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APA Files FOIA Request With FDA Seeking Resolution to Clozapine REMS Problems

Since introduction of the REMS last November, psychiatrists, pharmacies, and some patients have experienced problems. APA and six other organizations have been advocating with the FDA and Congress to suspend the program. **BY MARK MORAN**

APA has filed a Freedom of Information Act (FOIA) request to the Food and Drug Administration (FDA) seeking information pertaining to the revised Clozapine Risk Evaluation and Mitigation Strategy (REMS) that the FDA instituted on November 15, 2021.

The FOIA request is seeking information about lost patient data; how contracts are structured with the Clozapine Product Manufacturers Group (CPMG), which administers the clozapine REMS; whether the FDA or CPMG has authority to fix problems; whether the FDA has authority to oversee the contractor who administers the REMS website; and how the FDA is assessing whether the REMS is even still necessary.

The request was filed by APA alone but complements a number of actions it has taken in concert with six other advocacy organizations regarding widespread problems experienced by prescribers and pharmacies as a result of the REMS. The six other groups are the American Association for Community Psychiatry, American Psychiatric Nurses Association, College of Psychiatric and Neurologic Pharmacists, National Alliance on Mental Illness, National Association of State Mental Health Program Directors, and National Council for Mental Wellbeing.

The Clozapine REMS is a safety program required by the FDA to manage the risk of severe neutropenia associated with clozapine treatment and was originally instituted in September 2015. The REMS applies to all clozapine medicines on the market and requires the use of a centralized system to monitor patients and prevent or manage clozapine-induced neutropenia. Prior to 2015, individual manufacturers operated their own clozapine patient registries.

On November 19, the FDA temporarily suspended some of the revised REMS requirements because of problems experienced by clinicians and pharmacies. In February, in response to a letter to the FDA from APA and the six organizations, the agency extended the suspension indefinitely. The suspension allows pharmacists to dispense clozapine without a REMS Dispense Authorization (RDA) and wholesalers to continue to ship clozapine to pharmacies and health care settings without confirming enrollment in the REMS.

The February letter also requested at least 60 days' notice before the suspension is ended and the RDA requirement reinstated.

Additionally, in letters to the chairs and ranking members of the House Energy and Commerce Committee and the Senate Health, Education, Labor, and Pensions Committee dated February 14, APA and its partners requested a wholesale reconsideration of REMS.

"We recommended to the FDA that the REMS be suspended immediately and undergo thorough reviews," the

see **Clozapine** *on page 9*

PERIODICALS: TIME SENSITIVE MATERIALS

PSYCHIATRIC NEWS

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AMERICAN PSYCHIATRIC ASSOCIATION

FROM THE PRESIDENT

Remember In-Person Meetings? Time to Reconnect With Colleagues!

BY VIVIAN B. PENDER, M.D.

As May approaches, the psychiatry community will take a tentative step toward a "new normal." With sharp drops in COVID-19 cases and knowledge that the vast majority of us are vaccinated and boosted, we will be venturing to New Orleans for the first in-person APA Annual Meeting in three years! Like many of you, I look forward to this meeting to reconnect with dear friends and colleagues, make new connections, expand my knowledge base and skills, engage in self-reflection, and take a break to connect to the world around us. New Orleans is a terrific city in which to meet with its storied history, diverse population, wonderful restaurants, and great music complementing a stellar educational program.

This year's meeting theme is the "Social Determinants of Mental Health," a crucial topic for our times. There will

be over 300 sessions and 1,000 posters on more than 50 topics to meet the needs and interests of our attendees. Five full-day Master Courses are also included on psychopharmacology, suicide, first-episode psychosis, motivational interviewing, and buprenorphine.

New this year is the Clinical Updates Track, whose 19 sessions focus on several ABPN competency areas, including mood and anxiety disorders, schizophrenia, substance use, personality disorders, and sleep and eating disorders. The sessions were carefully selected by the Scientific Program Committee to include both the latest science and best practices and aim to give attendees the practical tools and the information they need to enable them to provide optimal and up-to-date care for their patients.

A wide range of psychiatric topics will be addressed in other sessions, including "Psychedelics in Psychiatry: Past, Present, and Pressing Issues," "Artificial Intelligence and the Future of Psychiatry," "Apps and Innovations to Support the Practice of Psychiatry," "Dimensions of Personality," and "The Shame of Suicide and Attempted Suicide in Physicians." On a perhaps lighter note, "Jazz and Patient Communication" seeks to provide a novel approach to considering patient-provider interactions. Notable speakers this year include Roland Griffiths, Ph.D., Robin Carhart-Lewis, Ph.D., Nada Stotland, M.D., M.P.H., Stephen Stahl, M.D., Ph.D., Jack Drescher, M.D., and Altha Stewart, M.D.

To support the Annual Meeting theme, a new plenary will be held Monday, May 23. During the session, Sarah Vinson, M.D., will join Harvard economist Peter Blair, Ph.D., for a fireside chat addressing the social determinants of mental health from a multidisciplinary lens. Also, APA's Presidential Task Force on the Social Determinants of Mental Health is organizing several sessions to update attendees on its work and progress in advocating for equitable mental health care for all. Presentations on structural racism across social determinants, broadening the definition of SDoMH to include aspects that have a far greater impact on the health of psychiatric patients, challenges associated with evidence-based practices

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Dr. Pender would like to thank Catherine Crone, M.D., chair of APA's Scientific Program Committee, for her assistance in writing this article.

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PRELIMINARY PROGRAM

See You in New Orleans!

The preliminary program, which starts on page 21, was up to date at press time. For the latest information, visit APA's Session Search at https://s7.goeshow.com/apa/annual/2022/session_search.cfm.

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in American Indian and Indigenous community mental health, as well as others reinforce our need to reflect and act as both clinicians and responsible citizens.

Notably, this year's research track is by the National Institute on Drug Abuse (NIDA; *Psychiatric News,* https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2022.03.3.11) and includes eight sessions on topics such as neuroplasticity and treatment of addictions, neurobiology of sleep and substance use, noninvasive brain stimulation, and research updates on the use of methamphetamine. This track will kick off on Saturday, May 21, at 1:30 p.m., with NIDA Director Nora Volkow, M.D., discussing "Social Determinants of Substance Use Disorders During COVID Time."

Most importantly, please know that the safety of our meeting attendees, speakers, and guests is our *number one* concern. Everyone at the meeting must be fully vaccinated, and the convention center and hotels have all instituted protocols to protect the health and safety of all attendees and exhibitors.

APA Medical Director and CEO Saul Levin, M.D., M.P.A., the Scientific Program Committee, the APA staff, and I hope you will join us in New Orleans in May to reconnect, reflect, grow, and learn. There really is something for everyone!

Laissez les bons temps rouler! **PN**

APA Member Urges Congress to Act Now to Provide MH Help for People Impacted by Pandemic

The House Energy and Commerce's Subcommittee on Oversight and Investigations heard from APA member Lisa Fortuna, M.D., M.P.H., about the effects that the COVID-19 pandemic has had on Americans' mental health and what policy solutions could help. **BY KATIE O'CONNOR**

One of the key areas to focus on to help Americans through the mental health challenges associated with the pandemic, particularly youth, is access to quality mental health care, Lisa Fortuna, M.D., M.P.H., told Congress.

During a recent hearing before a Congressional subcommittee, Lisa Fortuna, M.D., M.P.H., shared a story. She spoke of a patient, whom she called "Gloria," who was hit hard by the COVID-19 pandemic. Gloria was forced to stop working in her home health job because she was afraid of contracting COVID-19 and infecting her children; her brother contracted COVID-19 and could not work for six months; and she experienced six COVID-19–related deaths within her extended family.

Gloria's 11-year-old daughter developed severe anxiety because she was afraid her mother would contract COVID-19 and die. Gloria, too, suffered a relapse of major depression. "The stress and anxiety and grief from the pandemic have very real mental health repercussions for this one family—and they're not the only ones," said Fortuna, a member of APA's Council on Children, Adolescents, and Their Families; a professor of clinical psychiatry and vice chair at the University of California San Francisco Department of Psychiatry and Behavioral Sciences and Weill Institute for Neurosciences; and chief of psychiatry at the Zuckerberg San Francisco General Hospital.

Fortuna spoke to the House Energy and Commerce's Subcommittee on Oversight and Investigations during a hearing titled "Americans in Need: Responding to the National Mental Health Crisis." The subcommittee's goal was to gain a better understanding of the mental health challenges Americans are experiencing since the onset of the COVID-19 pandemic, especially among youth, people of color, and the LGBTQ+ community.

"Now it is more critical than ever that we understand the drivers behind the mental health crisis facing Americans and explore what more must be done to further the shared goal of supporting their mental health and well-being," said Rep. Diana DeGette (D-Colo.), the subcommittee's chair.

Fortuna emphasized that depression and anxiety symptoms have doubled

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APA'S GOVERNMENT, POLICY, AND ADVOCACY UPDATE

Groups Call for Removal of In-Person Requirement for Controlled Substance Prescriptions

Together with 71 other organizations, APA sent a letter to the Drug Enforcement Administration (DEA) and the Department of Health and Human Services calling for the permanent removal of the requirement that patients receive in-person evaluations prior to being prescribed controlled substances via telemedicine.

The requirement has been waived during the COVID-19 public health emergency, allowing patients to access medications for mental health and substance use disorders. In the letter, the organizations expressed their concern that, when the public health emergency ends, "many patients, especially new patients seen for the first time by a clinician during the pandemic, will be left without access to care."

The organizations were convened by APA, the American Telemedicine Association, and ATA Action. DEA is currently developing the special registration process for the use of telemedicine to prescribe controlled substances under the Ryan Haight Act.

The letter is posted at https://www.psychiatry.org/File%20Library/Unassigned/APA-ATA-DEA-Ryan-Haight-Stakeholder-letter_3.3.22.pdf.

Physician Organizations Applaud Passage of Dr. Lorna Breen Health Care Provider Protection Act

APA and its partner organizations commended Congress's passage of the Dr. Lorna Breen Health Care Provider Protection Act (HR 1667). The legislation would prevent and reduce suicide, burnout, and mental and behavioral health conditions among health care professionals by making resources more readily available. President Joe Biden signed the bill into law on March 18.

"The Lorna Breen Act is a milestone policy that, through vital grants to health care entities and long overdue investments in mental health resources, will help prevent incidences of suicide, substance use disorders, and other mental health conditions among physicians," wrote APA, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American Osteopathic Association in a Group of Six statement.

The statement is posted at https://www.psychiatry.org/newsroom/news-releases/physicians-applaud-passage-of-lorna-breen-act-to-prioritize-mental-health.

APA Assists States With Legislation Addressing Coordinated Specialty Care for First-Episode Psychosis

APA members and staff have been working together to develop state legislative language to address coverage of coordinated specialty care (CSC), an evidence-based early intervention model that is particularly suited for people experiencing first-episode psychosis. APA has also participated in outreach to private payers around coverage as part of a larger coalition.

CSC involves case management, family support and education, pharmacology and medication management, psychotherapy, supported education and employment, and coordination with primary care. Early intervention of first-episode psychosis is key, and experts believe that if CSC were utilized and uniformly covered, more patients would have better chances at long-term recovery.

In California, Senate Majority Leader Mike McGuire introduced SB 1337, APA-drafted legislation that would create uniform coverage for the evidence-based treatment for first-episode psychosis. For more information about APA's legislation, contact Erin Berry Philp at ephilp@psych.org. More information about CSC is posted at https://smiadviser.org/knowledge_post/what-components-of-coordinated-specialty-care-csc-programs-make-this-approach-especially-useful-as-a-treatment-for-first-episode-psychosis-fep.

States Continue to Implement Legislation to Support 988

In July, the three-digit number 988 will go live as the new, nationwide number for mental health and suicidal crises. Federal legislation designated the number, but a great deal of work is still needed at both the federal and state levels to implement 988 and fully transform mental health crisis response and services.

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APA Joins Case Challenging Texas Anti-Trans Youth Directive

The Texas governor sent a letter to state agencies classifying gender-affirming care as child abuse and claiming that health care professionals are required to report parents of transgender youth. APA filed an amicus brief in a lawsuit challenging the directive. **BY KATIE O'CONNOR**

APA has joined a lawsuit intending to block a directive issued by Texas Gov. Greg Abbott that directs state agencies to classify gender-affirming care as child abuse under state law.

In late February, Texas Attorney General Ken Paxton issued a nonbinding opinion stating that gender-affirming care of children, such as surgical interventions or puberty-suppressing drugs, "can legally constitute child abuse" under Texas law. The next day, Abbott sent a letter to the Texas Department of Family and Protective Services (DFPS), which is responsible for investigating charges of child abuse. "Texas law … imposes a duty on DFPS to investigate the parents of a child who is subjected to these abusive gender-transitioning procedures," he wrote. The same day, DFPS announced that it would comply with Abbott's letter and commence investigations of families of transgender youth.

The medical treatments that Abbott claims are child abuse "are part of the widely-accepted treatment guidelines for adolescents suffering from gender dysphoria, and are supported by the best available scientific evidence," wrote APA and more than 20 additional physician organizations, including AMA and the American Academy of Pediatrics, in the amicus brief. "Denying these treatments to adolescents who need them would irreparably harm their health."

The lawsuit was filed by the American Civil Liberties Union (ACLU), the ACLU of Texas, and Lambda Legal on behalf of Jane and John Doe, the parents of a 16-year-old transgender girl identified as Mary Doe. The suit claims that, three days after Abbott sent his letter, a child protective services worker visited the Doe family, telling the parents that the sole allegation against them is that they have a transgender child who is "currently transitioning from male to female."

Jane Doe is a DFPS employee. "We are terrified for Mary's health and well-being, and for our family. I feel betrayed by my state and the agency for whom I work," Jane Doe wrote in a declaration filed with the lawsuit.

(APA has also signed an amicus brief in a case involving an Arkansas law that bans gender-affirming therapy. See story at right.)

On March 11, a Texas judge issued an injunction in the case, blocking the state from investigating the parents of transgender youth at least until after a trial that is set to begin in July. Shortly after the judge issued the injunction, Paxton appealed the decision, and APA refiled its amicus brief with the appeals court. On social media and in interviews, Paxton has vowed to take the fight to the Texas Supreme Court.

Texas Directive Harmful, Says APA

APA and its partner organizations issued a statement shortly after Abbott issued the directive to DFPS. "All patients must have access to evidence-based health care, regardless of their gender identity or sexual orientation," the statement by the Group of Six reads. "Our organizations will not stand for any efforts that discriminate against transgender and gender-diverse individuals and cause harm to their health and well-being."

The Group of Six includes APA, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American Osteopathic Association.

"The impact of this directive is going to be disastrous," said Gabrielle Shapiro, M.D., chair of APA's Council on Children, Adolescents, and Their Families and clinical professor of psychiatry at the Icahn School of Medicine at Mount Sinai. "Families with means will be able to move out of Texas, or take their children to another state for treatment, but socioeconomically disadvantaged families don't have those options," she said. She pointed out that the directive will especially impact immigrant families in Texas, who may avoid treatment for their children due to fears of how a child protective services investigation may affect their

see **Texas** *on page 29*

"This directive will create a climate of fear that will cause conflicts within families who aren't able to support their children's identities."

—Gabrielle Shapiro, M.D.

APA Joins Amicus Against Arkansas Law Banning Gender-Affirming Therapy

The Arkansas law would prohibit health care professionals in the state from providing or referring patients under the age of 18 for evidence-based treatments for gender dysphoria. **BY MARK MORAN**

APA has joined the American Academy of Pediatrics and 20 other medical organizations in an appellate court amicus brief arguing that an Arkansas law that bans gender-affirming medical procedures for transgender youth would "irreparably harm adolescents with gender dysphoria by denying care to those who need it."

The brief, filed in the U.S. Court of Appeals for the 8th District in the case *Brandt v. Rutledge*, supports an earlier district court injunction against the Arkansas law. The Save Adolescents From Experimentation (SAFE) Act, or Act 626, is a 2021 law that bans gender-affirming medical procedures for transgender people under age 18 in Arkansas. The appellate court is expected to hear the case in July.

"Act 626 … would prohibit Arkansas health care providers from providing or even referring patients under the age of 18 for critical, evidence-based treatments for gender dysphoria," according to the brief. "As the district court recognized, this care is supported by scientific evidence, and denying it to adolescents who need it puts them at risk of significant harm to their mental health."

The brief provides background on gender identity and gender dysphoria and describes accepted medical guidelines for treating adolescents with gender dysphoria, the scientifically rigorous process by which these guidelines were developed, and the evidence that suggests the effectiveness of this care for this population.

APA has filed a similar brief in a case filed by the American Civil Liberties Union in Texas involving a directive by Texas Gov. Greg Abbott classifying gender-affirming therapy as child abuse. APA has also signed onto a statement with five other organizations protesting the directive (see story above).

"[T]he choice of treatment should belong to transgender youth, their families, and their doctors."

—Reena Kapoor, M.D.

"We wanted the court to know that adolescents with gender dysphoria are at risk of adverse mental health outcomes, including suicide, and that gender-affirming treatment can reduce that risk," Reena Kapoor, M.D., chair of the APA Committee on Judicial Action, told *Psychiatric News*. "Arkansas asserted that gender-affirming treatment is experimental and based on poor-quality scientific evidence, concluding that children must therefore be protected from physicians who could do them irreparable harm. From APA's standpoint, this kind of legislative intrusion into medical decision making is unacceptable.

"Our understanding of transgender individuals and gender-affirming treatment continues to evolve, but that is no reason to prohibit patients and physicians from working together to decide what's best for each individual," Kapoor said. "Legislators have no place in such complex medical decision making; the choice of treatment should belong to transgender youth, their families, and their doctors." **PN**

The amicus brief, including a list of all the names of the co-signing organizations, is posted at https://www.psychiatry.org/psychiatrists/search-directories-databases/library-and-archive/amicus-briefs.

Documentation: Your Very Best Defense

Taking the time to ensure that documentation of all your patient encounters is accurate and complete serves as your best protection when legal problems arise. **BY CARA STAUS**

One of the most important components of patient care is documentation. Documentation in the medical record is the only contemporaneously kept legal document that details the course of a patient's care. Thorough, accurate, and timely documentation serves as a communication tool to coordinate patient care, justify reimbursement for services, and is often used for defense in legal or regulatory matters.

Documentation of every patient encounter is essential. Failure to be thorough, timely, and accurate may be indicative that care was rushed, careless, or incomplete. Also, it is important to understand and follow professional association documentation guidelines along with state and federal regulations. Remember that "if it was not documented, it was not done."

Maintaining the integrity of the patient record is strong evidence used in any defense. Be objective as you describe patients' behavior and actions, and use phrases such as "patient states" or quotations. Ideally, documentation should be completed within 48 hours after a patient encounter while the details and events are still fresh and clear.

What Should Document Include?

- Details of each encounter, reason for visit, and patient treatment plan.
- Consent(s) for treatment, informed consent, electronic communication, and other related information.
- Suicide and violence assessment.
- Medication issues, warnings, and changes.
- Commonly approved abbreviations.
- Missed and rescheduled appointments/noncompliance.
- Boundary and termination conversations.

Cara Staus is a risk management consultant in the Risk Management Group of AWAC Services Company, a member company of Allied World. Risk Management services are provided as an exclusive benefit to insureds of the APA-endorsed American Professional Agency Inc. liability insurance program.

- Orders, effectiveness of treatment, and follow-up.
- Any conversations by text, email, and phone and actions taken.
- Recommended follow-up/plan for next visit.

How to Document Changes in a Record

- Ensure all changes are clearly labeled and justified accordingly.
- For paper records, strike through the original entry with a single line; date, time, and initial any changes.
- Never delete or otherwise remove the original text.

What to Avoid in Your Documentation

Avoid late entries, if possible. However, if a late entry is required, note the reason for the delay. Always include date, time, and initials. Also, avoid the following:

- Subjective opinions.
- Speculations.
- Blame and self-doubt.
- Documenting in advance.
- Staffing conflicts.
- Vague descriptions or explanations.
- Any documentation related to "contacting your insurer, risk manager, or malpractice defense attorney."
- Personal comments about patient and/or family members.
- Copying and pasting as this can result in repeating the wrong information.
- Use of templates should be used sparingly as irrelevant information may populate fields

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Alan Stone, M.D., Past APA President, Dies

Stone was one of the most important figures in establishing the study of psychiatry and law as a field of academic inquiry. He was also a prominent voice for psychiatric ethics on the international stage. **BY MARK MORAN**

Alan Stone, M.D., a past president of APA, died January 23. He was 92 years old.

Stone was president of APA for the 1979-1980 term and a pioneer in the academic study of psychiatry and the law. He was the Touroff-Glueck Professor of Law and Psychiatry in the Faculty of Law and the Faculty of Medicine at Harvard University. He received APA's Manfred Guttmacher Award for his 1975 book *Mental Health and Law: A System in Transition* and was chair of the Committee on Law of the Group for the Advancement of Psychiatry and chair of what was originally called the APA Commission on Judicial Action.

Stone was also a prominent voice for psychiatric ethics on the international stage. In 1978 he consulted with authorities in Poland about commitment laws. In 1979 he accompanied an APA delegation to South Africa to investigate apartheid abuses. He also visited the Soviet Union and interviewed Pytor Grigorenko, who was a high-ranking Soviet military general and hero of World War II and had been committed to psychiatric hospitalization by Soviet psychiatrists in the wake of Grigorenko's criticism of human-rights abuses in the Soviet Union (*Psychiatric News*, https://psychnews.psychiatryonline.org/doi/10.1176/pn.45.21.psychnews_45_21_009).

In 2005, he wrote an editorial in *The New York Times* about participation of mental health professionals in torture of detainees in the war on terror (https://www.nytimes.com/2005/12/16/opinion/doctors-and-torture-first-do-no-harm.html).

He remained active in APA throughout his life. In 2016, he was instrumental in bringing U.S. Supreme Court Justice Stephen Breyer to the APA Annual Meeting as a speaker (*Psychiatric News*, https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2016.6b9). He co-wrote an article in the *American Journal of Psychiatry* in 2012 with past APA President Paul Appelbaum, M.D., titled "Protecting Psychiatrist's Reputations on the Internet" (https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2012.12050623), and in 2014 with past APA President Jeffrey Geller, M.D., M.P.H., on violence in the *Journal of Psychiatric Services* (https://ps.psychiatryonline.org/doi/10.1176/appi.ps.650510).

Stone is best known for his contributions to studying the intersection between psychiatry and the law. "Alan was one of the most important figures in establishing the study of psychiatry and law as a field of academic inquiry," said Appelbaum.

"His 1975 monograph, *Mental Health and Law: A System in Transition,* opened up an era of active empirical and theoretical investigation focused on the interaction of the two fields. One of the rare psychiatrists to have held a tenured professorship at a major law school as well as a medical school, he trained many of the most important players in mental health law, both attorneys and psychiatrists. As a member of the APA Board of Trustees and president, he was instrumental in establishing the Commission—now Committee—on Judicial Action, which guides APA's involvement as amicus curiae in major court cases. During his presidency, he initiated the forerunner of the Council on Psychiatry and Law, which he subsequently chaired. He remained actively involved with both the council and the committee almost until the end."

Appelbaum added, "Personally, Alan was a pivotal figure in my own career. I met him at the end of my first week in medical school, taking his course on mental health and law, which inspired me to pursue psychiatry and law as my academic focus. He also provided critical advice on the development of my early career. My life would have been very different without his model and guidance. His death is an enormous loss for psychiatry."

Stone was born in Boston and received his M.D. from Yale School of Medicine. He interned at the Grace New Haven Hospital, completed his residency at McLean Hospital, and spent a year in child psychiatry at the Putnam Children's Center in Boston. He completed his psychoanalytic training at the Boston Psychoanalytic Institute and served as director of residency training at McLean Hospital. **PN**

ETHICS CORNER

Teaching Justice in Health Care

BY CHARLES C. DIKE, M.D., M.P.H.

"I will keep them [the sick] from harm and injustice. … Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves. …" —Hippocratic Oath, 400 B.C.

This well-known pledge, the foundation of medical ethics, is repeated in one form or another by graduating medical students as they take on the sacred privilege of caring for others. Out of it flows the ethical injunctions of beneficence, nonmaleficence, and justice. As a graduating physician, I did not fully comprehend the sophistication of this age-old oath. It was easy enough to understand that the goal of treatment was to make patients better and cause no harm. But what exactly is "justice" in the field of medicine? Some have understood it to mean equitable distribution of available resources while providing care for our patients. Or being just or fair in the treatment of patients.

Physicians are quick to state that their actions in therapeutic contexts are in the best interest of their patients, and they try their best to avoid harm. Physicians cannot, however, lay the same claim to justice. African Americans and other people of color have often borne the brunt of unjust physician practices. The COVID-19 pandemic exposed what has historically been the experience of people of color—that is, White patients are prioritized over Black patients. There were reports that Black patients did not have widespread access to COVID tests and were passed over for being placed on a ventilator or an EMCO despite having similar clinical presentations. In psychiatry, Black patients are more likely to be diagnosed with a psychotic illness even when the symptoms suggest otherwise, given

Charles C. Dike, M.D., M.P.H., is chair of the APA Ethics Committee and former chair of the Ethics Committee of the American Academy of Psychiatry and the Law. He is also an associate professor of psychiatry and co-director of the Law and Psychiatry Division at the Yale University School of Medicine.

intramuscular antipsychotic medications, and mechanically restrained, to mention only a few inequities, than their White peers.

