitarian Training and Outreach

Global Journalist Security, Hostile Environments

Training & Support

Travel in High-Risk Areas: Physical, Emotional and Digital Security for Mental Health Professionals

WIENER ENDOWMENT LECTURE

Dec. 6: Pamela Cantor, M.D.

Founder and Senior Science Advisor, Turnaround for Children

Visiting Scholar, Harvard Graduate School of Education

Turnaround for Children: Taking Neuroscience from the Lab to Classroom for Children with Adversities of Poverty

Dec. 13: TBD

Dec. 20: TBD

Dec. 27: No Grand Rounds, Holiday

Jan. 3: No Grand Rounds, Holiday



From the Program Director

A League of Their Own: Extraordinary Women Leaders at GW

Eindra Khin Khin, M.D.

Residency Training Program Director



When I first joined the George Washington University (GW) Department of Psychiatry and Behavioral Sciences in 2011, there were only three female core faculty members in our department. Under the leadership of our Chairman, Dr. James Griffith, seven years later, ten out of our nineteen

core faculty members are female. What's more, it is not just a simple increase in the number of female faculty that we are seeing; we are witnessing an era of extraordinary leadership by women in the GW community.

Over the past two decades, I have been fortunate enough to work with, and learn from, these amazing women in various settings. In fact, my experience with incredible female mentors at GW goes all the way back to my undergraduate days. As a college student at GW, I was able to join a research project with Dr. Diane Shrier, Clinical Professor of Psychiatry and Pediatrics; she was the person who introduced me to our department for the first time. When I returned to GW for residency in 2006, I worked with Dr. Catherine Crone, the Director of Psychosomatic Fellowship at INOVA-Fairfax, as well as Dr. Paramjit Joshi, the Chairwoman at Children's National Health System (CNHS), during my clinical rotations. When I started in the role of Associate Residency Program Director in 2012, I learned from the best, Dr. Lisa Catapano, our then Residency Program Director. When I transitioned to another position as Director of Undergraduate Medical Education, in 2015, I followed in the footsteps of Dr. Julia Frank, who served in this role for nineteen years before me. Last year, I witnessed the installation of Dr. Adelaide Rob as the new Chairwoman at CNHS.

I am particularly inspired, not just by the women who came before me, but also by the women who have come after me. Dr. Colby Tyson, the new CNHS Site Director for Medical

Student Education, was my medical student when I was Chief Resident at GW. Dr. Fatima Noorani, one of my former residents, is now the Medical Director at McClendon Center, arguably the most robust core service agency in the Washington, DC area. It has come a full circle indeed.

"...We are witnessing an era of extraordinary leadership by women in the GW community."

On October 16, 2018, Dr. Catapano organized a luncheon for all the female core faculty members in the department. As I looked around the table, I was uplifted by and grateful for the talent that surrounded me. Most of all, I was excited for the next generation of trainees, who would benefit immensely from these extraordinary women with exceptional breadth of knowledge and spectacular range of achievements, who always go the extra mile to teach and mentor them. I have no doubt that they in turn will become instrumental in paving the way for many more generations to come. ■



2018 GW MFA Women's Luncheon: Drs. Pooja Lakshmin, Sabine Cornelius, Susan Song, Lisa Catapano, Eindra Khin Khin, Anna Weissman, Vanessa Torres-Llenza

From the Associate Program Director Finding and Making Meaning

Anna Weissman, M.D.
Residency Training Associate Program Director



What separates psychiatrists from other doctors? I have much in common with my colleagues in neurology and cardiology. Like other specialists, I perform exams, listen for signs and symptoms, diagnose and treat illness every day. But when a person steps into my office for the first time, my goal is not just to make their symptoms disappear. Of course, I want to relieve suffering; yet I also recognize suffering as an integral part of human existence. This dialectic is one of many apparent contradictions that we as psychiatrists have to hold every day. To be a psychiatrist means living with ambiguity and uncertainty, while actively striving for synthesis and truth.