The public and gruesome killing of George Floyd and subsequent global protests led to a long-delayed awakening. Suddenly physician groups began to profess an awareness of the inherent injustice of the U.S. health care system and of their historical maltreatment of their non-White physician colleagues. Dr. Jeffrey Geller, former president of APA, convened the Task Force on Structural Racism Throughout Psychiatry to study the issue in depth, educate the public, and make amends. The APA Ethics Committee gave an opinion thus: "To provide competent care, a psychiatrist should cultivate an awareness of the adverse effects on mental health that result from racism and ethnoracial discrimination. … A treating psychiatrist should be mindful of the impact that racism and ethnoracial and other kinds of discrimination may have in the lives of patients and their families, in clinical encounters, and in the development of mental health services. …"

Despite the apparent awakening, psychiatry residents' training on social (health care) justice remains sorely lacking. Concerned by this reality in their residency programs, several APA/APAF fellows took on the challenge and, under the auspices of the task force's Workgroup on Fellow Projects and Leadership, created "A Primer of Online Resources on Structural Racism in Psychiatry for Medical Students & Trainees in Psychiatry."

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Pandemic

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for youth during the pandemic and emergency department visits for suspected suicide attempts are likewise increasing at alarming rates.

"As families like Gloria's continue to grapple with the direct and downstream effects of the pandemic, we encourage the committee to pursue policies that promote access to needed behavioral health services with particular focus on extending care to vulnerable populations, including racial and ethnic minorities, and LGBTQ+ youth, among others," she said.

She highlighted several immediate actions that Congress could take to support families and address the ongoing mental health crisis, including the following:

- Support policies that permanently expand telehealth flexibilities allowed to practitioners under the COVID-19 Public Health Emergency.

- Address health equity by focusing on policies that increase the culturally competent workforce of mental and substance use disorder practitioners.

- Prioritize workforce-building programs administered by the Health Resources and Services Administration, specifically the Mental and Substance Use Disorder Workforce Training Demonstration Program.

- Support policies and funding allocations that help federal and state enforcement agencies bring insurers into compliance with the federal parity law (*Psychiatric News,* https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2022.03.3.32).

- Ensure states and local communities are prepared for the launch of the new three-digit number (988) for suicide prevention and other mental health crises in July.

- Consider funding streams to assist with the implementation of the Collaborative Care Model in primary care offices so patients can receive mental health or substance use disorder treatment in a primary care office.

Responding to a question about substance use, Fortuna emphasized that the COVID-19 pandemic has exacerbated and escalated substance use problems. The Zuckerberg San Francisco General Hospital, a public hospital, treats the city's homeless population, she explained. "There have been more deaths due to overdoses as compared with COVID-19, which we were very worried about in our homeless population," she said. "It is in part due to escalating stressors that people have been experiencing throughout the pandemic, but it's also related to issues that we've had being able to provide continuous access to substance use treatment throughout the pandemic."

During the hearing, Fortuna was joined by Amit Paley, M.B.A., CEO and executive director of the Trevor Project; Jacqueline Nesi, Ph.D., an assistant professor of psychiatry and human behavior at Brown University; Christopher Thomas, co-founder of The Defensive Line; and Elinore McCance-Katz, M.D., Ph.D., former assistant secretary for mental health and substance use.

The topic of how LGBTQ+ youth, in particular, have been impacted by the pandemic came up several times during the hearing. In her written testimony, Fortuna referenced Mental Health America's online screening tool, a collection of 10 free, anonymous, and confidential mental health screens that over two million people took in 2020. Fortuna noted that among LGBTQ+ youth who took the screening, 95% screened positive for moderate to severe depression symptoms, and 88% screened positive for moderate to severe anxiety.

"Having just one accepting adult in an LGBTQ+ young person's life can reduce their risk of suicide by 40%," Paley told the subcommittee. "All of us here today—each of you—can be that person and can help save lives. We each have the power to make the world a more accepting place and to show our children, all of them, that they are deserving of love and respect, and that they are not alone." **PN**

A recording of the hearing and written testimonies are posted at https://energycommerce.house.gov/committee-activity/hearings/hearing-on-americans-in-need-responding-to-the-national-mental-health.

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The effort to educate our residents will flounder without sustained attention at developing a formal and structured educational process in residency programs. Equal attention should be placed on training faculty, not just faculty of color, to teach this material. Combating injustice in our health care system requires all hands to be on deck. Future physicians and psychiatrists—and their patients—deserve no less. We should hold ourselves accountable to all the elements of our code of ethics: beneficence, nonmaleficence, autonomy (respect for persons), and, yes, justice. **PN**

APA's ethics opinions related to COVID-19 is posted at https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Ethics/APA-COVID-19-Ethics-Opinions.pdf. "A Primer of Online Resources on Structural Racism in Psychiatry for Medical Students & Trainees in Psychiatry" is posted at https://www.psychiatry.org/File%20Library/Psychiatrists/APA-Primer-Online-Resources-on-Structural-Racism-for-Students-and-Trainees-in-Psychiatry.pdf.

Clozapine

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letters to Congress stated. "These reviews should be designed to inform the FDA and manufacturers of the problems the REMS present and potential strategies to remedy these issues. More importantly, these reviews should weigh the potential harm of the elements of the REMS and the REMS themselves against the potential benefits that the REMS may bring. Congress should also hold hearings to understand the problems with the REMS planning, rollout, and implementation and develop recommendations to improve future REMS programs."

The immediate aftermath of the introduction of the new REMS last November resulted in considerable chaos and confusion, causing some patients to discontinue treatment for a period. Prescribers experienced increased administrative time navigating the REMS website, seeking authorization for prescriptions, and trying to get questions answered. Pharmacies had problems with the enrollment process and delays and difficulties getting authorization for individual prescriptions prior to the suspension of that requirement.

Five months later, uncertainty about the REMS requirements remains, as well as concern about when the suspension of regulations on pharmacies and wholesalers will end and the RDA will be reinstated.

"Extending the temporary suspension of the REMS dispense authorization requirement was a positive step, but I have continued to hear about examples of clozapine treatment interruptions," Robert Cotes, M.D., told *Psychiatric News*. "Even just a few missed doses of clozapine can put a patient at risk for symptom exacerbation or hospitalization. After a patient misses a few doses of clozapine, the medication needs to be gradually restarted, and prescribers must delicately balance a number of factors to ensure the titration is not too fast to cause side effects and not too slow to risk a relapse."

Robert Cotes, M.D., believes the FDA should reassess whether the Clozapine Risk Evaluation and Mitigation Strategy is necessary since the risk of neutropenia is low and it is another barrier to increasing the use of this effective medication.

Cotes is an associate professor of psychiatry at Emory University School of Medicine and a physician expert with APA's SMI Adviser. SMI Adviser is APA's Clinical Support System for Serious Mental Illness.

Cotes said also it is "frustrating" that historical Clozapine REMS data from 2015-2021 are no longer available. "There are certain clinical situations where that information can be extremely valuable," he said. "It would be really helpful to have that functionality back."

Many prescribers and advocacy groups believe the REMS requirements are unnecessary, that the risk of neutropenia is overstated, and that the requirements contribute to underutilization of a drug that has proven enormously effective in the treatment of schizophrenia.

"I would like the FDA to reevaluate the need for the Clozapine REMS and the system of routine hematologic monitoring that we have," Cotes said. "It is really a barrier to wider access to clozapine." **PN**

A copy of the FOIA request is posted at https://www.psychiatry.org/File%20Library/Psychiatrists/Advocacy/Federal/APA-FOIA-Request-FDA-Clozapine-REMS-Program-Documents-03032022.pdf

Good Faith Estimates Are Bad Faith Contracts

BY CHRISTOPHER HAMMEL, M.D., M.P.H.

Christopher Hammel, M.D., M.P.H., is a psychiatrist in private practice in Hartford, Conn. He also offers practice management training and consultation services.

In January, HR 3630, the No Surprises Act, went into effect. It contains its own potent surprise: that health care professionals, including solo psychiatrists, must deliver to patients a "good faith estimate" (GFE) of their full care and that health care professionals are liable for unpredicted costs. This currently applies to all new patients and to established patients with no insurance or with insurance they decline to use. In 2023, it will apply to all patients.

The billing conversation and treatment agreement are the standard of practice, which should be sufficient, but are not under the new law, and the documentation requirements are burdensome and compel uncompensated labor. But these pale in comparison with the real problem: GFEs create a black hole of liability in the form of, ironically, a surprise bill.

The GFE requires that we estimate the next 12 months of care costs, including (effective 2023) outside services such as laboratory studies, imaging, and psychological testing. Solo practitioners are required to somehow obtain these costs and keep them up to date on a live basis, a straightforward impossibility. If we are inaccurate by more than $400, the patient can pursue arbitration, which, if successful, transfers to us any expense above our estimate. A single unpredicted hospitalization could result in a surprise bill for the referring psychiatrist that would shutter most practices. While one could try to provide an updated GFE, it is not difficult to imagine an arbitrator determining that this undermines the GFE's purpose.

The phrase "good faith estimate" is thus an oxymoron: It is no estimate, and it cannot be made in good faith. It is a binding contract based on the impossible expectation that we are able to read the future. And if we botch our crystal ball reading, a patient, or the patient's insurer, can take us to the bank.

Many new patients vacillate, and the GFE, which we are plainly incentivized to overestimate, is gasoline for that fire. Some of them will cancel, and we will then see them in the emergency department instead of the office. Even if they engage, the GFE compromises it: Good psychiatric treatment involves a process of discovery that often leads to unexpected results. We learn early in training that assumptions are dangerous. Because the GFE requires us to make and rely on prejudgments, it may be impossible to practice good psychiatry and be in compliance with the law. Further, the GFE creates a perverse incentive for psychiatrists when patients get sicker because we must now consider whether we predicted the additional costs. If not, we have a Sophie's choice: Don't treat or do and risk our livelihoods.

The original purpose of the law was to prevent surprise billing, already a nonissue in outpatient psychiatry. Its actual functions are to make us pay for patients' care and to rob us of autonomy. It forces us to price our services like a retail product, when we are more like sculptors: we know when to use our tools, and our hands remember the clay, but nobody can guess how the fire will change the glaze. It precludes individualized treatment.

Unsurprisingly, the law was heavily lobbied by the insurance industry, particularly Anthem Blue Cross/Blue Shield, which filed almost three times as many lobbying reports as the next-highest organization. Now we stand before them blindfolded, and the GFE is their machine gun: They will use it to justify coverage denials, suppress reimbursement rates, force patients to pursue arbitration at our expense, and coerce us to refer to their preferred providers, and then hold us liable for unanticipated costs (itself an anticipated outcome of seeing specialists). All of these possibilities leave our practices vulnerable to a fatal surprise bill. The GFE is a leap forward on the familiar journey toward annihilating physician autonomy and solo private practices.

Patients and psychiatrists alike should be alarmed that the Centers for Medicare and Medicaid Services has made our work more burdensome and precarious during a period of unprecedented need for mental health care and burnout of health care professionals. The law was intended to prevent health care executives from looting patients *in extremis,* but its true consequence will be that they loot us instead. An exception must be made for outpatient psychiatry. **PN**

APA has signed onto a letter with other behavioral health associations about the administrative burden posed by the GFE and asked for an exemption from the regulatory requirements. At press time, APA was also seeking a meeting with CMS to update officials on APA member concerns and to work toward a solution, including simplification of the information required by the GFE. Look for more information in a future issue. APA's guidance for psychiatrists on the No Surprises Act is posted at https://www.psychiatry.org/psychiatrists/practice/practice-management/no-surprises-act-implementation.

Vast Changes Over Time Have Influenced Psychotherapy by Psychiatrists

BY SIDNEY WEISSMAN, M.D.

Sidney Weissman, M.D., is a clinical professor of psychiatry and behavioral science at Northwestern University Feinberg School of Medicine. He is a former APA trustee, a past president of the American Association of Directors of Psychiatric Residency Training, and past president of the Illinois Psychiatric Society.

Physicians in most areas of medicine view and experience their discipline as they did when they graduated from residency. We have psychiatrists who graduated when psychotherapy was the dominant psychiatric therapy and more recent graduates for whom the use of medications is commonplace.

In 1900, many psychiatrists worked in state hospitals for the insane. The most common disorder among patients was neurosyphilis. Later antibiotics removed syphilis from the patient disorders primarily seen by psychiatrists. In 1940, psychiatrists were still mainly employed in state hospitals without effective treatment for tens of thousands of patients diagnosed with schizophrenia.

After World War II, psychoanalysts who fled Europe exerted a significant influence on American psychiatry. In the 1950s and 1960s, new psychiatry departments were formed in medical schools with the most distinguished departments chaired by psychoanalysts. Their focus was on using psychoanalytic theory to understand behavior and psychiatric disorders. Graduates of their residencies focused on practicing psychotherapy.

In 1950 chlorpromazine—the first effective antipsychotic medication—was synthesized in France. Its initial use for the treatment of patients with schizophrenia in the United States occurred around 1955. Inpatient treatment of individuals with schizophrenia in private hospitals might not be given medication, and hospitalizations could last for months or years. During the same period, the introduction of antipsychotic medication in state hospitals led to the discharge of thousands of patients.

The 1980s and 1990s saw a shift in academic psychiatry departments. Tension arose between psychoanalytically influenced faculty and those focused on the evolving field and knowledge of psychopharmacology. Melvin Sabshin, M.D., a psychoanalyst and the APA medical director from 1974 to 1997, warned against both the risk of biologic reductionism in understanding the complexity of human behavior and the rigidity of psychoanalytic theory in developing treatments for our patients. During Dr. Sabshin's leadership, APA developed *DSM-III* and *DSM-IV.*

By the 1990s, psychotherapy and psychopharmacologic therapies competed for the soul of American psychiatry. As this internal debate raged, thousands of students graduated from psychology and social work graduate programs trained to practice psychotherapy.

In the 1980s, the health insurance landscape changed with the advent of managed care companies that determined reimbursement. In the absence of any significant evidence-based studies demonstrating any one group of practitioners was superior to another discipline's professionals, insurers paid all the same amount for comparable services. It became clear to psychiatrists that they could earn significantly more income treating patients by prescribing medications and having others provide psychotherapy.

As these changes occurred, the number of psychiatry residencies increased from 185 in 1990 to 317 in 2021. All psychiatry residencies are required for accreditation to meet the same standards and assess residents comparably. However, with thousands of faculty members and broadly diverse clinical sites, residency training experiences vary wildly.

see **Psychotherapy** *on page 33*

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PSYCHIATRIC NEWS
Special Report

Gambling Disorder Not Uncommon But Often Goes Undiagnosed

With rates of gambling-related suicide attempts somewhere between 12% and 30%, psychiatrists need to be prepared to diagnose, treat, and—most important of all—understand their patients with this illness. **BY JON E. GRANT, M.D., M.P.H., J.D.**

Jon E. Grant, M.D., M.P.H., J.D., is a professor of psychiatry and behavioral neuroscience at the University of Chicago in Chicago and the co-editor of *Gambling Disorder, Second Edition,* from APA Publishing. Members can purchase the book at a discount at https://www.appi.org/Products/Addiction-Psychiatry/Gambling-Disorder-Second-Edition.

"I feel completely out of control. Why am I doing this?"

Antoine was a 34-year-old, married man with two young children in school. Like many people, Antoine had always enjoyed betting on sports games with friends for a few dollars over the years. It had never caused him any difficulties. A couple of years ago, however, he lost his job in an accounting firm due to downsizing and was home most of every day. That was when he began betting on sports online. He was amazed at how many games he could bet on at one time. Although it had started out episodically and with small wagers over a period of a few months, Antoine was betting on dozens of sporting matches every day, even sports about which he admittedly knew little, and his behavior had escalated into larger and larger wagers.

"I became obsessed with betting" was how he described his behavior. Not making any income, he went through thousands of dollars of savings and accumulated fairly large debt on multiple credit cards. Antoine's wife asked about his job search daily, and he began lying to her, making up elaborate stories of interviews. In fact, he had not applied for any positions since he had begun gambling. He also lied to her about paying the credit card bills, and they sank deeper and deeper into debt. Every evening he disparaged himself for his behavior, telling himself he was out of control and promising he would quit gambling and look for a job the next day. Upon awakening each morning, however, he would head to his computer and begin gambling again, often trying to win back what he had lost the day before. He also began ignoring his children when they returned from school as he was in his study "looking for work" but was in fact gambling. After his wife found out by chance that they were seven months behind on the mortgage and she confronted him, Antoine admitted his behavior and sought treatment.

Whether it is having a poker night with friends, participating in an office March Madness pool, or buying a lottery ticket, most Americans have gam-

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bled at some point in their lives. When done responsibly, gambling can be fun, thrilling, and potentially rewarding; hiding in plain sight, however, are millions of people struggling with gambling disorder.

Gambling has also changed over the years, and psychiatrists need to be aware of the myriad ways that people gamble today. Not confined to land-based casinos or bars where people can buy pull tabs (tickets with tabs that can be pulled off to reveal what is hoped to be a winning combination of symbols), gambling has partnered with technology in complex ways to make gambling available to almost everyone at all times of the day and night. For example, the gambling-gaming convergence has exposed children and adolescents to the world of gambling via games in which people win money and then use their winnings to further their gaming. This has in turn led many parents to seek treatment for their children for gaming problems only to find that the underlying issue is often a gambling disorder. This gambling-gaming interface has also resulted in younger and younger people seeking help for gambling disorder. For adults, the growth of interactive gambling platforms, role of new player experiences and reward structures, tailoring of products to individuals, and integration of gambling into other online activities, such as social media, means that many people develop a gambling disorder quickly and may even be unaware that they are actually gambling: Because these games are online, many people have told me that they thought it was simply a fun game that got horribly out of control.

Approximately 1% of the U.S. population has gambling disorder, which puts this condition on par with schizophrenia and bipolar disorder in terms of prevalence. Yet compared with those two disorders, most people who have gambling disorder do so without showing any clear signs to their loved ones or physicians. Unlike substance use disorders, patients with gambling disorder frequently do not present any clear physiological signs of intoxication or withdrawal. Men seem to struggle with gambling disorder at higher rates than women, and yet women are far more likely to seek treatment for gambling problems. Rates of gambling-related suicide attempts are somewhere between 12% and 30%, and so gambling disorder is arguably as serious as many other illnesses encountered by psychiatrists.

Diagnosing Gambling Disorder

Psychiatrists should familiarize themselves with the *DSM-5-TR* criteria for gambling disorder. Though the criteria largely mirror those for substance use disorders, the most frequently endorsed criterion for gambling disorder is a distinct symptom known as "chasing losses"—the tendency to try to quickly win back lost money, which can lead people to make progressively larger and more reckless bets.

For busy clinicians, there is a range of short and long questionnaires and self-report measures to assess whether an individual has gambling disorder. One of the most used and reliable screens is the Lie/Bet Questionnaire, which consists of just two questions: Have you ever had to lie to people important to you about how much you gambled? Have you ever felt the need to bet more and more money?

Screening is important as people with gambling disorder are loathe to discuss their gambling habits unprompted, often feeling they do not have a medical or psychiatric problem but rather a character flaw. Additionally, because gambling disorder may present at any time from adolescence to older age, almost everyone should be screened.

For patients with a positive screen for gambling disorder, psychiatrists need to assess the extent of the problem, not just in terms of gambling symptoms and the amount of time spent gambling but also the effects of gambling on the individual's life, and evaluate for risk of suicidality.

Gambling can have profound negative consequences on a person's health (it is associated with hypertension); family life, finances, and work life (marital discord, bankruptcy, and workplace absenteeism are common); social life (people with gambling disorder often isolate from friends); and overall well-being (legal issues associated with gambling can wreak havoc on quality of life). For adolescents or young adults who have a gambling disorder, the financial and work consequences may not be as much of a problem if they are in school, not working, and parents are supporting them. In fact, one university student with gambling disorder told me that he simply asked his parents for more money each month and so he denied any financial issues due to gambling. Adolescents and young adults, however, may instead report that the largest negative consequences of their gambling is in the area of relationship stress (for example, not spending time with friends, losing relationships due to gambling) and school performance. In the case of older adults who have a gambling problem, the financial effects can be even more devastating due to their having to live on a fixed income. People with gambling disorder often require referrals to general practitioners and financial advisors and may need couples therapy and even legal counseling.

Part of the overall health assessment should include asking patients about the medications they have been prescribed and are taking. Starting about 20 years ago, people noticed that certain medications, especially dopaminergic drugs such as those for Parkinson's disease and the antipsychotic medication aripiprazole, seemed to be associated with the onset of gambling problems. *DSM-5-TR* even included in the diagnostic criteria that people who gamble only while using dopaminergic agents should not receive the diagnosis of gambling disorder. Similarly, gambling disorder should be ruled out for people who engage in reckless gambling during a manic cycle of bipolar disorder.

Psychiatric Comorbidities Common

Before treatment planning can commence, psychiatrists need to determine whether the patient has another psychiatric disorder, which is more the rule than the exception. The most common co-occurring psychiatric disorders include mood disorders (depression), substance use disorders (particularly alcohol use disorder and nicotine dependence), and anxiety disorders (Table 1).

Addressing comorbidity is complex for this patient population. For example, if the patient has depression and anxiety, does the depression or anxiety drive the gambling behavior—that is, does the person feels exhilarated or calm only while gambling? Or does the gambling lead to depression and anxiety? Knowing which is the driving force may result in very different treatment plans.

Psychiatrists should not assume that the co-occurring condition is more important than the gambling disorder. In my experience, patients are often told that their behavior is a consequence of their depression and psychiatrists do not probe the

"Rates of gambling-related suicide attempts are somewhere between 12% and 30%, and so gambling disorder is arguably as serious as many other illnesses encountered by psychiatrists."

Table 1. Most Common Comorbidities in People With Gambling Disorder

Comorbid disorder	Rates among people with gambling disorder
Mood disorder	33% to 78%
Substance use disorder	36% to 76%
Anxiety disorder	27% to 60%
Attention-deficit/hyperactivity disorder	13% to 40%
Impulse control disorder	18% to 43%
Any personality disorder	23% to 46%

Table 2. Pharmacotherapy for Gambling Disorder

Medications Studied	Strength of the evidence
Antidepressants Paroxetine Fluvoxamine Escitalopram Bupropion	Mixed results for the use of certain SSRIs; negative results compared with placebo for bupropion
Opioid Antagonists Naltrexone Nalmefene	Mixed results for opioid antagonists but overall stronger evidence than for SSRIs
Mood-Stablizing Agents Lithium carbonate Topiramate Olanzapine	Good results for lithium (although only used in people with gambling disorder and bipolar spectrum disorder); mixed results for topiramate; negative results compared with placebo for olanzapine
Glutamate Modulators N-acetyl cysteine (NAC)	Two positive studies for NAC

There is no FDA-approved medication for gambling disorder.

gambling behavior to any extent. This is probably due to the fact that psychiatrists often do not feel comfortable with how best to treat patients with gambling disorder and so opt for a problem with which they are familiar.

Of course, sometimes these factors are only sorted out after multiple meetings with patients. When in doubt, psychiatrists should have a working hypothesis but be willing to change approaches when the initial plan is not helping.

Treatment Approaches

The neurobiology of gambling disorder is far from completely understood, but the findings to date suggest that many people with gambling disorder exhibit a similar reward-processing dysfunction as seen with substance use disorder, which is why gambling disorder was included in the substance use disorders category of *DSM-5-TR* and why many successful treatments for gambling disorder are in part borrowed from those used for substance use disorders. Research on circuit-based treatments, predictors of treatment response, and long-term prognosis are ongoing.

Even without a clear understanding of the neurobiology of gambling disorder, interventions of varying intensity have been developed and proven effective. Lower intensity interventions (for example, self-guided interventions such as workbooks or brief professional interventions such as motivational interviewing) may be a place to start, moving on to more intensive interventions such as weekly cognitive-behavioral therapy (individual or group formats) or even inpatient residential programs.

The "gold standard" of care is cognitive-behavioral therapy; it is the best studied treatment for gambling disorder and has produced the most robust outcomes. It is therefore crucial for clinicians who treat gambling disorder to be trained in providing evidence-based care.

In addition to psychotherapy, psychiatrists should also consider the use of adjunctive medication—with the caveat that there are no FDA-approved medications for gambling disorder. Although several classes of medication have shown efficacy in treating people with gambling disorder, we lack large multicenter studies supporting the use of medications.

Nevertheless, the opioid antagonist naltrexone (currently FDA approved for alcohol and opioid use disorders) and the nutraceutical N-acetyl cysteine (a glutamate modulator) seem to have the strongest evidence for their use in treating gambling disorder (Table 2). Naltrexone may be particularly useful for patients who have strong urges to gamble or have a family history of addictions. The choice of medication, however, may also be influenced by which comorbidities are involved. For example, naltrexone may be a wise first choice for patients with gambling disorder and alcohol use disorder, whereas a selective serotonin reuptake inhibitor may be a good option for patients with gambling disorder and severe major depressive disorder.

In addition to professional interventions, other approaches, often used as augmentation to psychotherapy, are available. The most popular is Gamblers Anonymous (GA), which is available around the world and mirrors the 12-step approach of Alcoholics Anonymous. GA provides moral, social, and practical support in a group format. Although many gamblers fail to attend more than a single session of GA, those who have high attendance and engagement appear to achieve abstinence.

Another potentially useful supplement to treatment is voluntary exclusion. Casinos, card clubs, and internet gambling sites allow patrons to place themselves voluntarily on a "Do Not Serve" list for varying periods of time. People on the list who try to enter an excluded establishment are removed and potentially charged with a trespassing offense. When used with individual psychotherapy, voluntary exclusion may provide additional benefit.

Conclusion

Treatment for gambling disorder has evolved over the past 30 years, and there are many evidence-based interventions. It is a worldwide problem, and research continues to develop more effective treatments. That does not mean, however, that people take advantage of current treatments.

If we return to the case of Antoine, it should not surprise anyone to learn that he came to an initial appointment and made strong pronouncements that he wanted to quit gambling. Despite these statements, he failed to follow up with treatment initially. Patients' ambivalence about treatment is strong, as many people want to quit losing at gambling more than they want to quit gambling. Even with evidence-based interventions, people with gambling disorder struggle, oftentimes with multiple relapses and feeling hopeless about getting better. Approximately six months after his initial appointment, Antoine re-entered treatment as his marriage was on the point of collapse, and this time he stayed in treatment receiving both therapy and medication.

"Patients' ambivalence about treatment is strong, as many people want to quit losing at gambling more than they want to quit gambling."

New technologies, the rise of internet gambling, and other money-chasing trends like cryptocurrencies are expanding gambling opportunities and bombarding people with these options. Will the rates of gambling disorder increase with more and easier opportunities to gamble? Because of this concern, public health initiatives need to focus on primary prevention through educating people of all ages about the risks associated with gambling.

Because of the ubiquity of gambling, people who already have a problem may develop a worse gambling problem, and those who are trying to stop may face multiple hurdles to achieving abstinence. To combat the barrage of gambling opportunities, psychiatrists and researchers need to continue to develop better treatment options that recognize the ambivalence of gamblers (such as Antoine) to quit and the various demographic differences (for example, gender, age, race/ethnicity) of people with gambling disorder. **PN**

Disclosure statement: Jon E. Grant, M.D., M.P.H., J.D., has received research grants from Otsuka and Biohaven Pharmaceuticals. He receives yearly compensation from Springer Publishing for serving as editor in chief of the Journal of Gambling Studies *and has received royalties from Oxford University Press, APA Publishing, Norton Press, and McGraw Hill.*

ON MENTAL HEALTH, PEOPLE, AND PLACES

The Justice and Affirmative Action

BY EZRA E. H. GRIFFITH, M.D.

Ezra E. H. Griffith, M.D., is professor emeritus of psychiatry and African American Studies at Yale University.

For a long time, I have thought that writing about single lives is at the heart of what my friend and colleague Yale Professor Michael Norko calls "vocation." In this case, the term would refer to the spirituality that resides within the composing of biographies. Norko has explored different definitions of what one might mean by spirituality in a specific context. One that I like is "doing what is in the interest of others and oneself." Norko was aware that God is not mentioned in that definition, yet he concluded that "we must contemplate the definition of spirituality individually to reveal its application to our daily work, which brings us to the topic of vocation" (see "What is Truth? The Spiritual Quest of Forensic Psychiatry" in the March 2018 *Journal of the American Academy of Psychiatry and the Law*).

This brief exposition of Norko's "vocation" has guided my examination of biographical writing. I always want to understand how the subject approached life; the expressed relatedness to others; the salience of work, of play; the practical application of effort and time to specific activities; the connection between love of neighbor and service through one's profession; the image of self as represented in one's work and personal actions.

It is with Michael Norko in mind that I settled down to reading the February 22 *New York Times Magazine* article by Danny Hakim and Jo Becker: "The Long Crusade of Clarence and Ginni Thomas." It is a detailed, complex piece about a current Supreme Court justice and his wife. Both are ardent conservatives who enjoy the limelight as leaders of the anti-libertarian movement in this country. I concentrate here only on Clarence Thomas's view that affirmative action undercuts self-reliance. I have no interest at all in his personal health, and I have never met him.

We learn from Thomas's biographers that he was raised by his grandfather in the South and graduated from the College of the Holy Cross. From there, he attended Yale Law School. It appears that graduation did not bring prestigious job offers. In addition, some individuals apparently suggested that his acceptance to Yale was based on preferential treatment. In other words, he may have been a token Yale student, pulled from the line of Black applicants and pushed ahead because of his minority status. Those Yale years became an important event in Thomas's life. From then, he matured into a zealous anti-affirmative action ambassador, with a will to destroy the affirmative action movement. Of course, there are others intent on accomplishing that objective. However, Thomas's voice carries weight. People listen to him when he speaks. He also knows, because many have praised him in public, that he has access to distinguished social groups in which few Blacks gain entrance and his presence is distinctive.

I understand that suggesting he benefited from affirmative action may have left him disappointed, less authoritative than he wanted to be. Only he knows, of course. But why would he dismantle a mechanism that has served so many others in past years? His biographers did not mention whether he has a replacement for affirmative action. I am curious about this point. I wonder how he thinks about these things. Education is linked to mental health. When access to educational institutions is circumscribed and identity development is limited, so is generous access to excellence.

I anticipate the suggestion that it is not the jurist's role to find solutions to sociopolitical dilemmas. As we all know, that is an antiquated principle. Many professions have tried on that excuse, including the medical profession, to no useful end. Jurists these days must be aware of their decisions' effects on neighbors. I return to Norko's com-

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Biomarker May Predict Response to Antidepressants

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Though more research is necessary, researchers believe a blood test may one day be able to predict a patient's response to antidepressants within one week. ***BY KATIE O'CONNOR***

Psychiatrists understand the frustration patients feel when they start an antidepressant, deal with the side effects, and do not experience any change in their symptoms for as many as six weeks, if they respond at all. But researchers may be one step closer to developing a simple blood test that could indicate whether a patient will respond to a prescribed antidepressant as early as one week after starting the medication.

Mark Rasenick, Ph.D., Steven Targum, M.D., and colleagues have identified a biomarker that predicts whether patients with major depressive disorder (MDD) will respond to antidepressants. They published their findings in *Molecular Psychiatry* earlier this year. Rasenick is a distinguished professor of physiology and psychiatry at the University of Illinois College of Medicine; a VA Research Career Scientist; and co-founder, president, and chief scientific officer at Pax Neuroscience, a life sciences company focused on developing biomarker tests for the fields of psychiatry and neuroscience. Targum is scientific director with Signant Health and chief medical officer at Pax Neuroscience.

Rasenick and Targum's work builds on decades of previous research around the protein Gs alpha, which neurotransmitters use to make the molecule adenylyl cyclase. Previous research has shown that adenylyl cyclase is low in patients with MDD because Gs alpha is predominantly stuck in membranes called lipid rafts. Antidepressants appear to move Gs alpha out of those rafts, the authors wrote, and boost the patient's adenylyl cyclase.

The researchers analyzed data from a study at the Emory University School of Medicine involving 49 participants with MDD and no psychosis and 59 controls with no history of MDD; participants ranged in age from 30 to 64 years. They were screened using the 17-item Hamilton Rating Scale for Depression (HAM-D) and completed at least two visits with researchers, scheduled one week apart, at which blood draws occurred to assess Gs alpha.

Analyses of the blood draws revealed that during the initial screening visit, participants with MDD who were not taking antidepressants had significantly lower Gs alpha-activated adenylyl cyclase activity compared with healthy controls, confirming decades of research that suggested depressed patients have some impairment in their ability to boost adenylyl cyclase, Targum explained.

Then, the researchers examined if the Gs alpha biomarker could also predict whether patients responded to antidepressants. The patients with MDD were invited to participate in an open-label antidepressant study for six weeks, and 19 chose to do so. (The patients were prescribed citalopram, duloxetine, escitalopram, fluoxetine, nortriptyline, or venlafaxine XR after consultation with a study psychiatrist.) They had their blood drawn a third time after the six weeks had passed. Overall, 11 of the participants responded to their antidepressants (response was defined as ≥50% improvement on HAM-D score) after six weeks.

The patients who responded to their antidepressant treatment experienced significant increases in Gs alpha-activated adenylyl cyclase compared with those who did not respond to the medications, Targum and Rasenick found. Eight of the patients who responded to their medications had a 30% increase in adenylyl cyclase stimulation, which Targum said is a significant increase. "Achieving significance in such a small sample is remarkable," he said.

The findings suggest that a blood test may be capable of indicating that a patient is responding to treatment by showing whether Gs alpha is out of the lipid rafts. More research is necessary, Targum and Rasenick said, but they are optimistic. "There are so many years of preclinical work that are entirely consistent with this finding that we're really enthusiastic that we have something very meaningful, but cautious in saying that we absolutely do," Rasenick said.

Targum added, "The idea of identifying a biomarker that would facilitate treatment has been an elusive target of Mark and mine's collective careers."

Because blood platelets only live one week, Rasenick explained, the biomarker might show whether the patient will respond to antidepressants as soon as one to two weeks after beginning the medication.

"As a previously practicing psychiatrist, I know how frustrating it can be for patients to wait and find out if they will respond to these antidepressants," Targum said. "Their question is, What's the justification for me to continue taking this medication, other than my psychiatrist telling me it takes four to six weeks? This would allay some of that anxiety and give them some assurance that continuing their medications for a longer period of time is warranted."

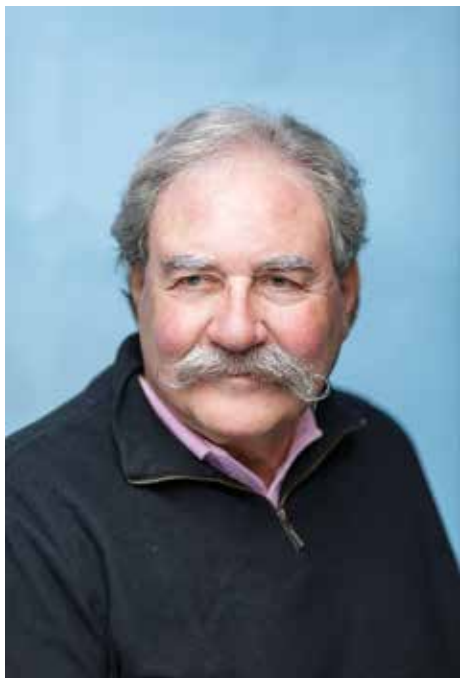
Past APA President and psychopharmacology expert Alan Schatzberg, M.D., said Rasenick and Targum's study is important. "This could be a very, very useful biomarker that could be used as a companion to treatment," he said. Psychiatrists may potentially be able to use the biomarker to answer questions around dosage schedules for patients, as well. "There are a couple of ways it could be used," he said, noting that more research, especially around the biomarker's potential use as a diagnostic test, is necessary. Schatzberg is the Kenneth T. Norris Jr. Professor of Psychiatry and Behavioral Sciences at Stanford University.

Next, Targum and Rasenick hope to conduct a double-blind, placebo-controlled study so they can confirm their findings and test their hypothesis that the biomarker could be evident as soon as one week after treatment starts.

"We consider this a social justice project," Rasenick said. "Many people with depression don't seek treatment because they think it's all in their heads. If we can convince them that, actually, depression is a disease that can register in the blood, we can hopefully do good things for a lot of people, prevent suicide, and transform the care of people with depression."

The study was funded by National Institutes of Health grants to Pax Neuroscience and a U.S. Department of Veterans Affairs Merit Award. **PN**

"A Novel Peripheral Biomarker for Depression and Antidepressant Response" is posted at https://www.nature.com/articles/s41380-021-01399-1.



To further test the biomarker, Mark Rasenick, Ph.D., says he and his colleagues hope another study can be conducted this year, and they are working to secure the financing to do so.

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ments on the link between spirituality and vocation. I just wish I could see the interest in others, the love of neighbor that the Justice brings to these debates. Affirmative action does not undercut self-reliance. Such a claim mocks efforts at self-improvement. **PN**

"What Is Truth? The Spiritual Quest of Forensic Psychiatry" is posted at http://jaapl.org/content/46/1/10.full.pdf. "The Long Crusade of Clarence and Ginni Thomas" is posted at https://www.nytimes.com/2022/02/22/magazine/clarence-thomas-ginni-thomas.html.

Brief CBT Interventions May Stop Depression Before It Starts

Researchers have found that just a few months of cognitive-behavioral therapy (CBT) can reduce the risk of depression in high-risk groups, such as older adults with insomnia.
BY LINDA M. RICHMOND

Peter Valckx

Pim Cuijpers, Ph.D., says brief targeted interventions cost only a fraction of that of routine treatment of depression.

According to data from the National Institute of Mental Health, nearly 1 in 10 Americans had a major depressive episode in 2020, a condition that robs individuals of the joy in life and is a risk factor for cognitive decline, disability, and mortality. Yet studies show that fewer than half of individuals with depression receive treatment and a considerable group of patients do not respond. Relapse rates are high.

A growing body of research is focused on ways to prevent major depressive disorder (MDD) with brief psychological interventions before it develops into the full-blown disease.

"We need to find other methods to reduce the impact of this disease. Prevention is one of the most important possibilities," Pim Cuijpers, Ph.D., director of the WHO Collaborating Centre for Research and Dissemination of Psychological Interventions and a professor of clinical psychology at Amsterdam Public Health Research Institute, told *Psychiatric News*.

Cuijpers and colleagues recently completed a meta-analysis of 50 studies comparing depression outcomes in participants assigned to a psychotherapeutic intervention with those assigned to a control group. These interventions included cognitive-behavioral therapy (CBT), interpersonal therapy, behavioral activation therapy, and more. More than 12,000 people participated in these trials, including older adults in care homes, pregnant women receiving public assistance, high school students, and adults with major medical problems. None of the participants were diagnosed with depression at the time of study enrollment.

According to results published in *Clinical Psychology Review* in February 2021, individuals who received a brief psychotherapeutic intervention were 19% less likely be diagnosed with MDD 12 months later than those who did not receive the intervention.

Previous research has found strong evidence for "indicated" preventions, or those that are aimed at people who already have some depression symptoms but not the full-blown disorder. However, there is also increasing evidence that brief "selective" interventions, which are aimed at individuals deemed high risk for MDD, such as new moms or children of depressed parents, can also reduce the incidence of depressive disorder by about 20%, he said.

In that vein, researchers are now piloting a suite of digital interventions with college students in Holland who present with various risk factors for depression. The project, part of the WHO World Mental Health Surveys International College Student Project led by Harvard University, involves surveying 160,000 students at six universities annually about their experiences with procrastination, worrying, and perfectionism—known risk factors for depression. Students who score high on one of these factors are invited to participate in a corresponding CBT-based digital intervention.

Although the researchers are still collecting and analyzing data on the effectiveness of these interventions, Cuijpers sees great potential. That's because the prevalence of depression in college students is so high, with 21% of students experiencing major depression, and because the cost of the digital interventions is so low compared with the price tag for routine depression treatment.

Treating Insomnia Halves MDD Risk

Researchers have found another brief psychotherapeutic intervention, this one targeting insomnia in older adults, can also prevent depression. A study published last November in *JAMA Psychiatry* found that offering cognitive-behavioral therapy for insomnia (CBT-I) cut the risk of depression in half, even in patients who previously had MDD.

Insomnia, which affects nearly 50%

see **CBT** *on page 40*

COVID-19's Impact on Development Remains Unclear

iStock/Image Source

Six-month-olds who were exposed to COVID-19 in utero achieved similar developmental milestones as those who were not exposed to the virus, a study in JAMA Pediatrics *found. However, many questions about the effects of COVID-19 exposure on development remain.* ***BY NICK ZAGORSKI***

As COVID-19 began to spread around the world in 2020, many wondered and worried what the effects of the virus might be on babies who were exposed in utero.

A study in *JAMA Pediatrics* suggests that babies born to women who contracted COVID-19 during pregnancy performed similarly on developmental milestones at six months as those babies born to women who did not contract COVID-19. However, when the researchers compared babies born between March and December 2020 with babies born one year before the pandemic, they found that babies born during the pandemic had lower scores on motor and social skills assessments.

"It is important to stress that we did not observe frank differences between the two sets of babies," said study investigator Dani Dumitriu, M.D., Ph.D., an assistant professor of pediatrics (in psychiatry) at Columbia University Medical Center. "These were subtle downward shifts in some developmental milestones."

At the same time, since hundreds of millions of children have been born during the pandemic, Dumitriu said these small individual differences add up to a global public health concern.

Dumitriu and her colleagues made use of data from Columbia's COVID-19 Mother Baby Outcomes Initiative—a prospective cohort study that has been enrolling pregnant women since the first wave of COVID-19 hit New York in the spring of 2020. The researchers focused on data from 255 mothers, including 114 who had been infected by COVID-19 while pregnant. All the participants filled out the Ages & Stages Questionnaire (ASQ) when their children reached about six months of age. The ASQ is a validated tool that measures five key developmental domains: communication, fine motor skills, gross motor skills, problem solving, and personal-social skills.

When comparing babies born to mothers who had contracted COVID-19 with those whose mothers had not, the research team found no differences in performance for any of the five domains. "We looked at that data every way you could imagine," Dumitriu told *Psychiatric News*, noting that they analyzed the effects of infection timing, severity, and/or whether the babies needed neonatal intensive care after birth.

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People With Depression More Likely To Believe Vaccine Misinformation

Mistaken beliefs about vaccination may be linked to the negative bias inherent in depression. **BY TERRI D'ARRIGO**

Individuals with moderate to severe depressive symptoms were twice as likely to believe misinformation about COVID-19 vaccines than those without depressive symptoms, according to a report in *JAMA Open Network*. Moreover, individuals who believe misinformation about COVID vaccines are less likely to be vaccinated or be willing to get the vaccine.

Roy H. Perlis, M.D., M.Sc., associate chief for research in the Department of Psychiatry and director of the Center for Quantitative Health at Massachusetts General Hospital, and colleagues analyzed data from U.S. adults who responded to at least one of two online surveys conducted between April 1 and May 3, 2021, and between June 9 and July 7, 2021. The surveys were part of The COVID States Project, which has issued surveys approximately once every six weeks since April 2020.

As part of these surveys, the respondents were asked to indicate whether they believed the following statements to be accurate or inaccurate: "The COVID-19 vaccines will alter people's DNA," "The COVID-19 vaccines contain microchips that could track people," "The COVID-19 vaccines contain the lung tissue of aborted fetuses," and "The COVID-19 vaccines can cause infertility, making it more difficult to get pregnant."

Survey participants also completed the Patient Health Questionnaire 9-item (PHQ-9) to assess whether they had major depressive symptoms over the preceding two weeks, with a score of 10 indicating at least moderate depression.

Center for Genomic Medicine

The study's results point to a need to ensure that people with depression get the care they need, says Roy H. Perlis, M.D., M.Sc.

Weill Cornell Medical College

Richard A. Friedman, M.D., recommends taking a nonaggressive approach to conversations about vaccine misinformation with patients.

"We know that depression can be associated with a negative cognitive bias—that is, with increased attention to more negative aspects of the environment—so we wondered if that bias might predispose people to believe misinformation, since so much misinformation is negative," Perlis told *Psychiatric News*. "So much of the discussion of misinformation focuses on the sources of misinformation. There's no question there's a lot that can be done to address those sources. We wanted to understand what makes people more susceptible to misinformation."

Among 15,464 survey respondents (64% of whom were women), 26.9% had at least moderate depressive symptoms on the PHQ-9, and 19.2% indicated they believed at least one vaccine-related statement of misinformation. People with depressive symptoms were 2.33 times more likely to endorse misinformation than those who did not have depressive symptoms.

The researchers also analyzed a subset of 2,809 individuals who answered both surveys. They found that people who reported depressive symptoms in the first survey were more likely to mark more vaccine-related statements of misinformation as true in the second survey.

The findings point to a need for improving care, Perlis said.

"This is just one more reason that we as a country need to make sure people can be evaluated for depression when they need it, and access good, evidence-based treatment when they need it," Perlis said. "I think we as psy-

see **Misinformation** *on page 18*

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The researchers next compared the six-month ASQ scores of the babies born during the pandemic with the six-month ASQ scores of babies born before the pandemic (these data were collected between November 2017 and January 2020 as part of a separate study at Columbia examining how gestational diabetes affects neurodevelopment).

Compared with the babies born before the pandemic, those born during the pandemic scored statistically lower on the ASQ domains of fine motor skills, gross motor skills, and personal-social skills.

"Motor skills tend to be readily affected by stress during pregnancy, so it was not surprising that these domain scores dropped during the pandemic," Dumitriu said. She added that the drop in social skills could be related to pandemic-era societal changes, including greater social isolation and mask wearing.

These results are not the first indication that the pandemic has had an adverse impact on neurodevelopment. Late in 2021, researchers at Brown University published preliminary data from their own ongoing cohort of children that started back in 2011. These data revealed that children born during the pandemic whose mothers had not contracted COVID-19 scored significantly lower on cognitive assessments relative to children born between 2011 and 2019 at similar ages.

Dumitriu told *Psychiatric News* that the Brown study also looked at early-life domains, including motor skills and communication, but used a clinician-administered tool known as the Mullen Scales of Early Learning rather than the parent-completed ASQ. "While the overarching concepts are the same," key differences in how the children were assessed must be taken into consideration, she said. Dumitriu added that the COVID-era assessments were done by clinicians wearing masks—which had not been the case previously—and that might have impacted the children's reactions.

More recently, researchers at Massachusetts General Hospital released preliminary data that suggest babies born to mothers who experienced a COVID-19 infection during pregnancy were about twice as likely to be diagnosed with a neurodevelopmental disorder by 12 months of age as babies who were not exposed to COVID-19.

For the study, the researchers focused on medical diagnoses recorded in electronic health records rather than developmental assessments of babies born between March and September 2020. The researchers noted that physicians might have been more inclined to give a neurodevelopmental disorder diagnosis to the babies, given concerns over their exposure to COVID-19 when in utero. Many questions about the effects of COVID-19 exposure on development remain, given that even the oldest exposed children are not yet 3 years old.

"Other groups are exploring this issue as well, and it's critical that new data keep coming in so we can replicate these findings and see how development progresses over time," Dumitriu said. "We have to remember that each study is just a snapshot in time. It's possible these infants [born during the pandemic] will catch up developmentally by age two or three, or maybe the gap will keep growing."

As the data come in, Dumitriu said there is plenty that parents can do to promote healthy development. "The messaging is not that different from before: minimize screen time as much as possible, socialize, and spend time outdoors." **PN**

"Association of Birth During the COVID-19 Pandemic With Neurodevelopmental Status at 6 Months in Infants With and Without In Utero Exposure to Maternal SARS-CoV-2 Infection" is posted at https://jamanetwork.com/journals/jamapediatrics/fullarticle/2787479. "Impact of the COVID-19 Pandemic on Early Child Cognitive Development: Initial Findings in a Longitudinal Observational Study of Child Health" is posted at https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1. "Neurodevelopmental Outcomes at One Year in Offspring of Mothers Who Test Positive for SARS-CoV-2 During Pregnancy" is posted at https://www.medrxiv.org/content/10.1101/2021.12.15.21267849v1

Intervention, Resilience May Counter Poverty's Impact on Brain Development

Poverty has a significant impact on the developing brains of infants, as Cynthia Rogers, M.D., outlined during a recent National Institute of Mental Health webinar. But there is also evidence that some interventions can make a big difference and that the brain may be able to develop in a way that suggests resilience toward challenging conditions. **BY KATIE O'CONNOR**

For decades, research has shown that children who grow up in poverty face numerous challenges regarding their brain development, according to Cynthia Rogers, M.D. But more evidence may be emerging that suggests the brain is also resilient, and prevention, interventions, and policy changes can make a significant difference in children's lives.

Rogers spoke as part of the National Institute of Mental Health's Innovation Speakers Series during the session "Addressing Social Determinants to Optimize Infant Brain Development." She is a professor of psychiatry and pediatrics and associate director of the Center for the Study of Race, Ethnicity, and Equity at Washington University. She is also the co-director of the Washington University Neonatal Development Research (WUNDER) Lab.

Rogers pointed out that social determinants of health—such as economic instability, a child's neighborhood and built environment, and inadequate access to quality health care—account for 75% of population health outcomes, according to the Robert Wood Johnson Foundation. "If we are interested in improving health, either through research or through clinical care, how can we do that if we are not addressing something that is responsible for three-quarters of the outcome?" she said. "It is really important that we embrace this as practitioners."

Poverty, she said, is related to almost all social determinants, and along with family history, genetics, and prenatal and postnatal stressors, has a significant impact on the developing brain. Poverty's impact on the developing brain is a burgeoning area of research, most of which has been focused on older children. But Rogers and her colleagues are conducting numerous studies investigating adverse exposures in the prenatal period, several of which she detailed during her talk.

Both structural racism and the stress of experiencing racism on a daily basis can lead to starkly disparate outcomes for minority communities, says Cynthia Rogers, M.D.

For example, Rogers and her colleagues have been running the WUNDER study since 2007, investigating the impact of premature birth on brain development. They found that neighborhood poverty—as measured by the Area Deprivation Index—during the prenatal/perinatal period was related to brain connectivity at birth, which is associated with psychiatric outcomes. The findings were published in *Developmental Cognitive Neuroscience*.

But there is also evidence of resilience to these poverty-related brain changes, she said. "I think a lot of folks are concerned about stigmatizing children by saying that if you [live] in poverty, your brain changes," she said. But she pointed to a recent study published in *Nature Communications* that used MRI data from more than 6,800 children aged 9 and 10 enrolled in the Adolescent Brain Cognitive Development (ABCD) study.

The study analyzed how activity in the frontoparietal networks (which control executive function and cognitive control) and default mode networks (which have more to do with emotions and internal regulation) relate to scores on cognitive tests. For children not living in poverty (defined as a family of four making more than $25,000 a year), they found the expected result: better performance on cognitive tests correlated with weaker coupling of these two networks of the brain. For children from households in poverty, however, the direction was reversed: Better performance on the tests was directionally related to stronger connectivity between the two networks.

"There are ways in which our brains develop optimally … so that we can still be successful [regardless of our environments]," she said. "We should be a little bit more circumspect about what some of the changes that we find [relating poverty to outcomes] mean until we can do more longitudinal studies. … Could there be some compensatory changes in the brain of those who grow up in poverty that still enable them to have optimal outcomes?"

There is a great deal that can be done to combat the challenges children experience when born into and grow up in poverty, Rogers said, and evidence is growing that improving the environments to which children are exposed can optimize brain development. She presented preliminary findings from an ongoing study that also involves children enrolled in the ABCD study, evaluating how anti-poverty programs might mitigate some of the disparities in brain development. The findings show that, for children in states with more generous social welfare programs, the relationship between poverty and hippocampal volume in the brain was diminished, meaning that those children experienced more resilience in terms of their brain development, she said. "This points to the impact that improving economic stability could have," she said.