As a trainee, this tension could be overwhelming. Medical school taught me to search relentlessly for objective truths that would drive algorithmic, evidence-based decision-making. But as a new psychiatry resident, I found that often there was no certainty in either diagnosis or treatment. Having to make choices based on limited and imperfect data was unsettling. I found myself rethinking diagnoses and second-guessing decisions. At times, this allowed me to deliver better care; more often, that myopic focus on finding the one “right” answer led me to miss the boat. I was focusing on the details without seeing the whole person.

Learning about existential psychiatry changed the way I practiced medicine. As my knowledge and experience with mental illness matured, I began to realize that we as psychiatrists have something unique to offer. While our diagnostic tools and medications are imperfect compared with other specialties, we have the drive, skill, and time to meet people where they are and to see them as human beings, not just patients. This allows us to move beyond checklists and prescription pads and help the individuals we work with find and create meaning in their lives. Making meaning does not require eliminating symptoms. As existential psychiatrist and Holocaust survivor Victor Frankl wrote in his autobiography, *Man’s Search for Meaning*:

“...not only creativeness and enjoyment are meaningful. If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death, human life cannot be complete.”

Most mental illness cannot be cured with a single pill or procedure. I hope this will change someday; in the meantime, I cannot wait to help the people I work with create lives that are worth living. As Nietzsche wrote, “He who has a why to live for can bear with almost any how.” This meaning-making is not a grand, mysterious question; it is a task specific to each person’s life at any given moment. So, when I meet someone in consultation, I do what most doctors do: examine, diagnose, treat. But most importantly, I conduct a review of systems for meaning, listening for who a person is; who and what they love; what they want to change; and how they understand their suffering. It is a privilege to be part of a program that values patients as people and prioritizes their humanity. ■

Inova Fairfax Update

Catherine Crone, M.D.
Program Director
Inova-GW Psychosomatic Medicine Fellowship



We are amazed to realize we are already over three months into the new academic year and it is now time again for residency and fellowship interviews! Some of you may have already heard but we recently moved into the new location for our inpatient services. Instead of one adult psychiatry unit in the oldest portion of our hospital, we have relocated to the Professional Services Building and are in the process of opening three separate adult units. Two of the units, Acute/Psychotic and Mood Disorders, are already up and running, while the Med/Geriatric unit will be opening in a few weeks. We have also opened a new Adolescent unit, and the Comprehensive Addiction Treatment Services (CATS) program has moved to a new location as well.

We also have a GW graduate who is now Assistant Director for the Psychiatry Consult-Liaison (CL) service, Rushi Vyas! Dr. Vyas, a graduate of the GW psychiatry residency and CL fellowship programs, spent much of last year as a CL psychiatry attending in Auckland, New Zealand. He has since shared many stories about the beautiful locations, cultural experiences, friendly colleagues, and interesting differences that he encountered between the US and NZ healthcare systems. We are very excited to have him back within the GW family. For those who do not know him, he is a terrific clinician and teacher, someone who is calm, thoughtful, funny, and quietly insightful. Dr. Vyas has a specialized interest in perinatal mental health and is helping to building bridges with our busy OB/GYN services. Lest you think this means Dr. Wise has retired, he is still quite active, teaching and providing supervision!

If you happen to rotate at Inova Fairfax, you will also have a chance to meet Drs. Noha Abdel Gawad, Kiarash Yoosefi, and Corina Freitas.