Rogers concluded her talk by reiterating the continued need for additional studies that take into account the social determinants of mental health.

"We need more research that is focused on the neonatal period to really understand how the brain is evolving over time and also what the outcomes of these kids will be," she said. **PN**

"Addressing Social Determinants to Optimize Infant Brain Development" is posted at https://www.nimh.nih.gov/news/events/2022/directors-innovation-speaker-series-addressing-social-determinants-to-optimize-infant-brain-development. "Brain Connectivity and Socioeconomic Status at Birth and Externalizing Symptoms at Age 2 Years" is posted at https://www.nature.com/articles/s41467-021-27336-y. "Brain Network Coupling Associated With Cognitive Performance Varies as a Function of a Child's Environment in the ABCD Study" is posted at https://www.nature.com/articles/s41467-021-27336-y. Information about the WUNDER Lab is posted at https://wunderlab.wustl.edu/.

Misinformation

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chiatrists have an obligation to advocate for better and more accessible care. So I hope this becomes yet another motivation for people to advocate for such care."

Richard A. Friedman, M.D., a professor of clinical psychiatry and director of the Psychopharmacology Clinic at Weill Cornell Medical College, who was not involved in the research, reflected on the findings as they relate to the longevity of the pandemic. Friedman is the author of a paper in the January 2021 issue of *Psychiatric Services* that explored the reasons why people are vulnerable to conspiracy theories.

"Negative information, whether true or false, jives perfectly with the pessimistic outlook that is the hallmark of depression—a sense that one is powerless and vulnerable in a world where uncontrollable and bad things happen," Friedman said. "Considering the high lifetime prevalence of depression in the country—around 20%—and the fact that it has soared during the pandemic, it is no stretch to think that depression could play a significant and hidden role in the spread of misinformation in general and prolongation of the pandemic," Friedman said, noting that the United States has comparatively low rates of full vaccination compared with most countries in the world.

Friedman recommends that psychiatrists take a nonaggressive approach to opening discussions about vaccine misinformation with their patients.

"I think being curious and nonjudgmental and using gentle questioning is a good place to start," he said. "Ask your patients where they got the information, try to understand how they think about it, and then suggest there are different and more accurate data you can share and explain why that information is correct."

This study was supported by the National Science Foundation, the National Institute of Mental Health, Northeastern University, Harvard Kennedy School of Government, and Rutgers University. **PN**

"Association of Major Depressive Symptoms With Endorsement of COVID-19 Vaccine Misinformation Among US Adults" is posted at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788284. "Why Humans Are Vulnerable to Conspiracy Theories" is posted at https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000348. APA offers psychiatrists information and resources about COVID-19 and vaccination at https://www.psychiatry.org/psychiatrists/covid-19-coronavirus.

A New Role for Interventional Psychiatrists: Ambassadors for Recovery

BY RICHARD A. BERMUDES, M.D.

It is now April, and a year has passed since the first Interventional Psychiatry column appeared in *Psychiatric News*. When the column was first conceptualized, I thought that it would be a great venue to share information and the latest research findings on interventional treatments, highlight new and innovative treatments, and increase referrals to interventional psychiatry practices. Over the last year, however, I have begun to think that interventional treatments should be implemented because they are not only new and innovative, but also they lead to significant improvements in functioning and well-being. In other words, we should provide interventional treatments and refer to interventional treatments for *superior* patient outcomes, not just because the patient's illness is not responding to conventional psychiatric treatments.

So how do we measure patient outcomes? Most interventional psychiatrists use a validated questionnaire to measure depressive symptoms (for example, the Montgomery-Åsberg Depression Rating Scale, Hamilton Rating Scale for Depression, and PHQ-9). When insurers first started covering transcranial magnetic stimulation (TMS), all required a baseline measure of depression with a validated questionnaire. Today most insurers require validated measures for monitoring symptoms while patients are receiving TMS, esketamine, and ECT. Although we like to complain about the insurance industry, I think the requirement to measure our outcomes has been a positive shift to improve quality overall and a big win for patients! Measures such as the PHQ-9 should be required to cover medication treatments and to monitor outcomes for all treatments including psychotherapy.

For patients with depressive symptoms, I use the PHQ-9. It is widely available; easy for patients to complete; in the public domain ("free"); and more importantly, used by many mental health and primary care clinicians. When I call a family practice physician or therapist and say, "Our patient had a PHQ-9 score of 25 at baseline, but after five treatments with esketamine, the patient's PHQ-9 score dropped to 12," the doctors get it! They understand the metrics because they have used the PHQ-9 with hundreds of patients.

When speaking with patients and families, I don't speak in this manner, as it is meaningless from their perspective. Besides the total score, there are two other scores for items within the PHQ-9 that resonate with patients (see top box). Item 9 asks about dangerousness to self, self-harm, or suicide, and item 10 asks about the impact of the depressive symptoms on the patient's functioning. For patients and their families, these two items might be more important than the total PHQ-9 depression score. Why would it matter if the depression score was 50% better, but there is still suicidal thinking (item 9) or significant impairment (item 10) at work?

Along with the total score and the individual elements that make up the questionnaire, I focus on items 9 and 10 and really try to understand the patient's world of depression. Once I understand the patient's world, I can most effectively assist the patient and choose the most appropriate interventional treatment. I can also paint a picture of recovery and appropriate expectations about what it is going to take to get there. Most of the time it is not just using an interventional treatment as monotherapy, but rather we integrate the interventional treatment with conventional medication management and psychotherapy.

Interventional psychiatrists are like psychiatrists who have subspecialized in other areas of psychiatry. We are ambassadors for patient recovery first! **PN**

Richard A. Bermudes, M.D., is the chief medical officer at Mindful Health Solutions in San Francisco and an assistant clinical professor of psychiatry at the University of California, San Francisco. He is also the co-editor of *Transcranial Magnetic Stimulation: Clinical Applications for Psychiatric Practice* from APA Publishing. APA members may purchase the book at a discount at https://appi.org/Products/Neuropsychiatry-and-Biological-Psychiatry/Transcranial-Magnetic-Stimulation.

Three Key Elements of PHQ-9 to Review With Patients

The Patient Health Questionnaire-9 can be used to understand how patients see their world. These are the major items to discuss with regard to depressive symptoms.

Item 9: Suicidality
Severity and frequency are rated numerically 0-3.

Item 10: Functional Impairment
- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Depression Symptom Severity: Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Communicating Depression Outcomes

In communicating with clinicians and with patients, I have several categorical outcomes that I try to highlight. The one that is meaningful and reachable for patients is recovery.

For Patients and Families
- **Clinical Improvement:** 5-point reduction in PHQ-9 (depression severity) and improvement in Items 9 and 10.
  "It looks like your depression is starting to improve. It looks like you are having reduced sadness and thoughts of self harm. You appear to be socializing more and having a better time with your family."
- **Recovering:** Total PHQ-9 score is <10, item 9 is 0, and item 10 is "not difficult at all."
  "It looks like you are recovering from depression and are having reduced sadness and no thoughts of self harm. It looks like you are socializing more and having a better time with your family. Although you are reporting some mild feelings of sadness, it appears to be less frequent and not impacting you at work or home or in your relationships."

For Other Clinicians or Members of the Clinical Team
- **Response:** 50% improvement in PHQ-9 score (depressive severity).
- **Remission:** The almost total absence of any depressive symptom and no impairment in functioning. PHQ-9 <5.

Documentation

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A succinct medical record with accurate information based on facts and observations is recognized as best practice. The medical record should tell a story and be easily understood. A logical, clear thought process reduces the chance of misinterpretation during a legal or regulatory proceeding. Plaintiff attorneys comb through records to find "holes" in patient records and look for breaches to the standard of care. A well-organized, written medical record enhances credibility and is the best strategy to mitigating risk and defending a malpractice claim. Taking proactive steps in your documentation will protect you in the event of a lawsuit or licensing board complaint. **PN**

APA's 2022 Annual Meeting: Celebrate Reconnecting!

This special section contains information on APA's 2022 Annual Meeting in New Orleans, APA's first in-person meeting since 2019. The section includes the scientific program as of press time and articles providing additional information on some of the major sessions. For the latest program information, visit APA's Session Search at https://s7.goeshow.com/apa/annual/2022/session_search.cfm.

Plenary Spotlights Why Addressing Social Determinants of Health Is Critical

A plenary session at the Annual Meeting aims to fill the gaps in traditional medical training by delving into broader social issues that have a huge impact on patient care. **BY LINDA M. RICHMOND**

Making a dent in our societal mental health crisis will require psychiatrists to begin to tackle the demand side of mental illness.

According to Sarah Y. Vinson, M.D., founder of Lorio Psych Group and an associate professor of psychiatry and behavioral sciences and director of the Child and Adolescent Psychiatry Fellowship Program at Morehouse School of Medicine, the mental health care system is focused on the fact that there are many more people in need of mental health services than there are services available to help them.

"We can address this mismatch in one of two ways," she told *Psychiatric News*. "We can provide more services or we can ask the question, 'Why are there somany people in need of services in the first place?'"

Vinson will join economics scholar Peter Q. Blair Ph.D., an assistant professor of education at the Harvard Graduate School of Education and principal investigator of the Blair Economics Lab, in delving into the economics of mental health service delivery at the Annual Meeting plenary session on Monday, May 23. "In order to really move the needle on patients' mental health in a significant way, I think that these interdisciplinary collaborations are absolutely critical," Vinson said. "Our traditional medical training is focused on individuals, symptoms, diagnoses, billing, best-case scenario formulation. It hasn't taught us to think about these broader social issues that have such a huge impact on who comes to us, with what symptoms, and how."

Vinson, who is a co-author of *Social (In)Justice and Mental Health* from APA Publishing, maintains that one of the most important ways of decreasing demand for mental health services is by advancing improvements in the social determinants of health that begin well before birth and leave subgroups of the population particularly vulnerable to mental illness. This includes addressing racial discrimination and social exclusion; adverse early life experiences; poor education; unemployment, underemployment, and job insecurity; poverty, income inequality, and neighborhood deprivation; poor access to healthy food; and inadequate health care.

The failure to address patients' social determinants of health has implications for the accuracy of treatment and its effectiveness, says Sarah Y. Vinson, M.D.

Some psychiatrists maintain that assessing patients' social determinants of health is beyond their scope of practice or that they are powerless to address these concerns. "The problem is, if you don't consider these issues and their impact, then you are giving people diagnoses, prescribing medications, and creating interventions that are not fully informed. That has implications for the accuracy of your treatment and its effectiveness," Vinson said. "The goal is to help people, not just come up with a diagnosis for which you can bill. Considering patients' social determinants of health is not optional."

One example is understanding patients' housing situation: As of January, home prices skyrocketed 20% on average, compared with the previous year, with experts predicting even higher price hikes in the coming months. Vinson said even though psychiatrists may not find patients a new house, it is important to understand whether housing problems may be contributing to patients' anxiety or insomnia.

"We need to validate their responses and not pathologize these legitimately stressful situations," Vinson added. "It may be that five years ago, housing difficulties or even homelessness wasn't a major concern for your clinic population, but now it is," Vinson said. "If you're going to take care of these patients, maybe you need to familiarize yourself with available community resources and think more about offering access to social work services and housing assistance."

Vinson teaches her residents and fellows that the best treatment plan is the one that is clinically indicated and

see **Plenary** *on page 35*

Annual Meeting Highlights

Here are just some of the Annual Meeting highlights and general information that will help you get the most out of your experience at the meeting.

Opening Session
Saturday, May 21, 6 p.m-7 p.m.
Opening ceremonies include speeches by APA leaders and a guest lecturer, Anton Gunn. A former senior advisor to President Barack Obama, he is a leading expert on Socially Conscious Leadership and the first African American elected to the South Carolina legislature early in his career.
Exhibit Hall F, First Floor, New Orleans Convention Center

Monday Plenary (see story above)
Monday, May 23, 8 a.m.-9:30 a.m.
Exhibit Hall F, First Floor, New Orleans Convention Center

Convocation of Distinguished Fellows
The session includes the induction of APA fellows, presentation of awards, and the William C. Menninger Memorial Convocation Lecture.
Monday, May 23, 6 p.m-7 p.m.
Exhibit Hall F, First Floor, New Orleans Convention Center

APA Foundation 30th Anniversary Benefit
7 p.m.-10 p.m.
Riverboat Louis Armstrong (see box on page 28)

Registration
Friday, May 20, Noon-6 p.m.
Saturday, May 21, 7:30 a.m.-5 p.m.
Sunday-Wednesday, May 22-25, 7:30 a.m.-5 p.m.
Exhibit Hall G, First Floor, New Orleans Convention Center

Scientific Sessions
Saturday-Wednesday, May 21-25
8 a.m.-9:30 a.m.; 10:30 a.m.-Noon; 1:30 p.m.-3 p.m.; 4 p.m.-5:30 p.m.

Exhibit Hall
Saturday, May 21, Noon-5 p.m.
Sunday-Monday, May 22-May 23, 9:30 a.m.-5 p.m.
Tuesday, May 24, 9:30 a.m.-4:30 p.m.
Exhibit Halls G-J, First Floor, New Orleans Convention Center

APA Bookstore, Career Fair, and APA Central
Saturday, May 21, Noon-5 p.m.
Sunday-Monday, May 22-23, 9:30 a.m.-5 p.m.
Tuesday, May 24, 9:30 a.m.-4:30 p.m.
Exhibit Halls G-J, First Floor, New Orleans Convention Center

Product Theaters
Saturday, May 21, Noon-3 p.m.
Sunday-Monday, May 22-23, 11 a.m.-4 p.m.
Tuesday, May 24, 11 a.m.-3 p.m.
Product Theaters 1 & 2, Exhibit Halls G-J, First Floor, New Orleans Convention Center

Huddle Sessions
Sunday-Tuesday, May 22-24, Noon-12:20 p.m. and 1 p.m.-1:20 p.m.
The Stage, Exhibit Halls G-J, First Floor, New Orleans Convention Center

Coffee & Conversations
Saturday-Tuesday, May 21-24, 10 a.m.-4 p.m.
The Stage, Exhibit Halls G-J, First Floor, New Orleans Convention Center

Therapeutic Updates
- Saturday, May 21, 7:30 p.m.-9:30 p.m.
  Hilton New Orleans Riverside and Loews
- Sunday, May 22, 7:30 p.m.-9:30 p.m.
  Loews New Orleans Hotel

SATURDAY, MAY 21

8 AM - 9:30 AM

General Sessions

Addressing Mental Health Disparities: Challenges and Innovative Opportunities *Chair: Dawn Tyus, Ph.D., L.P.C.*

Amplifying Mental Health Value: Integration and Preference-Aware Care Navigation *Chair: Nora Marion Wilson Dennis, M.D.*

Assessing the Proximal Warning Behaviors for Targeted Violence Manfred S. Guttmacher Award Lecture; *Presenters: Reid Meloy, Ph.D., Jens Hoffmann, Ph.D.*

Digital Psychiatry, Part 1: Health Equity and Digital Divide in COVID Era *Committee on Telepsychiatry; Chair: Shabana Khan, M.D.*

Evaluation, Care, and Management of Adults With Intellectual and Developmental Disabilities *Chair: Elizabeth Wise, M.D.*

How Federal Legislation Can Improve Mental Health in America: Major Acts With Impacts on the Social Determinants of Mental Health *Chair: Michael T. Compton, M.D., M.P.H.*

■ **Late-Life Depression and Ketamine and Esketamine for the Treatment of Adults With Treatment-Resistant Depression** (not available for CME) *Presenters: Roger S. McIntyre, M.D., Martha Sajatovic, M.D.*

Life in ACES: An Innovative Training Strategy to Teach Social Determinants of Health and Adverse Childhood Experiences *Chair: Paul Rosenfield, M.D.*

Medical Conditions Mimicking Psychiatric Disorders Versus Psychiatric Disorders Mimicking Medical Conditions: Diagnostic and Treatment Challenges *Chair: Brenna Rosenberg Emery, M.D.*

Psychodynamic Therapy With Self-Destructive Borderline Patients: An Alliance-Based Intervention for Suicide *Chair: Eric Martin Plakun, M.D.*

Social Factors in Proactive Consultation-Liaison Psychiatry: Experience in the U.S. and UK *Chair: Rebecca W. Brendel, M.D., J.D.*

The IMG Journey: Snapshots Across the Professional Lifespan *Chair: Vishal Madaan, M.D.*

8 AM - 5 PM

Master Course

Course ID: M8089 | Buprenorphine and Office-Based Treatment of Opioid Use Disorder *Director: John A. Renner, M.D.*

10:30 AM - NOON

General Sessions

Advances in the Treatment of Mood Disorders: Problems and Promises *Chair: Charles Barnet Nemeroff, M.D., Ph.D.*

■ **An Overview of Bipolar Mixed States and Managing Medication Side Effects in the Treatment of Mood Disorders** *Presenters: Carrie L. Ernst, M.D., Joseph F. Goldberg, M.D.*

Digital Psychiatry, Part 2: Work-Life Integration in Virtual World During Pandemic: Patient and Providers *Committee on Telepsychiatry; Chair: James H. Shore, M.D., M.P.H.*

***DSM-5-TR*: What's New and Why Clinicians Should Care** *Chair: Michael B. First, M.D.*

Food for Mood: The "S.A.D." Diet and the Social Determinants Affecting Mental Health *Chair: Bhagwan A. Bahroo, M.D.*

The Accelerating Medicine Partnership in Schizophrenia®: Big Data for Psychosis Prediction *Chair: Sarah E. Morris, Ph.D.*

The Intersection of Arts, Humanities, and Psychiatry *Chair: Carlyle Hung-Lun Chan, M.D.*

The Self-Assessment for Modification of Anti-Racism Tool (SMART): Practical Application of a Quality Improvement Tool to Address Structural Racism *Chair: Rachel Talley, M.D.*

Treatment-Resistant Depression: Current and Future Pathways (not available for CME) *Presenter: Roger S. McIntyre, M.D.*

Youth Cyberbullying: Sticks and Stones May Break Bones, but Cyberbullying Can Shred Souls *Chair: Stephanie Alexis Garayalde, M.D.*

Presidential Session

Social (In)Justice and Mental Health *Chair: Sarah Yvonne Vinson, M.D.*

1:30 PM - 3 PM

General Sessions

A Circuits-First Approach to Mental Illness: Development of Precision Medicine for the Brain (not available for CME) *APA Distinguished Psychiatrist Lecture Series; Chair: Amit Etkin, M.D., Ph.D.*

A Revolutionary in Psychiatry: Dr. Roger Peele *Chair: Robbie Shinder*

Burnout and Mental Health Among Female and URIM Trainees and Physicians: Disparities and Solutions *Chair: Lisa Rotenstein, M.D., M.B.A.*

■ **Clinical Update on Working Alongside People Experiencing Psychosis** *Presenters: David Kingdon, M.D., Doug Turkington, M.D.*

Digital Psychiatry, Part 3: Integrating Patient Monitoring in Clinics *Chair: Brent Gregory Nelson, M.D.*

Early Life Risk for the Development of Pathological Anxiety: A Translational Neuroscience Approach *Award for Research in Psychiatry; Chair: Ned Henry Kalin, M.D.*

Fitness to Evict: The Challenge of Housing Court for Persons With Serious Mental Illness *Chair: Merrill Richard Rotter, M.D.*

Frontotemporal Dementia: The Interface of Neurology and Psychiatry *APA Frontiers of Science Lecture Series; Chair: Bruce L. Miller, M.D.*

Integrating Social Determinants of Health to Improve the Delivery of Mental Health Care *Chair: Regina S. James, M.D.*

Invisible Veterans: Mental Health Concerns for Women Veterans *Chair: Elspeth Cameron Ritchie, M.D., M.P.H.*

Social Determinants of Substance Use Disorders During COVID Time *National Institute on Drug Abuse; Chair: Nora D. Volkow, M.D.*

The Psychopharmacology Algorithm Project at the Harvard South Shore Program: 2021 Update on Posttraumatic Stress Disorder *Chair: David Neal Osser, M.D.*

Presidential Sessions

National State of Emergency: Child and Adolescent Mental Health Crisis *American Academy of Child and Adolescent Psychiatry; Presenters: Yiu Kee Warren Ng, M.D., Tami Benton, M.D.*

Why There Are Two Classification Systems in Psychiatry and How They Differ *Chair: Michael B. First, M.D.*

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4 PM - 5:30 PM

General Sessions

Alcohol Use Disorder: Hyperkatifeia, COVID-19, and Deaths of Despair *National Institute on Alcohol Abuse and Alcoholism; Presenter: George F. Koob, Ph.D.*

An Update on the Treatment of Alzheimer's Disease *Chair: Art C. Walaszek, M.D.*

Brainwashing: A Haunting Past and Troubling Future for Psychiatry and Society *Chair: Joel Edward Dimsdale, M.D.*

COVID-19, Climate Change, and Politics, Oh My! Disaster Psychiatry and Youth Mental Health *Council on Children, Adolescents, and Their Families; Chair: Latoya Frolov, M.D., M.P.H.*

Current Trends in Suicide Research and Prevention *Chair: Christine Yu Moutier, M.D.*

Digital Psychiatry, Part 4: ABCs: Apps, Bots, and Clinical Interventions Offered by Technology *Chairs: John Torous, M.D., Steven Richard Chan, M.D., M.B.A.*

Measuring and Mitigating Structural Determinants of Mental Health Among Intersex People, LGBTQIA+ Frontline Health Care Workers, and Transgender Youth *Chair: Aaron Breslow, Ph.D.*

■ **Neurobiology and Treatment of Posttraumatic Stress Disorder** *Presenter: Charles Barnet Nemeroff, M.D., Ph.D.*

Person-Oriented Psychiatry: Changing the Way People With Mental Illness Are Viewed and Treated in West Africa and Around the World *Chester Pierce Human Rights Award; Presenter: Grégoire Ahongbonon*

Promoting Neuroplasticity to Treat Psychiatric Disorders and Addiction *National Institute on Drug Abuse; Chair: Kiran Vemuri, Ph.D.*

Teaching Systems-Based Practice Through a Different Differential *American Association of Directors of Psychiatric Residency Training; Chair: Jessica Whitfield, M.D., M.P.H.*

Xenophobia and the Mind: Facing a Growing Crisis *Chair: George Makari, M.D.* **PN**

■ Denotes sessions in the Clinical Updates Track

SUNDAY, MAY 22

8 AM - 9:30 AM

General Sessions

Am I Ready for My Patients to See Their Records? A Guide to Clinicians on Patient-Centered Recovery-Oriented Documentation *Chair: Maria Mirabela Bodic, M.D.*

Clozapine 101: How to Incorporate a Potentially Lifesaving Tool Into Your Armamentarium *Substance Abuse and Mental Health Services Administration; Chair: Robert Osterman Cotes, M.D.*

■ **How Science Can Transform Treatments for OCD** *Chair: Helen Blair Simpson, M.D., Ph.D.*

Military Support for the U.S. Health System During COVID-19: A Framework to Enhance Workforce Well-Being and Sustainment in Future Disasters *Committee on Psychiatric Dimensions of Disasters; Chair: Joshua C. Morganstein, M.D.*

Physician Roles, Cannabis Policies, Telemedicine Access and More: Advancing Our Profession, and Serving Our Patients in a Time of Political Turmoil *Chair: Katherine Gershman Kennedy, M.D.*

Recovery in Psychiatry: A Challenge for Social Reintegration From the World Association of Social Psychiatry *Chair: Eliot Sorel, M.D.*

Shared Decision-Making in Child Psychiatry and Beyond: A Close Look at the Practice, Evidence, and Tools *Chair: Erin R. Barnett, Ph.D.*

Structural Racism: Biopsychosocial Consequences *APA Distinguished Psychiatrist Lecture Series; Presenter: William Bradford Lawson, M.D., Ph.D.*

The Shame of Suicide and Attempted Suicide in Physicians: Four Physicians Who Are Speaking Out *Chair: Michael F. Myers, M.D.*

The Trauma-Informed 15-Minute Med Check: A Humanistic and Evidence-Based Perspective for Busy Psychiatrists *Chair: David H. Jiang, M.D.*

Transforming Mental Health Care *APA Guest Lecture Series; Presenter: Vikram Patel*

Presidential Sessions

"Brain Fog": What Is It Really? *Academy of Consultation-Liaison Psychiatry; Chair: Maria Tiamson-Kassab , M.D.*

Challenges to Evidence-Based Practice in American Indian and Indigenous Community Mental Health *Presenter: Joseph P. Gone, Ph.D.*

8 AM - 5 PM

Master Course

Course ID: M8140 | Master Course in Clinical Psychopharmacology *Director: Alan F. Schatzberg, M.D.*

10:30 AM - NOON

General Sessions

■ **Anxiety Disorders Treatment: Current State and Future Promise** *Presenter: Mark Hyman Rapaport, M.D.*

Buprenorphine Update and Evolving Standards of Care *Chair: John Renner, M.D.*

Climate Psychiatry 101 *Chair: Elizabeth Haase, M.D.*

Clinical Management of the Homeless Patient: Social, Psychiatric, and Medical Issues *Chair: Elspeth Cameron Ritchie, M.D., M.P.H.*

Clozapine Clinics: Interdisciplinary Perspectives on Best Practices, Successes, and Challenges *Substance Abuse and Mental Health Services Administration; Chair: Robert Osterman Cotes, M.D.*

End-of-Life Care and Guardianship for People With Intellectual Disabilities *Chair: Nina Bihani, M.D.*

Good Psychiatric Management for Adolescents With Borderline Personality Disorder *Chairs: Lois W. Choi-Kain, M.D., Carla Sharp*

Leveraging Large Neuroimaging Studies to Elucidate Socioeconomic Impacts on Neurocognitive Development *National Institute on Drug Abuse; Chair: Gayathri J. Dowling, Ph.D.*

Outside the Box: Using Your Degree to Influence Beyond the Field *Chair: Nina Vasan, M.D.*

Psychedelics: Therapeutic Mechanisms *APA International Psychiatrist Lecture Series; Chair: Robin Carhart-Harris*

Real World Solutions to Implementing and Sustaining the Collaborative Care Model *Chair: Anna Ratzliff, M.D., Ph.D.*

The Ascendance of the Glutamatergic Synapse in the Pathophysiology of Schizophrenia *Nasrallah Award; Presenter: Joseph Thomas Coyle, M.D.*

The Future Is Here: Innovative Models of Outpatient Psychiatric Service Delivery *Chair: Justin A. Chen, M.D.*

Presidential Sessions

Artificial Intelligence and the Future of Psychiatry *Chair: P. Murali Doraiswamy*

Trauma in Crescent City: The Intersection of Social Determinants and Racial Injustice in New Orleans *Chair: Joseph McCullen Truett, D.O.*

Update on the Assessment of Psychiatric Bed Needs in the U.S. *Chair: Saul Levin, M.D., M.P.A.*

1:30 PM - 3 PM

General Sessions

Addiction Research and Discrimination: The Need for a New Paradigm *American Association for Social Psychiatry; Chair: John H. Halpern, M.D.*

Addressing the Mental Health Needs of Human Trafficking Survivors *Chair: Lujain Alhajji, M.D.*

Building the Future of Trans+ Psychiatrists *Chair: Chelsea R. Cosner, M.D.*

Empowering Trainees to Engage in Scholarly Work and Leadership Roles *Chair: Donna Marie Sudak, M.D.*

Ethical Issues in Treating LGBTQ Patients *Chair: Jack Drescher, M.D.*

International Medical Graduates and the Care of Older Adults With Mental Health Disorders in the United States *George Tarjan Award; Presenter: Rajesh R. Tampi, M.D., M.S.*

NIDA Clinical Trial Network: Research Updates and Future Directions in the Treatment of Methamphetamine Use Disorder *National Institute on Drug Abuse; Chair: Geetha A. Subramaniam, M.D.*

Our Women Patients: Clear Lessons for Turbulent Times *APA Distinguished Psychiatrist Lecture Series; Presenter: Nada Logan Stotland, M.D., M.P.H.*

Parental Alienation and *DSM-5*: The Rubber Hits the Road *Chair: William Bernet, M.D.*

Psychedelics in Psychiatry: Past, Present, and Pressing Issues *Chair: David B. Yaden, Ph.D.*

Psychiatrists With Lived Experience: Change Agents and Beloved Allies *Chair: Michael F. Myers, M.D.*

Roadmap to the Ideal Crisis System: What Every Psychiatrist Needs to Know *Chair: Kenneth Minkoff, M.D.*

Teaching Physician Advocacy to Advance Health Equity: Advocacy Training in Residency and Fellowship Programs *American Association of Directors of Psychiatric Residency Training; Chair: Enrico Castillo, M.D.*

The BITE of Cults in Our Culture in the Age of COVID *Chair: Karen B. Rosenbaum, M.D.*

The Challenges of Interprofessional Practice: Lessons From the World of Jazz *APA Guest Lecture Series; Presenter: Paul Haidet*

Tug of War: Facing Conflict as Underrepresented Trainee Leaders in Psychiatry *Chair: Margaret Wang*

4 PM - 5:30 PM

General Sessions

A New Methodology for Implementing and Sustaining Physical Health-Behavioral Health Integration: The Comprehensive Health Integration Framework *Chair: Joseph John Parks, M.D.*

Assessing Current Gaps and Opportunities in ECT, rTMS, and DBS Guidelines With an Eye Toward the Future *Chair: Eric D. Achtyes, M.D.*

Bipolar Depression: Outcome and Pharmacological Treatment *Chair: Mauricio Tohen*

Digital Navigators: Your Guides to Making Technology Work for Your Patients With SMI *Chair: John Torous, M.D.*

Eliminating Health Disparities in the Treatment of Hispanics With Psychiatric Disorders *Simon Bolivar Award; Presenter: Carlos Blanco-Jerez, M.D., Ph.D.*

Internet Gaming Disorder: From Harmless Fun to Dependence *Chair: Anil A. Thomas, M.D.*

Living DACA: The Impact of the Emotional Rollercoaster on Youth *Council on Children, Adolescents, and Their Families; Chair: Gabrielle L. Shapiro, M.D.*

Loneliness Versus Wisdom in the Era of Pandemics *Chair: Samantha Boardman, M.D.*

Moving Practice to Measurement-Based Care *Chairs: Erik Vanderlip, M.D., M.P.H., Kathryn Ridout, M.D., Ph.D.*

Palliative Psychiatry: A New Field for Treatment-Resistant Mental Illness *Chair: Manuel Trachsel, M.D., Ph.D.*

Pathways to Psychiatry: Pipeline Programs *Chairs: Alicia A. Barnes, D.O., M.P.H., Ellen Joo Kim, M.D.*

Providing Supportive Therapy in Primary Care Settings *Chair: Randon Scott Welton, M.D.*

Seeking Value: Balancing Cost and Quality in Psychiatric Care *Chair: Wesley Eugene Sowers, M.D.*

The Development of an Antidepressant Stepped Treatment Algorithm Application *Chair: Philip R. Muskin, M.D., M.A.*

■ **"They Have No Insight and Won't Take Meds": Rethinking "Insight" and "Engagement" in Early Psychosis** *Chairs: Nev Jones, Lisa Dixon, M.D.* PN

i REGISTER NOW!

All registrants are encouraged to use the online registration system at psychiatry.org/annualmeeting. Registrations cannot be processed over the phone. To register by mail or fax, please contact registration@psych.org to request a form and submission instructions. The registration fee includes access to the online Annual Meeting in June, which includes exclusive virtual content (see page 39).

To receive APA member registration rates, 2022 membership dues must be paid at the time of registration. To join or renew your membership, please contact APA Membership at membership@psych.org or call 202-559-3900 or 888-357-7924.

A note about safety precautions:
APA is closely monitoring the evolving COVID-19 situation. Protecting the health and safety of attendees is its top priority. All APA staff and in-person attendees and exhibitors must be fully vaccinated and follow health and safety guidelines during all indoor activities. The New Orleans Ernest N. Morial Convention Center has been certified as meeting the industry's highest standards of cleaning, disinfection, and infectious disease prevention. Hand sanitizers will be widely available throughout the convention center, and disposable masks are available upon request.

■ Denotes sessions in the Clinical Updates Track

MONDAY, MAY 23

8 AM - 5 PM

Master Course

Course ID: M8154 | The Suicidal Patient: Principles and Practice of Assessment, Treatment, and Care Management *Director: Kirk Strosahl, Ph.D.*

10:30 AM - NOON

General Sessions

Assessing Psychic Pain and Proximal States of Mind Associated With Suicidal Thinking and Behavior *Chair: Jane G. Tillman, Ph.D.*

Catatonia: Contemporary Perspectives on a Classic Illness *Chair: Jeremy Weleff, D.O.*

Clinically Relevant Forensic Psychiatry for Nonforensic Clinicians *Chair: Tobias Wasser, M.D.*

Efficacy and Pitfalls of Real-World Long-Term Ketamine/Esketamine Therapy *Chair: Balwinder Singh, M.D., M.S.*

Fostering International Medical Graduate Growth *Chairs: Raman Marwaha, M.D., Tanuja Gandhi*

Growing GRASS: Group Reflection and Support Sessions for Physician Wellness During Global Crisis *Chair: Neha S. Hudepohl, M.D.*

Learning to Breathe Again: Mental Health Care for Diverse Medical Trainees in the Age of COVID-19 *Chair: Amy Alexander, M.D.*

Networking Skills for Future Career Advancement *Chair: John Luo, M.D.*

Neurobiology of Inter-Relationship Between Sleep and Substance Use Disorders *National Institute on Drug Abuse; Chairs: Sunila Nair, Ph.D., Gina Poe, Ph.D.*

■ **Psychotherapy for Addiction in a COVID World: Theory and Practice** *Presenters: Petros Levounis, M.D., James Sherer, M.D.*

Supporting Medical Directors in Behavioral Health Clinics *Chair: Saul Levin, M.D., M.P.A.*

The Status of Laboratory Testing to Predict Antidepressant Response: Problems and Promises *David A. Mrazek, M.D., Memorial Award; Chair: Charles Barnet Nemeroff, M.D., Ph.D.*

Updates From the Council on Psychiatry and the Law *Chair: Debra A. Pinals, M.D.*

Presidential Sessions

Point on the Horizon or Desert Mirage: Will a Transition to Value-Based Care Save Psychiatry? *Chair: Tristan Gorrindo, M.D.*

■ Denotes sessions in the Clinical Updates Track

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Social Determinants of Mental Health: Task Force Report *Chair: Dilip V. Jeste, M.D.*

Stopping the Revolving Door: How Psychiatrists Can Reclaim Individuals With Mental Illness Stuck in the Criminal Justice System *Presenters: Evelyn Stratton, J.D., Zachary Lenane, M.D., M.P.H., Thad Tatum, Michael Kelly, M.D.*

Therapeutic Risk Management for Violence *American Academy of Psychiatry and the Law; Presenters: Hal S. Wortzel, M.D., Suzanne McGarity, Ph.D.*

1:30 PM - 3 PM

General Sessions

2022 APA Medical Marijuana Debate *Chair: Rajiv Radhakrishnan, M.D.*

Beyond Cultural Competency: Contemporary Psychiatry in a Raced Society *Solomon Carter Fuller Award; Presenter: Dionne R. Powell, M.D.*

Boards, Bullies, and Bogus Peer Review: Understanding and Managing Professional Risks *Chair: Brian*

continued on next page

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Holoyda, M.D., M.B.A., M.P.H.

Disasters and Mental Health: Helping Your Patients Deal With Adverse Effects of Climate Change, Pandemics, and Mass Violence, Part 1 *Committee on Psychiatric Dimensions of Disasters; Chair: Joshua C. Morganstein, M.D.*

Is There a Need for a Military Cultural Formulation Interview? *Chairs: Ravi B. Desilva, M.D., Eric G. Meyer, M.D., Ph.D.*

New and Improved! The ABPN Continuing Certification Program *Chairs: Robert Joseph Boland, M.D., Christopher R. Thomas, M.D.*

New Frontiers Targeting Neural Circuit Function to Develop Noninvasive Brain Stimulation Treatment Strategies for Substance Use Disorders *National Institute on Drug Abuse; Chair: John Fedota, Ph.D.*

Physician Depression and Burnout: An Organizational Problem in Need of Health Care System and Organizational Solutions *Committee on Well-Being and Burnout; Chair: Constance Guille, M.D.*

Promoting Diversity, Equity, and Inclusion: Mentoring Trainees Underrepresented in Medicine to Ensure Success and Belonging *Chair: Constance E. Dunlap, M.D.*

Promoting Health Equity for Adults With Intellectual and Developmental Disabilities: The Integrated Mental Health Treatment Guidelines for Prescribers *Chair: Jennifer Lyn McLaren, M.D.*

SAMHSA's New Office of Recovery: Living Well in Recovery *Substance Abuse and Mental Health Services Administration; Chair: Dona Dmitrovic, M.H.S.*

Sleep and Sleep-Disordered Breathing Impact the Presentation, Diagnosis, and Management of Psychiatric Disorders. *Presenter: Richard K. Bogan, M.D.*

■ **The Neurobiology of Alcohol Use Disorder: A Heuristic Framework for Diagnosis and Treatment** *Chair: George F. Koob, Ph.D.*

The Structural Determinants of Mental Health: Clinical Care, Education, and Research *Chair: Dolores Malaspina, M.D., M.S.*

Tricks of the Trade: Editors' Advice on How to Get Published *Chair: Soren D. Ostergaard, M.D., Ph.D.*

Will Technology Transform Psychotherapy? Promises and Perils of Digital Psychotherapies and Direct Current Brain Stimulation *Chair: Dilip V. Jeste, M.D.*

Presidential Session

Psychodynamic Psychiatry Today: The Law, Shame, Taking a Sexual History and Resilience During the Pandemic *American Academy of Psychodynamic Psychiatry and Psychoanalysis; Chair: Gerald Paul Perman, M.D.*

4 PM - 5:30 PM

General Sessions

A Roundtable Discussion With the Experts on the Future of *DSM*: Striving to Remain Relevant to the Field of Psychiatry *Chair: Nitin Gogtay, M.D.*

A Systems Approach to Health Care Worker Burnout and Secondary Traumatic Stress *Chair: Royce J. Lee, M.D.*

An Anti-racist Approach to Teaching Social Determinants of Mental Health Curriculum for Child and Adolescent Psychiatrists *Chairs: Kimberly Gordon-Achebe, M.D., Dolores Malaspina, M.D.*

Challenges in Psychotherapy Supervision *Chair: Katherine Gershman Kennedy, M.D.*

Disasters and Mental Health: Helping Your Patients Deal With Adverse Effects of Climate Change, Pandemics, and Mass Violence, Part 2 *Committee on Psychiatric Dimensions of Disasters; Chair: Joshua C. Morganstein, M.D.*

Ethnopsychopharmacology of Clozapine *Substance Abuse and Mental Health Services Administration; Chair: Robert Osterman Cotes, M.D.*

Exploring Social Determinants of Firearm Access and Suicidality Among Children and Adolescents *Council on Children, Adolescents, and Their Families; Chair: Jordan Andrew Wong, M.D.*

HIV: A Model of Health Inequities *John Fryer Award; Presenter: Kenneth Bryan Ashley, M.D.*

"I Want to Choose When I Pass": Assessing Patients Who Are Considering Ending Their Lives *Chair: Theodore James Fallon, M.D., M.P.H.*

Impact of COVID-19 on Women's Mental Health: How Latinx/Hispanic America Is Addressing Socioeconomic Disparities *Chair: Ruby C. Castilla Puentes, M.D.*

Leading, Creating, and Working in Interdisciplinary Psychiatric Teams *Chair: Rashi Aggarwal, M.D.*

Psychiatrist Beware! Using Landmark Cases to Lower Your Malpractice Risk *Chair: Kayla L. Fisher, M.D., J.D.*

Social Media and Psychiatry: Using Lessons Learned From Virtual Recruitment to Improve and Expand Your Online Presence *Chair: Daniel E. Gih, M.D.*

The Dimensions of Personality *Chair: John M. Oldham, M.D.*

■ **The Theory of Opioid Use Disorder** *Presenters: Nora D. Volkow, M.D., Edward V. Nunes, M.D.*

The Voices of Spirit and the Voices of Madness *Oskar Pfister Award; Presenter: Tanya Marie Luhrmann*

Presidential Session

Social Determinants of Mental Health: Perspectives From the World Psychiatric Association *Chair: Afzal Javed, M.B.B.S.* **PN**

■ Denotes sessions in the Clinical Updates Track

Presidential Session Aimed at Achieving Equity in Psychiatry

Chester M. Pierce, M.D., and Ezra E. H. Griffith, M.D., shared a special mentoring relationship from which emerged discussions about race that are useful for continuing progress in achieving equity in the field of psychiatry. **BY RAHN K. BAILEY, M.D., AND CHIKIRA H. BARKER, M.A.**

The Department of Psychiatry at the Louisiana State University Health Sciences Center in New Orleans is sponsoring the Presidential Session at APA's 2022 Annual Meeting on the guided book discussion of *Race and Excellence: My Dialogue With Chester Pierce* by Ezra E. H. Griffith, M.D. As two African-American psychiatrists operating within academic settings, Dr. Pierce served as a mentor to Dr. Griffith in the progression of his career. The session will be chaired by Cynthia Turner-Graham, M.D., who is also a presenter with one of the authors of this article (Dr. Bailey).

Dr. Pierce has a distinguished standing within the field of psychiatry. He received his bachelor's and medical degrees from Harvard and earned the rank of commander in the U.S. Navy. Among numerous other accomplishments, he served as president of the American Board of Psychiatry and Neurology and was the founding president of the Black Psychiatrists of America. He wrote more than 180 books, articles, and reviews, primarily on extreme environments, racism, media, and sports medicine. In the 1970s he first proposed the term "racial microaggressions."

Over the course of their mentor relationship, Dr. Griffith met regularly with Dr. Pierce to gain a perspective on how he navigated the issues of race and oppression as his career progressed in systems that have historically excluded African Americans from leadership positions.

Through the traditional African experience of storytelling, Dr. Griffith's book presents a unique account of Dr. Pierce's life experience and the development of his perspectives on race, injustice, discrimination, and equity as his career progressed. Dr. Griffith was able to process and discuss his own experiences in juxtaposition to their shared as well as divergent life histories.

This Presidential Session serves as an initial meeting that will lead to ongoing guided discussions critical to the progression of racial and ethnic minorities broadly in society but also specifically in psychiatry and APA. The notion of diversifying the field of psychiatry and traditionally White institutional structures comes with a significant struggle for many Black professionals.

Rahn K. Bailey, M.D., is the chair of the Department of Psychiatry and Assistant Dean of diversity/community engagement at Louisiana State University Health Sciences Center in New Orleans. Chikira H. Barker, M.A., is clinical research coordinator.

While the session and future guided discussions will be more expansive than the topics covered in this session, it will broadly focus on three key points highlighted within the dialogues between Dr. Pierce and Dr. Griffith, as noted in Dr. Griffith's book: understanding the structure, process, and operation of majority White institutions and how the organization of these structures have contributed to maintaining the status quo for disempowered groups; defining how various groups operate within what Dr. Pierce termed as "extreme environments"—spaces that present unique challenges that make it difficult for suppressed groups to function, cope, progress, and thrive; and discussing the "tightrope walk" experienced by many Black professionals in the field of psychiatry—the struggle of figuring out the best methods to advocate for change and diversify the field.

As discussed in the book, Dr. Pierce reflected on messages from his father and his own experiences in traditionally White institutions. Understanding how institutional structure, hierarchical power, and privilege repress underrepresented groups can lead to discussions on how to navigate and systematically remove barriers in these environments for diverse professionals.

Dr. Pierce used his experience of living in the extreme environment of Antarctica as a metaphor for the functioning of many African Americans in

see **Equity** *on page 39*

TUESDAY, MAY 24

8 AM - 9:30 AM

General Sessions

Adapting Evaluation and Treatment of ADHD for High IQ Kids and Adults on the Autism Spectrum *Chair: Thomas E. Brown, Ph.D.*

Adapting to a Dynamic Landscape: Robust Strategies for Incorporating Social Determinants of Mental Health Into Psychiatric Practices in the Military *Chair: Jerry Trotter, M.D.*

Advancing Health Equity Through Crisis Services: Focus on Data and Quality *Chair: Sivakumar Shanmuga Sundaram, M.D.*

Alive and Thriving: Supporting Physicians With Disabilities *Chair: Ludmila B. De Faria, M.D.*

■ **Assessment and Management of Memory Complaints in Older Adults** *Presenters: Susan W. Lehmann, M.D., Brent P. Forester, M.D., M.Sc.*

Emergency Psychiatric Care for Transgender Patients: Demographics, New Data, and Clinical Approaches *Chair: Laura S. Erickson-Schroth, M.D.*

Mitigating Maternal Melancholy *APA Distinguished Psychiatrist Lecture Series; Chair: Katherine Leah Wisner, M.D.*

Patient Suicide in Residency Training: The Ripple Effect *Chair: Marguerite Reid Schneider, M.D., Ph.D.*

So Your Patient Asks You About Medical Cannabis and CBD ... What Psychiatrists Should Know, Part 1 *Chair: Henry Samuel Levine, M.D.*

Social Determinants of Mental Health: Clinical Assessment and Structurally Competent Treatment Interventions *Chair: Francis Lu, M.D.*

Supporting ECPs and RFMs in Their Careers and Beyond *Chair: Saul Levin, M.D., M.P.A.*

Toward Precision Medicine in Psychiatry Using Pharmacogenomics *Presenter: Daniel J. Mueller, M.D.*

Treating Substance Use Disorders With Classical Psychedelics *Chair: Bryon Adinoff, M.D.*

Who Is the Psychiatrist of the Future? Psychotherapeutic Expertise in Psychiatric Consultation to Integrated Care *Chair: David L. Mintz, M.D.*

Presidential Sessions

Apps and Innovations to Support the Practice of Psychiatry: Current and Future Developments *Chair: John Luo, M.D.*

Maps, Games, and Formulations: Educating Trainees and Faculty to Address Social Determinants of Mental Health *American Association of Directors of Psychiatric Residency Training; Chair: Ana Ozdoba, M.D.*

Mental Health During the COVID Pandemic: A View From Four World Regions *Chairs: Bernardo Ng, M.D., Edmond H. Pi, M.D.*

■ Denotes sessions in the Clinical Updates Track

8 AM - 5 PM

Master Course

Course ID: M8155 | A Primer on First-Episode Psychosis for the Practicing Psychiatrist: Keys to Providing Quality Psychiatric Care Within This Emerging National Mode *Director: Jacob S. Ballon, M.D.*

10:30 AM - NOON

General Sessions

Assessment and Management of Behavioral and Psychological Symptoms of Dementia *Presenters: Rajesh R. Tampi, M.D., M.S., Helen C. Kales, M.D.*

Data Science Tools to Predict, Prevent, and Treat Substance Use Disorders *National Institute on Drug Abuse; Chairs: Susan N. Wright, Ph.D., Janet Kuramoto-Crawford, Ph.D., M.H.S.*

Fostering Mentorship Among LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) Aspiring Psychiatrists *Chair: Petros Levounis, M.D.*

Leadership as a Social Determinant of Wellness: Lessons for Physician-Leaders From the U.S. Army Leadership Doctrine *Chair: Rohul Amin, M.D.*

Meaning-Making, Transformation, and Structural Racism: Global Lessons Learned From the COVID-19 Pandemic *Chairs: Sheila M. Loboprabhu, M.D., Steven Moffic, M.D.*

Microaggressions in South Asian Americans: Mental Health Consequences and Community Strategies *Chair: Ranna Parekh, M.D., M.P.H.*

Neuropsychiatric and Neurological Complications of COVID-19 *Chair: Avindra Nath, M.D.*

Predatory Publishing: How to Navigate the Perils and Pitfalls of Academic Publishing *Chair: Josepha A. Cheong, M.D.*

Psychiatry in the Syndemic: Leadership for the Third Revolution *Administrative Psychiatry Award; Presenter: Altha J. Stewart, M.D.*

So Your Patient Asks You About Medical Cannabis and CBD... What Psychiatrists Should Know, Part 2 *Chair: Henry Samuel Levine, M.D.*

Somatic Symptom Disorder: Conceptual Models, Patient Engagement, and Treatment Approaches *Chair: Albert Yeung, M.D.*

Supporting Children in Education *Chair: Kristen E. Pearson, Ph.D.*

Supporting IMGs Throughout Their Careers *Chair: Saul Levin, M.D., M.P.A.*

Presidential Sessions

Cannabis Legalization *Presenters: Tony Peter George, M.D., Howard Moss, M.D., Christopher Fichtner, M.D.*

Learning From the Global South: Psychiatrist Task-Sharing, Community Empowerment, and Population Impact *Chair: Gary S. Belkin, M.D., Ph.D., M.P.H.*

Public Mental Health in the UK *Chair: Adrian James, M.B.B.S.*

Race and Excellence: The Continuation *Chair: Constance Dunlap, M.D.*

1:30 PM - 3 PM

Focus Live

Focus Live! Obsessive-Compulsive and Related Disorders *Moderator: Mark Hyman Rapaport, M.D.*

General Sessions

"Am I an Imposter?" The Imposter Syndrome: A Myth or Reality *Chair: Tanuja Gandhi, M.D.*

Benzodiazepines: A Debate *Presenters: Richard Balon, M.D., Donovan Todd Maust, M.D., M.S., Edward Silberman, M.D., Ilse R. Wiechers, M.D., M.H.S., M.P.P.*

Deployed at Home: Perspectives From Military Psychiatrists on Supporting Personnel and Afghan Evacuees in Operation Allies Refuge (OAR) *Chair: Luke Li, M.D.*

Getting to Justice: Building an Equitable, Diverse, and Inclusive (EDI) Health Care System for All *Presenters: William McDade, M.D., Regina S. James, M.D., Aletha Maybank*

■ **Manifestations, Assessment, and Diagnosis of Borderline Personality Disorder** *APA Distinguished Psychiatrist Lecture Series; Presenter: Andrew E. Skodol, M.D.*

Medical Education Scholarship: Finding Your Niche *Chair: Paul Haidet, M.D.*

Orchestrating Change *Presenters: Margie Friedman, Barbara Multer-Wellin*

Physical Exercise: How Can We Prescribe It? *Chair: Anna Szczegielniak, M.D., Ph.D., M.Sc.*

Pipe Dreams: The Role of Sleep in the Etiology and Treatment of Substance Use Disorders *National Institute on Drug Abuse; Chair: Tanya Ramey*

Psychiatric Neuroscience: A Reckoning *Chair: Ashley E. Walker, M.D.*

Psychiatry in the Courts: APA Confronts Legal Issues of Concern to the Field *Committee on Judicial Action; Chair: Reena Kapoor, M.D.*

Psychopharmacology Master Class: The Art of Psychopharmacology *Chair: David L. Mintz, M.D.*

The Management of Adolescent-Onset Transgender Identity: Should "Best Practices" Change? *Chair: Stephen B. Levine, M.D.*

Understanding the Contribution of Stressful Life Events to Suicide Risk: What Do We Need to Look Out for? *Chair: Igor I. Galynker, M.D., Ph.D.*