- Dr. Abdel Gawad, who was chief resident at UT Houston, was raised in Egypt and Canada. She is highly observant, inquisitive, and sharp with psychopharmacology.
- Dr. Kiarash Yoosefi was chief resident at St. Elizabeth’s Hospital and then an attending physician there for a year before starting our fellowship. He was eager to get back to a general medical hospital setting and has been blending his psychiatry experience with that of seeing our Med/Surgical patient population. Dr. Yoosefi is enthusiastic, high spirited, and lives in Springfield, VA where he is a devoted father to his 10-year-old son.
- Dr. Corina Freitas transferred from the residency at St. Elizabeth’s Hospital and is completing her PGY-4 year with us as an acting fellow. Dr. Freitas is boarded in family medicine and incorporates her clinical knowledge on a daily basis to the care of our patients. She is passionate, quick witted, and has a special interest in forensic psychiatry, which she will pursue in fellowship at the University of Rochester next year. ■

Intern's Corner

"Acting" Intern

Katherine Cowhey, M.D.
PGY-1



Camera pans: The auditorium is filled with warmth, applause, and smiles of our families, friends and newly acquainted colleagues as we proceed, one by one across the stage to slip into our crisply pressed, almost gleaming, white long coats. Cameras flash, we shake hands, and we pose, proud to don the visible, tangible symbol of our new status, with our titles proudly embroidered across our chests: M.D.

Flash to next scene: Long coats on, stepping into the room to greet our first patient. As we shake hands and begin to introduce ourselves, as we have so many times before, suddenly our breath catches; the familiar action transforms into something new and foreign and the coat becomes heavy as we utter the phrase, "Hi, I am Doctor..."

Beginning our new roles, transitioning from student to doctor, causes a very particular feeling which simultaneously encompasses so many emotions- anxiety, excitement, nervousness, anticipation, pride, responsibility- and succinctly bundles them into one sensation. We have achieved the honor of being responsible for providing care for our patients.

The moment I clicked "order" for the first time will forever be seared in my memory. I literally looked to my left and right, as if I was a child with my hand in the cookie jar, waiting for someone to rush over and stop me! The order was for an anti-inflammatory medication, commonly prescribed and taken over the counter by millions of people every day. But with the weight of the coat squarely on your shoulders, you are reminded constantly that there are no small or common orders, that every aspect of caring for your patient is your responsibility, and every decision must be made thoughtfully, and every action taken purposefully and intentionally working toward a clear and identified goal. With this in mind, I inhaled deeply and clicked "order."

Next shot from the perspective of the intern: wide shot scanning hospital floors, the bustle of hospital staff moving purposefully and efficiently through the scene, colors bold but edges blurred slightly for effect, to convey the wide-eyed gaze of the intern, trying to take in, sort, and mentally organize all the goings-on, while the overwhelming feeling in the background would best be represented by someone in an attic on their knees frantically digging through boxes of old papers and notes, holding up and reading hundreds of sheets of paper out loud, reciting every bit of medical knowledge thus far accrued.

Intern year is a collection of new experiences, new specialties, new teams, new hospitals, new patients. I like the idea of the "steep learning curve" as it relates to intern year. When I hear this phrase, I imagine two things: the curve of learning as plotted on a graph, with time on the X-axis and learning progress on the Y-axis, and standing in front of a steep, craggy rock-face bereft of trees or friendly wildlife, which I have no choice but to climb. While intern year can certainly feel like the latter at times, when I take moments to reflect, I am comforted by the former. As time marches forward, which it inevitably does, my learning increases exponentially. For a short time, we have the unique experience of seeing each and every situation with fresh eyes, where nothing is yet routine. We are learning on-the-go, every action is a decision, we are learning from literally everything we see and do.

Another unique perspective that intern year provides is an acute appreciation for the compassion, kindness, and patience offered by our colleagues: an encouraging word, a simple "How are you?" or an offer of help. I am more aware now of just how much these seemingly small gestures can mean. Every person on the team has plenty of responsibilities of their own, and yet I have never been made to feel less-than for asking for help, and I have never felt alone. It is easy when you are busy to ignore others, snap, or criticize. As an intern, you are perpetually in unfamiliar situations, outside of your comfort zone; you don't have all the answers, and you do need help with things. I have been very impressed and grateful with the way my colleagues have taken time from their own tasks to lend a hand or provide an explanation with understanding. In each of these acts, I see the qualities that I want to emulate and build into my interactions, not just with colleagues, but with patients as well. We are learning not only the academic and technical aspects of medicine; given the opportunity to see our peers and supervisors interacting with patients, we are learning our own styles of communication, and how the white coat fits each of us best. ■



2018 Intern Dinner Hosted by the PD
Carolyn, Kate, Alexis, Renee, Rida, Raj

Chiefs' Corner

Because Three Heads Reflect Better Than One

Kaitlin Slaven, M.D.
Inpatient Chief



"Yoga teaches us to cure what need not be endured and endure what cannot be cured."