Presidential Sessions

Enhancing Clinical Care and Collaboration With Aging Patients: Geriatric Psychiatry and New Models of Care *American Association for Geriatric Psychiatry; Chair: Marc E. Agronin, M.D.*

Reconsidering Conversations Between Ezra Griffith and Chester Pierce: Dr. Cynthia Turner-Graham Interviews Dr. Ezra Griffith, Author of *Race and Excellence: My Dialogue With Chester Pierce* *Chair: Cynthia Turner-Graham, M.D.*

4 PM - 5:30 PM

Focus Live

Focus Live! Novel Neurotherapeutics *Moderator: Mark Hyman Rapaport, M.D.*

General Sessions

Global Mental Health: Its Meaning Has Changed *Chair: Vivian Pender, M.D.*

Addressing the Physical Health Needs of Patients With SMI: Emerging Roles for Psychiatrists *Chair: Benjamin G. Druss, M.D.*

■ **Clinical Update: Borderline Personality Disorder Management** *Presenters: Katharine Nelson, M.D., Lois Choi-Kain, M.D.*

Does My Patient Really Have Bipolar Disorder? An Experiential Workshop *Chair: Marsal Sanches, M.D., Ph.D.*

Essential Psychopharmacology: What Is "Essential" About Psychopharmacology in the Post-COVID, Inclusive 21st Century? *Chair: Stephen Michael Stahl, M.D., Ph.D.*

LGBTQ in a Minority Culture of Psychiatry and Leadership *Chair: Saul Levin, M.D., M.P.A.*

Persons With Serious Mental Illness With Criminal System Involvement: An Overview and Guide for Practitioners *Chair: Debra A. Pinals, M.D.*

Perspectives on the Understanding and Assessment of Imminent Suicide Risk *Chair: Megan Rogers, Ph.D.*

Shrinking the Carbon Footprint of American Psychiatry: Meeting the Demands of Climate Change *Chair: Elizabeth Haase, M.D.*

Technology as a "Crystal Ball" to Predict Patient Aggression: Using AI to Mitigate Violence in an Academic Hospital Setting *Chair: Rajvee P. Vora, M.D.*

The Role of the Medical Director in the Current Health Care Landscape *Chair: Stephanie Le Melle, M.D., M.S.*

Theory and Application of Psychodynamics of Psychopharmacology Within the 30-Minute "Med-Check" for Residents and Early Career Psychiatrists *Chair: David L. Mintz, M.D.*

Why Didn't Y'all Just Evacuate? Examining the Effects of Systemic Racism and Social Disparities on Patients During the Pandemic and Natural Disasters *Chair: Rahn K. Bailey, M.D.*

Women's Mental Health Care in 2022: Practice Tips and Resources for Advancing Quality and Reducing Risk *Chair: Jacqueline A. Hobbs, M.D.*

Presidential Session

Racism: The Social Determinant of Mental Health *Chair: Akeem N. Marsh, M.D.* **PN**

WEDNESDAY, MAY 25

8 AM - 9:30 AM

General Sessions

Depression, COVID-19, and the Social Determinants of Health in Women From Latinx/Hispanic America *Chair: Thelma S. Sanchez-Villanueva, M.D.*

Equity Through Better Diagnostic Reasoning: Reducing Cognitive Biases in Clinical Practice *Chair: Adam Lee Hunzeker, M.D.*

Lost in Translation: How Do We Get to There From Here? *Health Services Research Award; Chair: Bradley Neil Gaynes, M.D., M.P.H.*

Multi-Sector Partnerships to Meet the 988 Calling *Presenters: John J. Palmieri, M.D., Brian Matthew Hepburn, M.D., David W. Covington, L.P.C., M.B.A., Charles Smith, Ph.D.*

Pediatric Inpatient Psychotherapy Squad (PIPS) Initiative at a Community Hospital *Chair: Loraine Rosentsveyg, D.O.*

■ **Practical Sleep Medicine for Psychiatrists** *Presenters: Zhixing Yao, M.D., William Vaughn McCall, M.D., Richard Bogan*

Psychiatric Euthanasia and Expanding Assisted Dying Laws: Controversies and Challenges *Chair: Rebecca W. Brendel, M.D., J.D.*

Public Health Resources for Mental Health During COVID-19 *Chair: Elissa Meites, M.D., M.P.H.*

Rabbit Holes, Red Pills, and Radicalization: Psychiatric Aspects of Extremism and Conspiracy Theorists *Chair: John S. Rozel, M.D.*

The Art of Psychopharmacology Circa 2021 *Chair: Nassir Ghaemi, M.D.*

The Importance of Cultural Psychiatry With Children, Adolescents, and Families *Chair: Ranna Parekh, M.D., M.P.H.*

What Happened to My "Bread and Butter?" When the Consultation-Liaison Psychiatrist Becomes an Inpatient Psychiatrist for COVID-19–Positive Patients *Chair: Megan White Zappitelli, M.D.*

What Is a Public Health Approach to the Social Determinants of Mental Health? *Chair: Kenneth Stewart Thompson, M.D.*

"Why Doctors Write: Finding Humanity in Medicine" Film Screening and Discussion *Chair: Michael F. Myers, M.D.*

Presidential Sessions

International Social Determinants of Health as Displayed in Psychiatric Emergency Services: Relevance to Patients *Japanese Society of Psychiatry and Neurology; Chair: Tsuyoshi Akiyama, M.D., Ph.D.*

Methamphetamine Use Disorder and Treatment Updates in the Context of COVID-19 and the Opioid Epidemic *American Academy of Addiction Psychiatry; Chair: Larissa J. Mooney, M.D.*

8 AM - 5 PM

Master Course

Course ID: M8080 | Motivational Interviewing: Practice Your Skills, Change Your Practice *Director: Carla B. Marienfeld, M.D.*

10:30 AM - NOON

General Sessions

Developing New Treatments for Neurodevelopmental Conditions: A Hopeless Cause? *APA International Psychiatrist Lecture Series; Chair: Declan Murphy*

Deviant Sexual Behavior Among Persons With Intellectual Disability: From Etiology to Management *Chair: Kathryn Baselice, M.D.*

■ **Eating Disorders: A Clinical Update** *Chair: Evelyn Attia, M.D.*

Nonpharmacological Interventions for Individuals With Co-Occurring IDD and Mental Illness *Frank J. Menolascino Award; Presenter: Allison E. Cowan, M.D.*

Police Encounters and People With Mental Illness: Avoiding Tragedy and Improving Outcomes *Chair: Nils Rosenbaum, M.D.*

Population Health in Psychiatry: Essential or Extraneous? *Chair: Mehul Mankad, M.D.*

Prescribing Together: Evidence-Based Ways to Build Therapeutic Alliances During Prescribing Encounters *Chairs: Abraham M. Nussbaum, M.D., Warren A. Kinghorn, M.D.*

Psychiatric Approaches Involved in the Treatment of Traumatized Refugees *Chair: John David Kinzie, M.D.*

Spiritual, Self-Transcendent and "Anomalous" Experiences: Evidence and Implications for Clinical Practice and for the Understanding of Mind *Chair: Alexander Moreira-Almeida, M.D., Ph.D.*

Technique in Action: Utilizing Established Models to Navigate Racial Violence in Mental Health Settings *Chair: David Roberto De Vela Nagarkatti-Gude, M.D., Ph.D.*

Time for Psychiatrists to Stop Waffling About Psychiatry: Advocacy in the 21st Century *Chair: Daniel B. Morehead, M.D.*

Wabanaki Indigenous Approaches to Fostering Recovery and Resilience From Substance Abuse and Mental Comorbidities *Chair: Lewis Eugene Mehl-Madrona, M.D.*

Presidential Session

The Psychedelic Revolution in Psychiatry *Chair: Richard Doblin, Ph.D.*

1:30 PM - 3 PM

General Sessions

Applying the *DSM-5 TR* Outline for Cultural Formulation for Culturally Competent Care: Three Cases *Chair: Francis Lu, M.D.*

■ **Common Sexual Concerns in Patients** *Presenters: Jennifer I. Downey, M.D., Jack Drescher, M.D., Richard Krueger, M.D.*

Criminal Justice Reform in Jacksonville, Fla.: Reallocation of City and Police Resources to Keep Misdemeanor Offenders With Mental Illness Out of Jail *Chair: Colleen E. Bell, M.D.*

Double Minorities: Exploring Systemic Barriers Against Non-U.S. International Medical Graduates in Academic Psychiatry *Chair: Ramotse Saunders, M.D.*

Early-Stage Investigators and Timely Support: The OPAL Center and Its Mission to Fund and Train the Next Generation of Schizophrenia Researchers *Chair: T. Scott Stroup, M.D., M.P.H.*

Exploring Limitations of Ethical Decision-Making Frameworks in Responding to Structural Inequity in the Mental Health Care Setting *Chair: Oyedeji Ayonrinde, M.D., M.B.A.*

How Psychiatrists Can Talk With Patients and Their Families About Race and Racism: Theory and Practice Through Simulation *Council on Children, Adolescents, and Their Families; Chair: Micaela Owusu*

Identifying and Managing Virtual Fatigue in Psychiatric Residents and Faculty *Chair: Lauren Marie Pengrin, D.O.*

Managing Behavioral and Psychological Symptoms of Dementia During COVID-19 Pandemic *Chair: Rajesh R. Tampi, M.D., M.S.*

Measurement-Based Care Education in Psychiatry Residency Programs: Challenges and Opportunities for Change *Chair: Karen Wang, M.D.*

Psychopharmacological Challenges, Ethical Dilemmas, and Concerns of Health Care Workers: Lessons in Geriatric Psychiatry During the COVID-19 Pandemic *Council on Geriatric Psychiatry; Chair: Daniel Carl Dahl, M.D.*

4 PM - 5:30 PM

General Sessions

Best Practices in Managing Patients With Kratom Addiction *Chair: Corneliu Natanael Stanciu, M.D.*

Caring for Refugees in Crisis *Chair: Vanessa Torres Llenza, M.D.*

From Rage to Recovery: Management of Violence Risk in the Patient With Borderline Personality Disorder *Chair: John S. Rozel, M.D.*

IYKYK (If You Know, You Know): Working With Generation Z in Colleges and Universities *Council on Children, Adolescents, and Their Families; Chair: Meera Menon, M.D.*

Sexts, Lies, and Videogames: Adolescent Boys, the Internet, and Mental Health *Chair: Kristopher Kaliebe*

That Doesn't Belong There! Intentional Self-Injury by Foreign Body Ingestion and Insertion *Chair: Lujain Alhajji, M.D.*

Vaccination Dissuasion: Medical Mistrust, the Anti-Vaccination Movement, and the Role of Psychiatrists *Chair: Greg Sullivan, M.D.*

When Pain Is Not Just in the Brain: A Biopsychosocialcultural Approach to Chronic Pain and Comorbid Psychiatric Illness *Chair: Shannon Ford, M.D.* PN

■ Denotes sessions in the Clinical Updates Track

Join With APA to 'Give Back' to Help New Orleans Musicians

In its 13th year, "APA Gives Back" provides an opportunity for APA, its members, and Annual Meeting attendees to support a community organization in the city where the Annual Meeting is held. The organization chosen for this year's meeting is the New Orleans Musicians' Clinic. The clinic provides comprehensive medical care and social services to local musicians, performing artists, cultural workers, and tradition bearers regardless of insurance status or ability to pay. It is the only low- or no-cost comprehensive medical clinic in this country specifically dedicated to serving the needs of performing artists. To learn more, visit its website at https://neworleansmusiciansclinic.org/. APA will match the amount contributed by meeting attendees.

At press time, $8,051 had already been donated. Donations may be made at psychiatry.org/annualmeeting. If you have already registered, donate at the Registration Resource Center at psychiatry.org/Registration.

Roll Along the Mississippi as You Celebrate APA Foundation!

To celebrate its 30th anniversary, the APA Foundation is hosting a benefit during APA's Annual Meeting on the Riverboat Louis Armstrong. Attendees will have the opportunity to meet and spend time with APA leaders, colleagues, and friends, all while enjoying the region's unique cuisine, entertainment, and culture. Proceeds from the benefit will be used to support the foundation's programs and initiatives, all of which embody APA's tradition of working to increase access to high-quality care for all people with mental disorders.

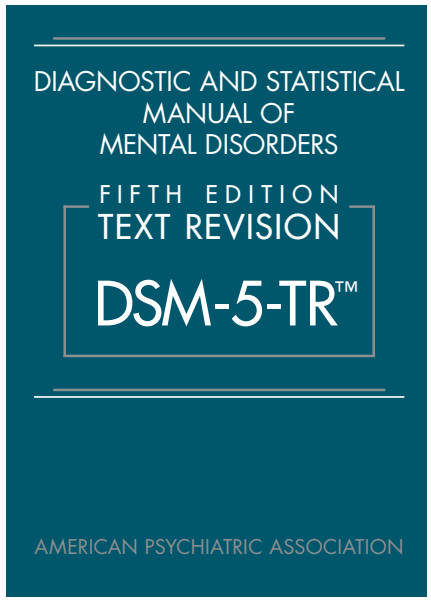
The benefit will be held Monday, May 23, from 7 p.m. to 10 p.m. Learn more and purchase tickets at https://www.apafdn.org/news-events/events/the-apa-foundation-benefit. If you cannot attend, please consider making a donation at https://www.apafdn.org.

Annual Meeting Session to Offer Overview of *DSM-5-TR*

Nine years have elapsed since publication of DSM-5 *in 2013. Psychiatrists can learn what they need to know about* DSM-5-TR *at this year's Annual Meeting.*

The *DSM-5* text revision (*DSM-5-TR),* released in March by APA Publishing, is the first published revision of *DSM-5* since its original publication in 2013. Psychiatrists attending this year's Annual Meeting in New Orleans can learn everything they need to know about this crucial text at a session titled "*DSM-5-TR:* What's New and Why Clinicians Should Care."

DSM-5-TR is a comprehensive update of the descriptive text accompanying each *DSM* disorder based on reviews of the literature since publication of *DSM-5*. But the new edition also includes a number of significant changes and improvements that are of interest to practicing clinicians. Among them:



- Addition of diagnostic categories for prolonged grief disorder, stimulant-induced mild neurocognitive disorder, and unspecified mood disorder. (The absence of unspecified mood disorder from *DSM-5* was an unintentional byproduct of the decision to eliminate the mood disorders diagnostic class from *DSM-5* in favor of making bipolar disorders and depressive disorders top-level diagnostic classes.)
- New symptom codes for reporting suicidal and nonsuicidal self-injurious behavior.
- Modifications of the diagnostic criteria for over 70 disorders.
- Updates in terminology (for instance, replacing "neuroleptic medications" with "antipsychotic medications or other dopamine receptor blocking agents" and changing "desired gender" to "experienced gender" in the text for gender dysphoria).
- A new focus on how social determinants of mental health—including racism and discrimination—impact mental health in different communities and renewed attention to the use of nonstigmatizing language.

Eve Vagg

Michael First, M.D., *DSM-5-TR* editor, will provide an overview of the significant changes and improvements that have been made to the manual.

The session will be presented by *DSM-5-TR* Editor Michael First, M.D. He will describe the revision process and summarize the changes, highlighting those that are most clinically significant.

"*DSM* is widely regarded as the most authoritative source of information about most aspects of mental disorders except treatment," First told *Psychiatric News*. "This information, encapsulated in the *DSM* text, is continually evolving. Consequently, it is crucial for the text to be kept up to date based on evolving psychiatric literature. *DSM-5* text sections on 'Risk and Prognostic Factors' and 'Diagnostic Markers' contain information more susceptible to becoming outdated on the basis of scientific advances. Nine years have elapsed since publication of *DSM-5* in 2013, longer than historical revisions to *DSM* after five to seven years."

Most noteworthy is the addition of a new disorder, prolonged grief disorder. First said the addition is the result of years of research and clinical experience indicating that some people experience a pervasive inability to move past grief over the loss of a loved one and that these symptoms are severe enough to affect day-to-day functioning. It is estimated that following the nonviolent loss of a loved one, 1 in 10 bereaved adults is at risk for developing prolonged grief disorder, he said. **PN**

"*DSM-5-TR*: What's New and Why Clinicians Should Care" will be held Saturday, May 21, from 10:30 a.m. to noon.

Texas

continued from page 6

immigration status. "Children will go untreated, and adolescents will experience untreated depression and anxiety. This directive will create a climate of fear that will cause conflicts within families who aren't able to support their children's identities."

The directive has already had significant impacts on transgender youth throughout the state. Texas Children's Hospital, the country's largest pediatric hospital, stopped prescribing gender-affirming hormone therapies. The *Washington Post* reported on March 8 that the hospital had said in a statement that the decision was made "to safeguard our health care professionals and impacted families from potential legal ramifications." On March 1 *The New York Times* reported that, according to the parent of a transgender teenager in Houston, a local health clinic suspended all prescription medications for transgender minors. District attorneys in some of Texas's most populous counties, however, have stated they will not prosecute anyone under the directive, which they called "un-American."

Texas Physicians in Untenable Position

In his letter to DFPS, Abbott specified that Texas law includes reporting requirements for all licensed professionals who have direct contact with children "who may be subject to such abuse," including doctors and nurses. The law also "provides criminal penalties for failure to report such abuse," Abbott wrote.

The directive puts health care professionals in Texas "in an impossible position," APA and the other organizations wrote in the amicus brief. "These providers are required to falsely report adolescent patients receiving these treatments as victims of child abuse even though such reporting would inflict serious harm on their patients, thereby violating these providers' professional codes of ethics. On the other hand, if these providers do not report their patients, they face severe legal consequences, including potential civil and criminal penalties and the loss of their professional licenses."

The physician's relationship with patients and families is private, and compromising that relationship is an affront to the Hippocratic oath, Shapiro said. "I imagine we will see an exodus of child and adolescent psychiatrists, as well as pediatricians, from the state, which already has a shortage of child and adolescent psychiatrists," Shapiro said.

In a statement, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra called Abbott's actions "dangerous to the health of transgender youth in Texas." HHS took several actions in response to Abbott's directive, including releasing guidance to state child welfare agencies through an information memorandum that makes clear that states should use their child welfare systems to advance safety and support for LGBTQ youth, including ensuring access to gender-affirming care. HHS also released guidance on patient privacy, clarifying that physicians in Texas are not required to disclose private patient information, as well as guidance emphasizing that denying health care based on gender identity is illegal.

Shapiro encouraged physicians to be proactive in speaking to families who may be impacted, and to have honest conversations about how they can support their children through advocacy.

"These children and families feel they have no voice, and we need to empower them so that they know they do have voices and that we can all work together to combat this discriminatory policy." **PN**

"Physicians Oppose Texas Efforts to Interfere in the Patient-Physician Relationship and Criminalize Gender-Affirming Care" is posted at https://www.psychiatry.org/newsroom/news-releases/physicians-oppose-texas-efforts-to-interfere-in-the-patient-physician-relationship-and-criminalize-gender-affirming-care. "Statement by HHS Secretary Xavier Becerra Reaffirming HHS Support and Protection for LGBTQI+ Children and Youth" is posted at https://www.hhs.gov/about/news/2022/03/02/statement-hhs-secretary-xavier-becerra-reaffirming-hhs-support-and-protection-for-lgbtqi-children-and-youth.html. The *Doe v. Abbott* lawsuit is postedathttps://www.aclu.org/legal-document/doe-v-abbott-petition.

PsychPRO Featured in Session On Measurement-Based Care

In addition to the Annual Meeting session, APA staff will answer questions about PsychPRO at its booth in APA Central in the Exhibit Hall. The national mental health registry has an expanded platform that makes reporting data even easier and a new pricing structure. ***BY MARK MORAN***

APA members attending this year's Annual Meeting in New Orleans will want to stop by APA Central in the Exhibit Hall and enroll in PsychPRO, APA's national mental health registry.

One of APA's most successful endeavors, PsychPRO is approved by the Centers for Medicare and Medicaid Services as a Qualified Clinical Data Registry (QCDR) for behavioral health specialists. Membership in PsychPRO has steadily grown since its launch in 2016, with over 1,000 psychiatrists and mental health professionals now on board and receiving feedback to evaluate their quality performance and meet quality reporting requirements.

Today, the registry is poised for more growth with an expanded platform that offers increased reporting capabilities and a new pricing structure that encourages participation from a greater number of mental health professionals.

Importantly, as a QCDR, the registry is helping APA develop outcome measures for value-based payment programs that accurately reflect what psychiatrists and other mental health professionals actually do in their clinical work with patients. To do so, participation by as many psychiatrists as possible is critical.

Participation also offers psychiatrists a way to automatically meet their requirements for Maintenance of Certification Part IV, as well as meet reporting requirements under Medicare's Merit-Based Incentive Payment System (MIPS), to avoid reimbursement penalties and potentially achieve bonuses.

At a special Annual Meeting session titled "Moving Practice to Measurement-Based Care," leaders in integrated care—Eric Vanderlip, M.D., M.P.H., and Kathryn Ridout, M.D., Ph.D.—will demonstrate how PsychPRO is making measurement-based care easy at the provider, practice, and system levels. Speakers at the session include Andrew Carlo, M.D., and Cecilia Livesey, M.D.

Measurement-based care is an evidence-based strategy to improve outcomes in the treatment of psychiatric disorders and comorbidities. Principles of measurement-based care include routine and systematic symptom measurement using evidence-based instruments, timely sharing of results with patients, and the incorporation of outcome measurement into real-time medical decision-making.

In recent years, emerging standards from The Joint Commission and the Utilization Review Accreditation Commission, as well as payer pressure to tie reimbursement to outcome improvement, have placed increased emphasis on measurement-based care in standard clinical management. Session speakers will outline practical strategies to meet key Healthcare Effectiveness Data and Information Set (HEDIS) quality measures and will invite participants to discuss how measurement-based care can advance mental health practice broadly.

"I urge members to visit the PsychPRO booth and attend this important session on how the registry can help psychiatrists achieve better outcomes for their patients," said APA CEO and Medical Director Saul Levin, M.D., M.P.A. "PsychPRO is truly one of APA's most important and successful projects, providing tangible benefits for psychiatrists and their patients." **PN**

"Moving Practice to Measurement-Based Care" will be held Sunday, May 22, from 4 p.m. to 5:30 p.m.

Sessions Reflect Intersection of New Orleans History And Plight of Vulnerable Citizens

New Orleans is an apt location for a meeting whose theme is the social determinants of mental health: the people most impacted by Hurricane Katrina were the city's most vulnerable residents. ***BY J. MCCULLEN TRUETT, D.O.***

Shortly after Hurricane Katrina flooded much of the city of New Orleans, then Sen. Barack Obama noted, "The people of New Orleans weren't just abandoned during the hurricane. They were abandoned long ago."

These words echo the increasingly obvious reality that natural disasters do not exist, but rather systems of power disproportionately place vulnerable communities in harm's way. Four years prior to Katrina, the federal government retracted previous limitations on wetlands development around the city, further eroding New Orleans' natural defense. Simultaneously, the local Army Corps of Engineers budget for levee management was slashed by 80%. The net result of these decisions and climate change–driven storm intensity was a mass casualty event of more than 2,000 deceased and 1.5 million displaced residents.

In the years following Katrina, studies demonstrated an increased rate of posttraumatic stress disorder among survivors, with increased rates among the Black community. Of those survivors who could not evacuate the city, an estimated one-third had limited access to transportation. While federal relief trickled into the city in the years that followed, forces to reshape New Orleans appeared disinterested in rebuilding for the displaced population, with then Rep. Richard Baker (R) stating, "We finally cleaned up public housing in New Orleans. We couldn't do it, but God did." Baker's recovery plan, which involved forcing residents to either accept buyouts of damaged property versus being solely responsible for repairs, was ultimately dismissed by then President George W. Bush. Despite the rejection of the Baker Plan, the rebuilding of New Orleans remains mired in the vestiges of redlining and gentrification, doing little to empower the most devastated of the communities.

The parallels within the Katrina disaster resonate all too well with mental health professionals in the United States. The weight of history hangs heavy in all aspects of psychiatric care. Housing laws, redlining, the war on drugs, and failure to expand voting rights legislation are a few of the many injustices that have perpetuated race- and class-based stratification affecting

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J. McCullen Truett, D.O., is a George Washington University consultation-liaison psychiatry fellow at INOVA Fairfax Hospital in Fairfax, Va.

Demystifying Psychedelic Treatments in Psychiatry: Is Ego Dissolution the Solution?

iStock/agsandrew

Michael Avissar, M.D., Ph.D., and Adrian Jacques Ambrose, M.D., M.P.H., are both assistant professors of psychiatry at the Columbia University Irving Medical Center of the Columbia Vagelos College of Physicians and Surgeons.

A growing body of research suggests that psychedelic compounds may be useful for treating patients with certain disorders.

BY MICHAEL AVISSAR, M.D., PH.D., AND ADRIAN JACQUES AMBROSE, M.D., M.P.H.

As highlighted by several sessions at the APA Annual meeting, there's a growing renewed interest in psychedelics, which are compounds that induce changes in thought, perception, and mood, in the clinical and research communities. Classic psychedelics refer to a subset whose mind-manifesting and hallucinogenic effects are primarily mediated by the serotonin receptor, 5HT2A: tryptamines (for example, LSD, psilocybin, DMT, and 5-MeO-DMT), and phenethylamines (for example, MDMA and mescaline). While demonstrating empathogenic effects, such as emotional openness and increased relatedness, MDMA is sometimes excluded from this category due to its limited hallucinogenic effects.