-B.K.S. Iyengar

Yoga and psychiatry have many similarities. Yoga teaches one to connect to oneself and the world in a deeper, more meaningful way. Yoga beautifully weaves together the physical and mental worlds. As psychiatrists, we often work toward these same goals. This past year, I had the opportunity to engage in a 200-hour yoga-teacher certification course. Through yoga practice, I have been able to reflect on my psychiatry practice. I have learned through my time as both a teacher and a student how to be a better psychiatrist. The mindfulness yoga has taught me has helped me to be more present with my patients. I often find myself focusing on my breath as I decide how to best respond to a patient in a difficult situation. The ability to reflect is crucial to becoming a genuine and thoughtful therapist. Getting in touch with the inner workings of my mind and body has strengthened my ability to teach others to do the same.

As Inpatient Chief, I find myself relying on yoga philosophy to help junior residents endure challenges as well. As the father of modern yoga, B. K. S. Iyengar has said, "Yoga allows you to find an inner peace that is not ruffled and riled by the endless stresses and struggles of life." My goal as Chief is to foster an environment where residents feel safe to learn and grow. While stress in residency is inevitable, I hope to help my co-residents feel supported enough to thrive, instilling in them a healthy perspective. One of the key virtues of yoga is gratitude. I hope to remind my co-residents to always be grateful. We are so fortunate to be given the opportunity to care for the mentally ill. Life gets chaotic and often we forget to pause to let this sense of appreciation sink in.

As I enter the final months of training, I find it important to stop and reflect on the appreciation I have for my patients and my co-residents in true yogic fashion. I feel so privileged to have had so many amazing experiences up until this point, and I am looking forward to all that the rest of this year holds! ■

Caroline Roberts, M.D.
Outpatient Chief



When my classmate, Jacqueline, invited me to join a self-psychology study group, my initial reaction was that the opportunity sounded neat but that I ultimately did not have time for one more commitment. I declined the invitation and gave myself a pat on the back for side-stepping yet another roadblock to spending more time

watching The Great British Baking Show. Then Jacqueline asked again, so I reconsidered. I love therapy, and I love Jacqueline, so what was holding me back? This time I said "yes." So far, I have no regrets. The first two months of the study group have been intellectually and socially enriching, more so than I could have expected a few extra episodes of my favorite baking show to have been.

My experience with the study group spurred me to reflect, and I realized that the most rewarding aspects of the past couple of years of my life were opportunities that I initially declined. A

quote from my study group reading really hit home. Rowe and Mac Isaac write in their book, *Empathic Attunement*, "No one appreciated more than Kohut the challenge of opening oneself to new understandings. His own experience taught him that we are creatures of habit, clinging tenaciously to the old and familiar and resisting at all costs the new and different." Looking back, I saw that on a few occasions I had managed to defy this inherent resistance to change. In doing so, I was able to expand my world in some pretty awesome ways: I led a workshop at the annual APA meeting; I am well on my way to running 500 miles in 2018; I am serving as outpatient chief resident; and I am fostering a child with my husband. I am so grateful for each experience, and for the people and circumstances that helped me to ultimately say, "Yes."

While I know there is a balance to be struck between accepting and declining new opportunities, I find myself wondering what other doors I can open with such a simple word, and a whole lot of bravery. ■

Patricia Ortiz, M.D.
Administrative Chief



More than three years into my training as a therapist, I often find myself uttering similar phrases to different patients. I swear I'm not perseverating or developing dementia secondary to Residency Induced Sleep Deprivation (RISD). It's because I've learned about the common factors of therapy, and that my relationship with patients and simple truths uttered by me, the therapist, can impact different people in distinct situations. My two favorite phrases include, "You are a grown person and you're going to do what you're going to do," and, "Just about everyone can benefit from therapy."