Despite varying pharmacological profiles, all classic psychedelics can induce a sense of "tripping" and mystical feelings—ineffable oneness with the universe, blurring of boundaries between self and the world, and loosening of rigid thoughts. Reported long-term effects can include positive changes in personality and attitudes such as increased openness, optimism, mindfulness, and improved social cognition. Some neurobiological studies indicate that psychedelics may place the brain in a more plastic and high-entropy state, which may disrupt rigid emotional and cognitive processes. Furthermore, disruptions in thalamocortical and default mode network connectivity are posited to alleviate ruminative thinking and overreliance on prior distorted beliefs characteristic of neurotic disorders. In clinical populations, antidepressant effects have been correlated with increased ego dissolution, mystical experiences, and "normalization" of putative biomarkers of pathological states.

While promising in their potential therapeutic application, classic psychedelics have significant adverse effects, such as increased anxiety, altered mental status, dysregulation, and/or persistent psychosis in vulnerable populations. Moreover, LSD and psilocybin are agonists at the 5HT2B receptors, which are associated with valvular heart diseases. Lastly, prospective long-term safety data are still lacking.

Historical Context of Research

For thousands of years, psychedelics have been used for religious, ceremonial, or medicinal purposes. In 1896, Arthur Heffter successfully synthesized a classic psychedelic—mescaline (naturally occurring in peyote), which was subsequently studied in Emil Kraepelin's clinic as a psychotomimetic agent. In 1936, Swiss chemist Albert Hoffman synthesized LSD, which galvanized researchers to investigate therapeutic uses ranging from treatment of alcoholism to depression. As psychedelics spread outside of scientific circles in the 1960s, a cultural backlash led to increased regulation; the subsequent federal Controlled Substances Act passed in 1970 halted clinical research for decades. Renewed interest

see **Psychedelics** *on page 32*

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our patients daily. The modern medical training institution itself, with its roots in the 1910 Flexner Report, further compounds racial and ethnic inequality among practitioners that reinforces the inaccessibility of care for our patients. Within the field of psychiatry itself, implicit racial bias and racialized concepts such as cultural deprivation theory have previously entrenched subtle forms of racism in the name of race neutrality that to this day require dismantling.

In 2021, Drs. Ruth Shim and Sarah Vinson published *Social (In)justice and Mental Health* through APA Publishing. A comprehensive and critical examination of mental health inequities and structural racism, the book makes clear the inseparable nature of social justice and the imperative to rise to meet the needs of our patients. Their deconstruction of the presumption of fairness in health care paired with exploration of the healing to be found in collective efficacy of communities are poignant reminders of social forces affecting our patients well beyond the walls of our clinic. Through their pointed narratives, the authors call for the collective introspection as a profession that we so readily ask of our patients. Drs. Shim and Vinson distinguish the therapeutic from moral neutrality.

As we approach APA's 2022 Annual Meeting, the pairing of the conference's location with its theme of social determinants of mental health demands reflection on this moment in history. The COVID-19 pandemic and the collective global mobilization around racial justice have only made more apparent the systemic injustice and oppression present in our country. As an organization, we have elected to prioritize social determinants of mental health for our first in-person meeting in a city whose past and present are a testament to the work that has been done and the work we have yet left to do.

As we navigate this year's meeting, we must acknowledge the complicated social and racial power dynamics embodied by our host city. A retrospective survey in 2015 indicated one-third of those who reported traumatic symptoms in the immediate aftermath of Hurricane Katrina also reported post-traumatic growth 10 years later. As such, New Orleans is not defined by the hurricane, in the same way that our patients are not defined by their own illnesses or traumas. Just as we enlist our patients to be partners in their healing, so too must we enlist ourselves to recognize our complicity in social injustice and the power we have to change it. **PN**

"Social (In)Justice and Mental Health," chaired by Vinson, will be held Saturday, May 21, from 10:30 a.m. to noon. "Trauma in Crescent City: The Intersection of Social Determinants and Racial Injustice in New Orleans," chaired by Truett, will be held Sunday, May 22, from10:30 a.m. to noon.

Diversity and Health Equity Track Emphasizes Importance of Social Determinants in Psychiatric Care

The article at right describes just two of the sessions in the Diversity and Health Equity Track. The integration of information related to diversity, equity, and inclusion in clinical psychiatry has gained momentum as health inequities have attained wider recognition. Racial/ethnic, gender, and sexual minorities often suffer from poor mental health due to multiple factors, including inaccessibility of high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health. These social determinants of mental health are critical considerations when developing care plans for patients with diverse backgrounds. The Diversity and Health Equity Track will provide attendees with strategies and opportunities to improve the mental health outcomes of historically marginalized communities through collaborative clinical care, community partnerships, advocacy, quality improvement, research, and education at all levels.

To learn more about the sessions in the track, go to https://s7.goeshow.com/apa/annual/2022/session_search.cfm, click on "Track," and then click on "Diversity and Health Equity."

Human Rights Award Winner Transformed Mental Health Care in West Africa

Grégoire Ahongbonon will deliver the inaugural APA Chester M. Pierce Human Rights Award Lecture.

Grégoire Ahongbonon, the founder of a comprehensive care system serving individuals with mental illness in West Africa, will deliver the inaugural Chester M. Pierce Human Rights Award Lecture at this year's Annual Meeting.

The session is titled "Person-Oriented Psychiatry: Changing the Way People With Mental Illness Are Viewed and Treated in West Africa and Around the World."

Ahongbonon, who was born in Benin, developed depression in his 20s after experiencing a bankruptcy. He recovered and decided to dedicate his life to all those in distress. In 1983, he founded Association Saint-Camille-de-Lellis (ASC), where he worked with poor patients with leprosy or AIDS, prisoners, and homeless children. In 1990, upon discovering the plight of African psychiatric patients, whose human rights were blatantly violated, ASC began to house them and treat them with dignity.

Ahongbonon enlisted the help of a psychiatrist in Bouake, Ivory Coast, where he had lived since 1971, and ASC began establishing its own mental health care facilities. Since then, Ahongbonon and ASC have created a comprehensive mental health care system that offers affordable and adapted neuropsychiatric inpatient, outpatient, and rehabilitation care to individuals in Ivory Coast, Benin, and Togo. Nearly 130,000 patients have now benefited from ASC's services. The system has been approved by the World Health Organization.

Ten 200-bed inpatient centers have been established across the three countries, headed by registered nurses and staffed mostly by remitted patients who receive training from visiting and local psychiatrists. Nearly 50 Saint-Camille outpatient clinics provide follow-up care and medication and treat new patients from the surrounding villages.

Ahongbonon's work has been recognized by numerous organizations. This year he was awarded the World Health Organization's Geneva Prize for Human Rights and was named an Aurora Humanitarian by the Aurora Humanitarian Initiative. In 2020 he received the Dr. Guislain Breaking the Chains of Stigma Award, a joint initiative of the Brothers of Charity and Janssen Research & Development.

Grégoire Ahongbonon founded Association Saint-Camille-de-Lellis, which has created a comprehensive mental health care system approved by the World Health Organization. It offers neuropsychiatric inpatient, outpatient, and rehabilitation care to individuals in West Africa.

"Grégoire Ahongbonon is a truly remarkable individual and just the kind of leader that the Chester M. Pierce Human Rights Award was designed to honor," said APA President Vivian B. Pender, M.D. "Guided by his own fierce humanity and his personal experience with mental illness, he has made compassionate care for individuals with mental illness a reality throughout West Africa. I urge people to attend the session and hear this exemplary leader."

The Chester M. Pierce Human Rights Award recognizes the extraordinary efforts of individuals and organizations to promote the human rights of populations with mental health needs by bringing attention to their work.

Originally established in 1990 as the APA Human Rights Award, it was renamed in 2017 to honor Chester M. Pierce, M.D., an innovative researcher; an advocate against mental health disparities, stigma, and discrimination; and a visionary in global mental health. In 2021, the award was endowed by the APA Foundation's Chester M. Pierce Human Rights Endowment Campaign (*Psychiatric News,* https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2021.12.20). **PN**

"Person-Oriented Psychiatry: Changing the Way People With Mental Illness Are Viewed and Treated in West Africa and Around the World" will take place Saturday, May 21, from 4 p.m. to 5:30 p.m.

Psychedelics

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in the 1990s led to a new wave with more rigorous methodologies investigating multiple indications—treatment-resistant depression, existential distress in terminal illness, posttraumatic stress disorder (PTSD), obsessive-compulsive disorder, body dysmorphic disorder, eating disorders, alcohol use disorder, smoking cessation, autism spectrum disorder, and cluster/migraine headaches.

New Era of Research

Most psychedelic studies are currently funded by small pharmaceuticals or foundations. The National Institute of Mental Health held its first psychedelics workshop in January. The studies typically include intensive psychotherapy protocols with preparatory sessions, supportive therapy during dosing, and integrative sessions.

While there is no FDA-approved classic psychedelic, psilocybin and MDMA have received "breakthrough therapy" FDA designations for depression and PTSD, respectively. A phase 3 trial of MDMA-assisted therapy for PTSD in 90 participants published May 10, 2021, in *Nature Medicine* yielded a large effect size of 0.91 on the primary outcome (CAPS-5 score), which was a considerably larger effect size than the standard pharmacological treatments. In a phase 2b trial of psilocybin-assisted therapy in 233 participants with treatment-resistant depression, Compass Pathways reported significant reduction in depressive symptomatology (MADRS score) in the highest dose group (25 mg) compared with the control low-dose group (1 mg) even at 12-week follow-up. Compass plans to begin a phase 3 trial this year.

Current limitations of psychedelic research include concerns of representativeness and generalizability, as most participants are self-selected prior users and predominantly consist of White, educated, high socioeconomic status populations. Furthermore, participants with comorbidities or vulnerability to psychosis are often excluded. High expectancy, nocebo effects, and poor blinding may also limit interpretability of findings.

Revisiting Ego Dissolution

Surprisingly, there is no definitive proof that the ego dissolution (for example, conscious hallucinogenic experience) is necessary or sufficient for therapeutic effects. In rodents, studies using 5HT2A blockers or pharmaceutically designed nonhallucinogenic analogs demonstrate antidepressant effects despite reductions in psychedelic-induced head-twitch responses. The analogous study has not been done in humans, but similar findings in humans could have profound implications on treatment protocols: If therapeutic effects are independent of "tripping," many existing safety and study design barriers could be circumvented. As larger trials attempt to establish efficacy, a pressing question with implications for assisted-therapy protocols, safety, and accessibility of treatment remains unanswered: Is ego dissolution the solution? **PN**

"MDMA-Assisted Therapy for Severe PTSD: A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study" is posted at https://www.nature.com/articles/s41591-021-01336-3.

Schedule of Sessions on Psychedelics

SUNDAY, MAY 22
10:30 a.m.-Noon
Psychedelics: Therapeutic Mechanisms

1:30 p.m.-3 p.m.
Psychedelics in Psychiatry: Past, Present, and Pressing Issues

TUESDAY, MAY 24
8 a.m.-9:30 a.m.
Treating Substance Use Disorders With Classical Psychedelics

WEDNESDAY, MAY 25
10:30 a.m.-Noon
The Psychedelic Revolution in Psychiatry

iStock/SanyaSM

More Than Just Yoga: Physician Burnout, Effects of COVID, and Minoritized Status

The stress related to being a physician has been made only worse due to the COVID-19 pandemic. What can psychiatrists do to guard against burnout and protect their mental health and well-being?

BY ADRIAN JACQUES AMBROSE, M.D., M.P.H.

As physicians are facing an inordinate amount of stress inflamed by COVID-19, several APA Annual Meeting sessions will address the alarming prevalence rates of burnout symptoms for both trainees and practicing physicians. Affecting both personal and professional domains, burnout may be associated with a decrease in professionalism, higher medical mistakes, substance use, and mood disorders. For psychiatrists, the APA Board of Trustees Workgroup on Psychiatrist Well-Being and Burnout found that 78% of respondents to an APA survey were at an increased risk of burnout, and 16% reported symptoms consistent with moderate to severe depression.

Adrian Jacques Ambrose, M.D., M.P.H., is an assistant professor of psychiatry at the Columbia University Irving Medical Center of the Columbia Vagelos College of Physicians and Surgeons.

While a significant aspect of psychiatric clinical care was facilitated by telehealth technology, the pandemic nonetheless dramatically shifted the clinical and work culture for many psychiatrists. With the increased burden, psychiatrists reported higher prevalence of burnout symptoms during the pandemic (47% versus 42% in the previous year). In addition, psychiatrist participants in a survey conducted by Medscape earlier this year identified the high volume of bureaucratic/nonclinical tasks, long work hours, and the lack of respect as the top three contributing factors to their burnout symptoms.

Consistent throughout many studies, female psychiatrists were significantly more likely to report burnout and depressive symptoms in comparison with their male colleagues. For female psychiatrists, potential factors adding to burnout may be social expectations of child care, higher demands of work-home balance, and gender-related discriminations. Similarly, sexual minority medical students were eight times more likely to report burnout in comparison with their heterosexual counterparts due to perceived hostile environment, mistreatments, and discrimination. However, for ethnic and racial minorities, the varying and sometimes contradictory results highlight the multifactorial complexity of examining burnout—ranging from fewer burnout symptoms and increased rates of burnout to no significant difference in burnout rates compared with White peers. A systematic review of 16 studies similarly found inconclusive differences among ethnic and racial minorities and their nonminority peers, which may be related to variations between the two groups or other covariates (for example, socioeconomic status and specialty).

Highlighted by presentations at the APA Annual Meeting, the increased burnout in female and underrepresented trainees and physicians needs individualized examination and solutions. With the recently galvanized national attention toward diversity, equity, and inclusion issues, more in-depth studies on physician burnout are needed on women, sexual minorities, and ethnic and racial minorities. For minority physicians, compounding factors, such as interpersonal microaggressions and individual or structural discriminations, may pose as additional stressors to burnout.

The proposed solutions to burnout have ranged from individual-level changes (for example, building resilience, yoga, and meditation) to system-level changes (for example, reducing administrative burden, increasing time available for patient care, and promoting team-based work). It is important to note that while resilience may be inversely correlated with burnout, one study found that physicians with the highest resilient scores still demonstrated substantial burnout symptoms. Furthermore, there is a dearth of research targeting burnout solutions in minority and marginalized physicians, especially in the intersectional dimensions. With COVID-19 fueling the current "Great Resignation," system leaders and health care organizations tackling burnout must address physicians' physical and emotional depletion, restore the core connection to the work, and reestablish a sense of trust in the workplace—all of which require more than just yoga. **PN**

The titles and schedule of Annual Meeting sessions on physician wellness and burnout can be accessed at the meeting's Session Search tool at https://s7.goeshow.com/apa/annual/2022/session_search.cfm by clicking on "Primary Topic" and then "Wellness."

New Track Offers Immediately Useful Clinical Information

The new Clinical Updates Track will offer an ocean of clinical pearls to gather. The track features 19 sessions that will cover a plethora of topics and is designed for psychiatrists who are seeking practical information to incorporate directly into practice. Topics dovetail with those required for certification by the American Board of Psychiatry and Neurology.

The sessions (marked by an orange box in the scientific program that begins on page 21) will provide a brief overview of each topic, then cover how to conduct assessments and make diagnoses; how to address a patient's primary complaint among other problems or conditions that need to be addressed during a typical psychiatry outpatient visit; guidance on when to refer a patient to a specialist; and evidence-based strategies for treatment, including the latest medications and therapies. The sessions will also allow time for questions and answers.

To learn more about the sessions, go to https://s7.goeshow.com/apa/annual/2022/session_search.cfm, click on "Track," and then click on "Clinical Updates."

Psychotherapy

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Expanding knowledge of mental health disorders will produce new therapies. It is the quality of our diagnostic assessment that will inform treatment selection. *DSM-5-TR* provides a critical foundation to understanding our patients just as auscultating the heart provides essential information to a cardiologist. But it is not enough. In psychiatry, treatment must be formulated on a thorough assessment of the biologic and social determinants of patients' behavior with an in-depth psychological evaluation.

To be a 21st century psychiatrist, each of us must be able to apply, as indicated, the use of medications and provide psychotherapy. Such care must be provided in a framework that addresses societal impacts on each of us. **PN**

David Hathcox

The Exhibit Hall Is the Place to Be!

The Exhibit Hall at this year's Annual Meeting is offering many new activities as well as opportunities to learn about new products and services. **BY VERNETTA COPELAND**

It's been a long and lonely two years of virtual meetings and online learning since the COVID-19 pandemic began in early 2020. Now it's time to step away from your computer, close your Zoom program, and gather with old and new colleagues to learn in person and mingle at APA's 2022 Annual Meeting in New Orleans.

After this two-year hiatus, exhibitors are looking forward to interacting with attendees and sharing information about their newest products and services related to psychiatry. Exhibitors will be listed in the "Scheduler" available at Registration and on the APA Meetings App. The "Scheduler" is replacing the large, unwieldy Annual Meeting Program Guide.

APA's plans for this year's meeting began by putting safety first—all APA staff, attendees, exhibitors, and vendors must upload proof of full vaccination and follow all health and safety guidelines.

In addition to safety planning, APA has given the Exhibit Hall—an integral part of the meeting—a shot in the arm this year by special scheduling and new features. Blocks of free time—for a total of 3.5 hours a day—have been reserved between sessions so attendees don't have to choose between visiting the Exhibit Hall and attending sessions.

A number of non-CME presentations will be offered in the Exhibit Hall: 60-minute Product Showcases, 20-minute Huddles, and 30-minute Coffee & Conversations sessions. Huddles and Coffee & Conversations are new to the in-person meeting; Huddles debuted at the virtual Annual Meeting and were very well received, so they are expected to be a strong draw at the live meeting. Coffee & Conversations are designed to promote engagement among attendees.

In addition to the theaters, an area designated as The Stage will serve as the main hub for attendees to meet up with colleagues, charge personal devices, listen to lively presentations, or just take a few moments to rest between sessions in a casual, relaxed setting. There will also be sessions on CV preparation and poster award presentations. The Stage will host APA thought leaders, who will present timely talks while attendees enjoy a cup of coffee. The following presenters have been confirmed, with more expected to join:

- Gail Erlick Robinson, M.D.: Psychological Impact on Women of COVID-19
- Rahn Bailey, M.D., and William Lawson, M.D.: Psychopharmacology and Ethnicities
- Rick Wolthusen, M.D.: Cross-Cultural Learning From Community-Based Mental Health Interventions

Therapeutic Updates are an extension of the Exhibit Hall. They will be held at the Hilton New Orleans Riverside and Loews New Orleans Hotel on Saturday and Sunday, May 21 and 22, from 7:30 p.m. to 9:30 p.m.

Don't forget to drop by APA Central and learn more about the benefits of membership. Check out the PsychPRO booth, APA's mental health registry, and sign up to participate if you haven't already (see page 30). Purchase your new *DSM-5-TR* at the APA Publishing Bookstore (see page 29) at a discount. You can show your pride in your Association by purchasing APA memorabilia at the bookstore. The Career Expo offers recruitment possibilities for those searching for employment opportunities.

Before you think about leaving the convention center and facing the heat of New Orleans to get lunch, head to the Exhibit Hall for Product Showcases and lunch/snacks or visit designated areas offering light fare during the Mid-Day Mingles. When sessions resume, just go up one level to the session rooms, with no worries about being late!

This is going to be an exciting meeting, so plan now to take part in all facets of the Exhibit Hall offerings and the Annual Meeting as a whole. **PN**

The Exhibit Hall schedule appears on page 20.

Vernetta Copeland is associate director of exhibits and sponsorship sales in APA's Department of Meetings and Conventions.

Meeting Features Sessions Created For Young Psychiatrists

These sessions will help RFMs and ECPs think about career options and opportunities and explore issues important to them.

Career development, finding your academic niche, climate change—these are some of the Annual Meeting sessions designed especially for resident and fellow members (RFMs) and early career psychiatrists (ECPs).

Art Walaszek, M.D., a member of the Scientific Program Committee and chair of the ECP/RFM Subcommittee, said the sessions are designed to meet the career needs of younger psychiatrists and their interests in exploring the boundaries of what is possible in psychiatric practice. The sessions also provide opportunities for RFMs and ECPs to explore pressing social issues of interest to them.

At press time, sessions were still being finalized, but these three have been confirmed:

- **Medical Education Scholarship: Finding Your Niche**. Many educators find themselves in positions in academic medicine that are heavy on clinical duties, administrative tasks, and primary teaching but have little to no time for mentoring for scholarly pursuits. This can foster disillusionment and burnout, especially when institutional expectations for scholarly outputs are not met. In this workshop, participants will talk about educational scholarship not as an extra task in an already full workload, but as something that can be done in the process of typical educational activities, such as teaching in clinical environments or preparing sessions for the classroom. In other words, scholarship can be successfully achieved when educators "make it count twice" with their educational activities.

Paul Haidet, M.D., a professor of medicine at the University of Pennsylvania Perelman School of Medicine, will lead this interactive session about how young psychiatrists can find their own path in academic medicine. Haidet has carved his own path combining his love of jazz music with medicine and ways to better communicate with patients using the art of improvisation. He has a Twitter account (https://twitter.com/myheroistrane), where he tweets about medicine, health care, and jazz.

- **Outside the Box: Using Your Degree to Influence Beyond the Field**. After many years of education and training, most psychiatrists are laser focused on jumping into direct service—setting up a

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What Do IMGs Need and How Can They Be Supported?

International medical graduates are the backbone of psychiatry, and have experiences and needs that differ from their U.S. counterparts.

BY MICHAEL MYERS, M.D., AND EDMOND H. PI, M.D.

International medical graduates (IMGs) comprise a quarter of the physicians and a third of the psychiatrists in the United States. More than a fourth of psychiatry trainees are IMGs. What's more is that IMGs are the lifeblood of our mental health system, particularly in the public sector. Every year the Annual Meeting showcases excellent programming by and for IMGs (and for the many, interested others), and this year is no exception. We are excited to highlight here four standout sessions:

Michael Myers, M.D., is a professor of clinical psychiatry at SUNY Downstate Health Sciences University in Brooklyn, N.Y. Edmond H. Pi, M.D., is professor emeritus of clinical psychiatry at the University of Southern California Keck School of Medicine. Both are members of APA's Scientific Program Committee.

- **The IMG Journey: Snapshots Across the Professional Lifespan**
(May 21, 8 a.m.-9:30 a.m.)
In this highly interactive session, Vishal Madaan, M.D., Muhammad Zeshan, M.D., Naziya Hassan, M.D., and Consuelo C. Cagande, M.D.—who range in their careers from a resident to senior professor—will cover themes of acculturation, mentor-mentee relationships, supervision, unique issues in psychotherapy, career trajectories, and much more.

- **International Medical Graduates and the Care of Older Adults With Mental Health Disorders in the United States**
(May 22, 1:30 a.m.-3 p.m.)
Although IMGs make up almost half of the workforce of geriatric psychiatrists in this country, our population is aging, and more trained geriatric psychiatrists are sorely needed. In this session, Rajesh R. Tampi, M.S., M.D., will review the roles of IMGs as private practitioners, educators, academicians, and researchers and talk about ways APA can work to attract more IMGs into the geriatric field.

- **Supporting IMGs Throughout Their Careers**
(May 24, 10:30 a.m.-noon)
Since the pandemic began, IMGs are reporting disproportionate rates of burnout and dying by suicide at higher rates than ever before. They often do not receive the same resources as domestic psychiatrists. In a small group discussion with APA CEO and Medical Director Saul Levin, M.D., M.P.A., and early career psychiatrist and APA Scientific Program Committee member Elie Aoun, M.D. IMGs will have an opportunity to discuss the unique challenges they face and brainstorm ways in which APA might be able to assist.

- **Double Minorities: Exploring Systemic Barriers Against Non-U.S. International Medical Graduates in Academic Psychiatry**
(May 25, 1:30 p.m.-3 p.m.)
Chair Ramotse Saunders, M.D., and presenters Muniza A. Majoka, M.B.B.S., and Ali Maher Haidar, M.D., will review general stresses for IMGs but also specific issues for women and members of racial/ethnic minorities and the LGBTQ community. They invite attendees to engage with them in a far-ranging discussion to facilitate and foster academic careers for IMGs including peer and intergenerational mentoring, ally training, implicit bias training, and anti-racism/sexism initiatives.

We hope to see you at APA's Annual Meeting in May! Please join us as we celebrate IMGs' successes through the years and identify ways that APA can better support them. **PN**

Plenary

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that the patient is able and willing to follow. "You don't know what they're able to follow if you don't have a sense of these broader social determinants and structural issues." When physicians prescribe a medication that patients cannot afford, they may be labeled "noncompliant" or "nonadherent with treatment" when they fail to take it, she pointed out. "But it could be that you developed a treatment plan that didn't take into account the realities of their lives. There's nothing therapeutic about that."

Psychiatrists have an important role to play, too, in helping public officials understand the mental health implications of proposed policy actions. Psychiatrists can share their expertise by engaging in interdisciplinary collaboration, scholarly writing, getting involved in state or local government, or testifying before Congress. "We need to see this as part of our role of being in a healing profession," she said.

Rather than carving out specific sessions at the Annual Meeting that address issues of racial diversity, equity, and inclusion, Vinson believes it is crucial that these concerns be incorporated into every session. "This is everyone's job. There's harm in acting as if it's not. Otherwise, for minority patients who overcome all the barriers to seeing a mental health clinician, when they finally see someone, they will have a terrible experience. They won't come back. That is what happens when clinicians don't think it is part of their job to ask how patients are coping with racial violence in the news or their experience as a Black person," Vinson said. "There needs to be an acknowledgement that attaining structural and cultural competency is central to your role as a mental health clinician."

Although the focus is often trained solely on stigma, Vinson said research shows that the number one reason that Black Americans do not seek mental health treatment is cost. "There's little discussion of the practical barriers that cost presents when you have a group of people who are disproportionately uninsured, disproportionately living in poverty, and disproportionately fired in a pandemic." She urges clinicians to work one day a week at a public clinic, write about these issues, and/or mentor and sponsor trainees from underserved communities.