As a resident at GW, and as a therapy patient myself, I have learned that *therapy works!* It works through the caring, empathic relationship I create with my patients and the competence bestowed through my psychiatry training at GW. Whether it is psychoanalysis, psychodynamic psychotherapy, or pharmacotherapy, cognitive or dialectical behavioral therapy, brief therapy, or interpersonal therapy, mindfulness-based cognitive therapy, or family therapy, supportive therapy, pet therapy, or trauma therapy, most therapies can be helpful. Yet not every effective therapy has 'therapy' in its name.

Mindfulness and self-care can be effective therapies to refresh the mind. Meditation, stretching, breathing, music, art, quality time with friends and family, quality time with your pillow and cozy blankets are all therapeutic. There is also yoga, jogging, biking, hiking, swimming, cooking, solving puzzles, playing Candy Crush, reading, volunteering, or enjoying a spa day. Another form of effective therapy? Being a therapist. I am always surprised by how much I've learned from my patients. It's not only that I've developed into a better therapist; I've learned about myself through the reflections of my patients.

Different therapies work for different people. However, if you are someone who lives and breathes, therapy will likely benefit you in some way. If you are in or seeking a career in psychiatry, therapy will benefit you immensely. Learning about oneself through therapy and being a patient begets a better therapist. As a psychiatrist, I value my scheduled time to reflect on and recover from the emotionally demanding nature of our work. Psychiatry is such a rewarding career, but the emotional burden can be heavy. Especially in psychiatry, that old cliché is undeniably true, "You can't take care of others if you don't take care of yourself." Personal therapy has been an invaluable respite where I have created a space to rest, reflect, and replenish my reserves- for myself, and for my patients. ■

The GW Spirit

So much wellness



Kudos, Kudos, and more Kudos to...

By Residents, For Residents (and others they care about!)

All of the PGY-1s for rocking their first quarter of the year!

Alex and Kate for representing Psychiatry like pros on Neuro. They received amazing feedback for their hard work, knowledge, efficiency, and all-around phenomenal selves!

Raj and Alex who are on the front lines of the inpatient units putting their all into patient care. Keep up the good work!

Carl and Alexis for their initiative in planning wellness activities that are restorative and rejuvenating. They both have a commitment to wellness that is a true gift to our program.

Sara and Jacqueline with the On-Call Committee and the tracking tool!! Thanks!

Jimmy, Gowri, and Brenna for their enthusiastic leadership of this year's recruitment committee. We are looking forward to a successful recruitment season under their watch.

Brenna for stepping in to help a co-resident with a difficult patient situation at McClendon. You are an afternoon saver!

Jacqueline for her mentorship of junior residents. She mentors in countless ways, but I'd like to specifically draw attention to her leadership of the autognosis rounds. This rich educational experience would not be possible without her.

Shout out to all of our fellowship-bound PGY-4s, and to Maggie for deciding that she's ready to be an attending already! You go girls!!

Seth Greenblatt (6-South SW) for always going above and beyond, always working with a smile, and working very well with patients. We are lucky to have him in our department.

Dr. Weissman for bringing so much energy and fun to everything she does. Her smile can brighten a room and her laughter is infectious!

Charity Bryan, our wonderful psychiatry residency coordinator, for making everything more enjoyable and run smoother. Plus, she's crushing it in the residency fantasy football league! 🏈



2018 Inaugural Awardees of the Professionalism, Kelly King, and Teaching, Amin Memon, Psychiatry Residency Awards established by Chief T.J. Price



Class of 2018: T.J. Price, Dr. Griffith, Dr. Khin Khin, Janice Yuen, Monika Karazja, John Tarim, Seth Rosenblatt



The Chiefs had their copies signed at Dr. Lieberman's Book Release Celebration.



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