"There is something that everyone can do where they are," she said. "You don't have to become a researcher or a political activist, but there is something you can do in whatever role you currently inhabit," Vinson said. **PN**

"Bringing an Interdisciplinary Lens to the Social Determinants of Mental Health" will be held Monday, May 23, from 8 a.m. to 9:30 a.m.

continued from facing page

practice, onboarding at a hospital, or teaching at an academic institution. But what about using clinical training to make an impact outside of the field of psychiatry? The many social determinants of mental health indicate that the need has never been more urgent. Drawing on their experiences as licensed psychiatrists, the speakers in this session—Nina Vasan, M.D., Jessica Gold, M.S., M.D., and Amir K. Ahuja, M.D.—will discuss how they integrated their training into alternative career paths. Vasan is chief medical officer at REAL, an innovative mental health care company; Ahuja is director of psychiatry at the Los Angeles LGBT Center; and Gold is a freelance writer and TV commentator.

- **Shrinking the Carbon Footprint of American Psychiatry: Meeting the Demands of Climate Change.**
There is a growing appreciation that global warming will negatively affect human health, including mental health. Increased ambient heat is associated with the increased prevalence of many psychiatric disorders, and psychiatric patients are more prone to heat-related morbidity and mortality.

The presenters will review the research they have conducted on ways in which American psychiatry can significantly reduce its carbon footprint in this decade without compromising the quality, professional development, and collegial interactions that are central to medical and psychiatric progress. The session will be chaired by Elizabeth Haase, M.D.; the presenters are Haase, Daniel Bernstein, M.D., and Joshua Ross Wortzel, M.D.

Also in the works is a roundtable discussion with women leaders in psychiatry including past APA President Altha Stewart, M.D., Helena Hansen, M.D., Ph.D., and Jacqueline Feldman, M.D., among others.

"The intention behind this is to highlight women leaders in psychiatry and a discussion about the paths they took to leadership positions," Walaszek said.

"We want to offer guidance to junior members who want to become leaders in psychiatry," he continued. "RFMs and ECPs have unique needs and interests. Trainees are thinking about their career path after residency or fellowship—they have been exposed to some of the possibilities but can benefit from the broader approach we hope to provide in these Annual Meeting sessions. ECPs are in their first or second year still trying to get their footing. We are targeting both career development and content interest." **PN**

"Outside the Box: Using Your Degree to Influence Beyond the Field" will be held Sunday, May 22, from 10:30 a.m. to noon. "Medical Education Scholarship: Finding Your Niche" will be held Tuesday, May 24, from 1:30 p.m. to 3 p.m. "Shrinking the Carbon Footprint: Meeting the Demands of Climate Change" will be held Tuesday, May 24, from 4 p.m. to 5:30 p.m.

Get Up to Speed on Use of Technology in Psychiatric Care

iStock/alvarez

Psychiatrists need to become competent around the professional, clinical, legal, cultural, and safety considerations demanded by new modes of clinical care through technology.

BY JAY SHORE, M.D., M.P.H., JOHN TOROUS, M.D., AND JOHN LUO, M.D.

As COVID-19 has and continues to drive so much care online and into digital formats, psychiatrists have had to quickly adapt to telehealth, smartphone apps, and other technologies. But now as it becomes possible to return to in-person care, psychiatrists have to decide what the future of the field will be and the next chapter of innovation in psychiatry.

The Annual Meeting Technology Track is designed to offer psychiatrists a full overview of the digital mental health space to enable better use of digital tools today, the latest intelligence on what the future of digital psychiatry looks like, and the right information to make sure technology helps deliver the best care possible. We also want to explore how technology can be used to ensure care is more inclusive and addresses the social determinants of mental health, and we will have numerous hands-on examples and models of how to make that possible.

To accomplish this, we have assembled four sessions featuring many APA leaders in technology and telehealth. Topics include the following:

- How to build a practice in the digital era and ways that technology can help you create sustainable models of care. This means also understanding the legal, financial, ethical, and clinical risks and knowing how to avoid common pitfalls.

- How to make electronic medical records, apps, and wearables fit into your already busy clinical workflow.

- How to achieve work-life balance and avoid burnout regarding technology use, and how to maximize the impact of technology for your own well-being.

- An evidence-based perspective on mental health apps, CBT programs, chatbots, VR/AR and more. The goal is not to promote any one technology but to provide you with the actual data to make an informed decision.

- How to ensure digital inclusion and make sure your approach does not leave out any patients.

- What tools you can use to evaluate any health technology, even if the evidence is still too new, and make sure you select the best tools for use with your patients.

Jay Shore, M.D., M.P.H., is a professor and director of the Telemedicine Department of Psychiatry at the University of Colorado Anschutz Medical Campus. John Torous, M.D., is program director and director of the Division of Digital Psychiatry at Beth Israel. John Luo, M.D., is the director of Consultation Liaison & Emergency Psychiatry and the psychiatry residency program director at the University of California, Irvine School of Medicine.

The fifth session in the track will cover apps and innovation in the support of psychiatric practice. The COVID-19 pandemic rapidly accelerated the adoption and implementation of many technologies in the practice of psychiatry. Overnight, in-person visits except for emergencies were prohibited, yet technologically ready and savvy organizations and psychiatrists were able to restore access with emergency adoption of videoconferencing technologies. Additionally, adjunctive services such as psychiatric applications on the smartphone were able to provide psychotherapy and medication management whether via secure messaging with a psychiatrist or artificial intelligence–driven chatbots to provide therapy. Social media and online professional networks helped psychiatrists connect their patients to available resources as well as facilitated wellness and decreased their risk for burnout. Speakers will review current best practices as well as future developments such as digital therapeutics and predictive analytics in future psychiatric practice.

Saturday, May 21

8 a.m.-9:30 a.m.
Digital Psychiatry, Part 1: Health Equity and Digital Divide in COVID Era

10:30 a.m.-Noon
Digital Psychiatry, Part 2: Work-Life Integration in Virtual World During Pandemic: Patient and Providers

1:30 p.m.-3 p.m.
Digital Psychiatry, Part 3: Integrating Patient Monitoring in Clinics

4 p.m.-5:30 p.m.
Digital Psychiatry, Part 4: ABCs: Apps, Bots, and Clinical Interventions Offered by Technology

Tuesday, May 24

8 a.m.-9:30 a.m.
Apps and Innovations to Support the Practice of Psychiatry: Current and Future Developments **PN**

APA'S GOVERNMENT, POLICY, AND ADVOCACY UPDATE

continued from page 5

APA is part of the Reimagine Crisis Response coalition, which is assisting states to implement 988 infrastructure. Last year, eight states passed 988 infrastructure bills, and 12 states have pending legislation. APA is working closely with district branches and coalition partners to assist these and other states.

Details about the coalition and how to get involved is posted at https://reimaginecrisis.org/.

APA Submits Comments to CMS on Network Adequacy in Medicare Advantage Plans

APA submitted comments to the Centers for Medicare & Medicaid Services (CMS) in support of a CMS proposal requiring health plans to demonstrate their compliance with network adequacy standards before CMS will approve an application for a new or expanded Medicare Advantage plan. "APA supports this proposal and commends CMS's efforts to hold plans more accountable for providing an adequate network of providers to deliver care to MA enrollees," APA Medical Director and CEO Saul Levin, M.D., M.P.A., wrote to CMS.

APA also provided information to CMS on actions it can take to encourage more health care professionals to join provider networks and supported efforts to improve health equity by requiring Special Need Plans to include one or more questions on the topics of housing stability, food security, and access to transportation as part of their Health Risk Assessments.

APA Comments on CMS Field Testing of Cost Measures

APA submitted comments on episode-based cost measures that CMS is developing for use in the Merit-based Incentive Payment System (MIPS) program. APA commented on cost measures related to major depressive disorder and psychoses and related conditions. The measures assess the cost of clinically related services furnished to patients during an "episode" of care for the condition in question. APA's comments focused on the challenges faced by health care professionals in understanding, interpreting, and addressing the costs attributed to them under these measures, as well as potential unintended consequences that could arise from implementation of the measures.

Focus Live Sessions Delve into Cutting-Edge Neurotherapeutics, Obsessive-Compulsive Disorders

The perennially popular Focus Live sessions add an element of fun to learning through their quiz-style format. This year's topics are novel therapeutics and obsessive-compulsive and related disorders. **BY LINDA M. RICHMOND**

For many years, advances in psychiatry were centered around new synaptic-based treatments, chiefly psychotropic medications aimed at regulating neurotransmitters in the brain. In the last decade, however, approval of new medications with novel mechanisms of action has proved elusive.

Now new circuit-based treatments, such as repetitive transcranial magnetic stimulation (rTMS) and deep brain stimulation, are leading the pack when it comes to psychiatric advances, Alexander Bystritsky, M.D., Ph.D., professor emeritus at University of California, Los Angeles, and CEO of BrainSonix Corp., told *Psychiatric News*.

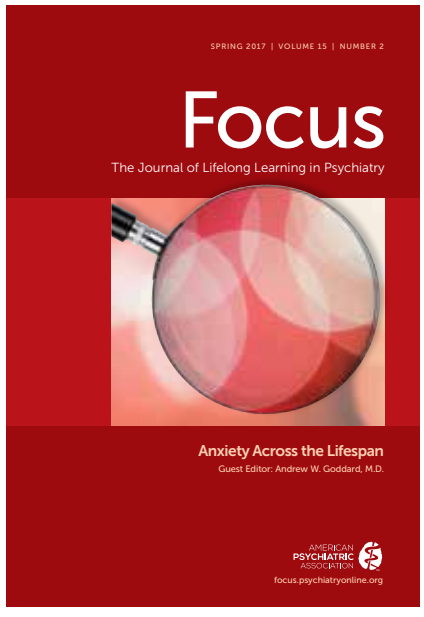
"The benefits are clear for these types of neuromodulation treatments. We're moving from administering treatments globally to the brain toward circuit-specific treatments," he said. "These can improve symptoms of refractory depression when other treatments have failed." Bystritsky served as guest editor of the most recent *Focus* issue on the same subject. He will lead the Focus Live session, delving into how these novel neurotherapeutics tools work and how they are being used to study and treat mental illness.

Replacing other technologies that required surgery or the implantation of electrodes, rTMS is a noninvasive procedure with fewer side effects than electroshock therapy, Bystritsky said. It is well accepted by patients, and health insurance companies have started approving coverage of these treatments in certain circumstances, he added. In addition to refractory depression, the Food and Drug Administration has now approved rTMS for obsessive-compulsive disorder, anxiety, and smoking cessation. Research is also underway for its potential use in treating patients with substance use disorders.

"I have seen amazing results in some patients and not so amazing results in others," said Bystritsky, who conducted clinical trial work for rTMS. "We haven't yet learned how to predict who will have the best response to these treatments." He added that initial targeting was primitive, and recent refinements using guided imaging are poised to change that.

Other approaches that will be discussed at the session include deep brain stimulation as well as noninvasive vagus nerve stimulation. Recent research data for the latter has renewed interest in its use for treatment-resistant depression, Bystritsky said. The session will also review advances in focused ultrasound/low intensity focused ultrasound pulsation.

Focus Editor-in-Chief Mark Hyman Rapaport, M.D., CEO of the Huntsman Mental Health Institute, the William H. and Edna D. Stimson Presidential Endowed Chair, and the chair of psychiatry at the University of Utah School of Medicine, will also give a presentation at the session. He told *Psychiatric News* the goal is to inform psychiatrists about the many potential new approaches for treatment now available.



Novel neurotherapeutics are helping patients with refractory depression and other disorders.

—Alexander Bystritsky, M.D., Ph.D.

"There's a tremendous opportunity in refining these techniques, for example, using approaches that combine MRI imaging with rTMS or focused ultrasound to develop more precise, guided approaches to care that enhance results," he said. "It's a really exciting time when we think about what the future may bring to the field of psychiatry. Within the next decade we expect to see tremendous advances in neuromodulation treatment approaches for our patients. This session will give a glimpse into the future."

Focus Live on OCRD

With the publication of *DSM-5* in 2013, obsessive-compulsive and related disorders (OCRD) were granted their own diagnostic classification, separate from anxiety disorders, as well as new specifiers for the presence of tics and the degree of the patient insight.

"Since that time a flurry of literature has advanced understanding of these conditions, particularly for body dysmorphic disorder, hoarding, trichotillomania, and skin picking," Michele T. Pato, M.D., director of the Center for Genomics of Psychiatric Health and Addictions and a professor of psychiatry at Rutgers Robert Wood Johnson Medical School and New Jersey Medical School, told *Psychiatric News*.

"These conditions have important distinctions from anxiety disorder and do not respond the same way to treatment. … This session will be valuable for all levels of psychiatrists and faculty who treat OCRD, especially for those who have completed their training before 2013," she said.

Obsessive-compulsive and related disorders have important distinctions from anxiety disorder and require different approaches to treatment.

—Michele T. Pato, M.D.

The Focus Live session will delve into the latest advances in diagnosing these conditions along with their genetic underpinnings, frequent comorbid conditions, neurobiology, and treatment protocols, both pharmacologic and psychotherapeutic. Attendees will have the opportunity to learn from some of the foremost OCRD experts, including Pato, who has focused on OCRD since meeting her first patient with the disorder as a resident 38 years ago. As well as serving as guest editor for two *Focus* issues on OCRD, Pato has written extensively on the phenotypic data on patients with OCD and is now working with the Genomic Psychiatry Cohort to complete a genomewide association study of 5,000 individuals with the illness.

"This is a really exciting session and one that will allow us to take advantage of the knowledge of the experts who will be presenting. They're all friends, and there will undoubtedly be a lot of repartee between them," Rapaport said.

Fun, Quiz-Style Session Formats

Focus Live sessions give psychiatrists a chance to put their knowledge of novel neurotherapeutics and OCDR to the test.

Participants can respond using audience response keypads; the correct answer will then be displayed, along with an explanation of why that answer is best. Pato said that the sessions will be highly interactive, based on audience response to the quiz questions. "If many attendees fail to get a particular answer correct, the panelists will be prepared with an extra slide or two on that concept to enhance understanding."

Members who attend will be able to later test their knowledge and earn self-assessment credit for MOC Part II. **PN**

The Focus Live session on OCRDs will be held Tuesday, May 24, from 1:30 p.m. to 3 p.m. The session on novel neurotherapeutics will be held Tuesday, May 24, from 4 p.m. to 5:30 p.m.

IN MEMORIAM

Remember Your Colleagues

APA honors the members whose deaths were reported to APA from June 30, 2021, to December 31, 2021. The list is posted at https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2022.03.3.47.

Also, APA welcomes you to write an obituary for an APA member who has died. For more details and instructions, please visit http://apapsy.ch/obituaries.

SMI Adviser to Sponsor Sessions on Serious Mental Illness

Sessions will cover gender identity and mental health, use of technology in care of patients with serious mental illness (SMI), meeting the general health needs of patients, and issues related to SMI and the criminal justice system.

BY MARK MORAN

SMI Adviser, APA's Clinical Support System for Serious Mental Illness, is supporting a special session on gender identity and mental health at this year's Annual Meeting.

The session, "Breaking Down the Binary: Best Practices for Supporting the Mental Health of Gender-Expansive People," is one of six sessions of interest to practitioners treating people with schizophrenia, bipolar disorder, and major depression.

The sessions sponsored by SMI Adviser include the following:

• **Digital Psychiatry: Integrating of Patient Monitoring in Clinics** (Saturday, May 21, 1:30 p.m.-3 p.m.) Increasingly, mental health professionals are turning to telehealth solutions to deliver patient care. These trends, accelerated by COVID-19, are now becoming the standard of care, and all mental health professionals must now become competent regarding the professional, clinical, legal, cultural, and safety considerations demanded by new modes of clinical care using technology. Some of these technologies involve remote monitoring of patients. This talk will focus on smartphone apps and wearables as the most common monitoring tools. Attention will be focused on the safe, ethical, and professional use of these data.

The session will be chaired by Brent Gregory Nelson, M.D., adult interventional psychiatrist and chief medical information officer at PraireCare in Minneapolis. Presenters include John Torous, M.D., director of the Digital Psychiatry Division at Beth Israel Deaconess Medical Center, and Julia Tartaglia, M.D., a psychiatry resident at Zucker Hillside Memorial Hospital and a digital and behavioral health researcher. The discussant will be Smita Das, M.D., Ph.D., M.P.H., chair of the APA Council on Addiction Psychiatry.

• **Digital Psychiatry: ABCs: Apps, Bots, and Clinical Interventions Offered by Technology** (May 21, 4 p.m.-5:30 p.m.) Digital technology now offers interventions including cognitive-behavioral therapy apps and virtual reality-based exposure therapies. This session will help mental health clinicians to assess the risks and benefits of these new interventions, understand their evolving evidence base, and make informed decisions regarding their use in clinical settings. The chair of the session is Torous, and presenters include Steven Richard Chan, M.D., M.B.A., a clinical informatics and digital health fellow at the University of California, San Francisco, and John Luo, M.D., the director of Consultation Liaison & Emergency Psychiatry and the psychiatry residency program director at the University of California, Irvine School of Medicine. The discussant is Darlene Rae King, M.D., a senior psychiatry resident at the University of Texas Southwestern Medical School.

• **Digital Navigators: Your Guides to Making Technology Work for Your Patients With SMI** (May 22, 4 p.m.-5:30 p.m.) Increasing access to care for people with SMI is critical. Emerging hybrid models of care that incorporate in-person visits or telehealth along with the use of digital apps have shown promise. During this interactive session, experts in digital technology will introduce the concept of the Digital Navigator as a member of the treatment team and a key to hybrid care for people with SMI. The Digital Navigator is able to serve both patients and mental health professionals in three ways: Teaching digital literacy, technology setup and troubleshooting, and evaluation of new and existing applications and supporting patients in their use of apps and mental health professionals in the aggregation of data. The speakers will present a training module for the Digital Navigator and conduct a role play to highlight how the navigator would function in a real-world setting. The session is chaired by Torous, and speakers include Sherin Khan, L.C.S.W., vice president of operations and strategy at Thresholds and Erica Camacho, M.S., clinical research assistant, and Danielle Currey, B.S., research assistant, both in the Division of Digital Psychiatry at Beth Israel Deaconess Medical Center.

• **Breaking Down the Binary: Best Practices for Supporting the Mental Health of Gender-Expansive People** (May 24, 4 p.m.-5:30 p.m.) Transgender and nonbinary identities are increasingly recognized but not always well understood. This session aims to help psychiatrists bridge that gap. During this session experts will review terminology and concepts essential to understanding gender diversity as it relates to mental health practice. The session will include several case presentations highlighting those intersections, with a particular emphasis on multiple minority identities. Attendees will be encouraged to reflect on their personal trajectories of understanding and expressing gender to better support patients in their own journeys. The session will be chaired by Lisa A. Razzano, Ph.D., an associate professor of psychiatry at the University of Illinois at Chicago, and speakers include Surya Sabhapathy, M.D., M.P.H., an assistant professor of clinical psychiatry at the University of Illinois at Chicago, and Caleb Reyes, M.D., a psychiatrist with Howard Brown Health.

• **Persons With Serious Mental Illness With Criminal System Involvement: An Overview and Guide for Practitioners** (May 24, 4 p.m.-5:30 p.m.) Individuals with SMI are at increased risk for arrest and incarceration. Once they are involved in the criminal system, they face numerous challenges including additional stigma. They may also exhibit behaviors that were adaptive in correctional settings but become maladaptive in other settings. Many of these individuals have histories of trauma, and their exposure to criminal justice processes can be further traumatizing. Some have co-occurring antisocial personality features.

These features present numerous challenges to mental health professionals, who may have limited knowledge of the criminal justice system. As patients move from arrest to court proceedings to jail or prison and release, there may be opportunities to foster continuity of care and attention to aspects of their lives that can reduce their risks of further involvement in the criminal justice system.

Debra Pinals, M.D., chair of the APA Council on Psychiatry and the Law, will provide an overview of the risk of criminal involvement of people with SMI and will offer practical information for practitioners to better serve their patients.

• **Addressing the Physical Health Needs of Patients With SMI: Emerging Roles for Psychiatrists** (May 24, 4 p.m.-5:30 p.m.) Patients with SMI have higher rates of medical morbidity and die 10 to 20 years earlier than the general population. Speakers will present a framework that psychiatrists can use for better integration of health, mental health, and social services for their patients. They will also review APA's newly updated Position Statement on the Role of Psychiatrists in Reducing Physical Health Disparities in Patients With Mental Illness and how it can help mental health professionals meet their patients' whole-person needs.

The chair will be Benjamin G. Druss, M.D., Professor and Rosalynn Carter Chair in Mental Health in the Department of Health Policy and Management at the Emory University Rollins School of Public Health. Presenters include Matthew Louis Goldman, M.D., medical director for Comprehensive Crisis Services in the San Francisco Department of Public Health and a volunteer clinical assistant professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco; Joseph Parks, M.D., medical director of the National Council on Mental Wellbeing; and Lori Raney, M.D., a principal at Health Management Associates in Denver.

SMI Adviser is also sponsoring three sessions devoted to clinical issues regarding the use of clozapine (*Psychiatric News,* https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2022.03.3.25).

SMI Adviser is funded by the Substance Abuse and Mental Health Services Administration. APA works closely on this project with a team of experts

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Can't Come to New Orleans? Register for Online Option

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APA wants to ensure that you don't miss the 2022 Annual Meeting by offering an online meeting in addition to the live meeting. ***BY PHILIP R. MUSKIN, M.D., M.A***

This year's Annual Meeting in New Orleans is APA's first hybrid meeting—it encompasses an in-person meeting in New Orleans in May and an online meeting in June. Those attending the live meeting will experience a rich program with lectures from leaders in the field covering the full spectrum of psychiatry, paired with the opportunity to see old friends and make new ones in a fabulous city and celebrate the APA Foundation's 30th anniversary. Attendees also get complimentary access to the online program in June. Those who attend both meetings can earn up to 46.5 AMA PRA Category 1 Credits.

Given the uncertainty of COVID-19, institutional travel restrictions, clinical work, and family responsibilities, APA recognizes that not everyone who wishes to attend the meeting in person will have that opportunity. The online program combines content captured during the in-person meeting as well as about 15 new sessions. Those who attend virtually also receive complimentary access to a limited APA Annual Meeting On Demand package after the online program. (On Demand offers the convenience of learning on your own time and includes slides with synchronized audio and MP3 audio files.) The CME available for this educational experience is 16.5 AMA PRA Category 1 Credits.

The virtual meeting most certainly will not be a rehashed version of the in-person meeting. It will include live Q&A with the speakers, live networking with peers, access to an art exhibit, and more. Of special fun will be the second virtual MindGames, where residency teams from across the country face off in a Jeopardy-like competition. The online MindGames was a fabulous success last year. The online poster hall is also a must see with over 1,000 posters; attendees can engage with presenters on the online platform.

Philip R. Muskin, M.D., M.A., is a consultant to APA's Scientific Program Committee. He is also a professor of psychiatry and senior consultant in Consultation-Liaison Psychiatry at Columbia University Irving Medical Center..

APA2022 has something for everyone, so choose the experience that works best for you. You'll be able to do the following:

- Participate in powerful conversations on the social determinants of mental health and hear from experts on research and emerging trends that will impact your practice.

- Attend sessions in the new Clinical Updates Track (see page 33). The speakers will address theory and science translated for clinical practice. The track will include experts on anxiety disorders, eating disorders, mood disorders, obsessive-compulsive disorders, personality disorders, sexual disorders, gender dysphoria, schizophrenia, sleep disorders, and substance use disorders. Among the track's renowned speakers are Petros Levounis, M.D., George Koob, Ph.D., Nora Volkow, M.D., Charles Nemeroff, M.D., Ph.D., Andrew Skodal, M.D., Evelyn Attia, M.D., Timothy Walsh, M.D., Jennifer Downey, M.D., Alan Schatzberg, M.D., Helen Blair Simpson, M.D., Ph.D., and Lisa Dixon, M.D., M.P.H.

- Meet new colleagues, reconnect with old friends, and interact with psychiatrists and mental health advocates from around the world.

We look forward to seeing you in New Orleans in May and virtually in June! **PN**

More information about the online meeting, including registration, is posted at https://www.psychiatry.org/psychiatrists/meetings/annual-meeting/online-annual-meeting.

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from 30 other mental health organizations. The team includes individuals, families, clinical experts, peers, and policymakers, all working to create access to the best resources on serious mental illness. **PN**

For more information on SMI Adviser, visit its booth in the Education Center in the New Orleans Theater Foyer.

Equity

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various spaces in which they have limited control of their environment. While there are factors that can contribute to success, there are other factors, specifically within power structures, that can limit success and devalue contributions by underrepresented groups.

There is substantial debate on the best method to continuing efforts to diversify the field of psychiatry. An ongoing challenge with no easy solutions is creating a system in which Black professionals can successfully navigate traditionally White professional spaces as equals.

The mentor relationship between Dr. Pierce and Dr. Griffith serves as a reminder that our clinical and professional work centers on experiences and opportunities for making changes that will lead to a better future for Black psychiatrists and patients. APA has been supportive of this work. We look forward to the opportunity of engaging meeting attendees on many of the topics discussed by Dr. Pierce and Dr. Griffith. **PN**

"Race and Excellence: The Continuation" will be held Tuesday, May 24, from 10:30 a.m. to noon. A new edition of *Race and Excellence: My Dialogue With Chester Pierce* will be published by APA Publishing in 2023. APA members can pre-order the book at a discount at https://www.appi.org/Products/Cultural-Psychiatry/Race-and-Excellence.

CBT

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of people 60 years or older, is known to increase the risk of depression, according to study author Michael R. Irwin, M.D., director of the Mindful Awareness Research Center and the Cousins Distinguished Professor of Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles, and colleagues. Research shows that nearly 1 in 4 older adults uses over-the-counter or prescription sleep aids.

Irwin and colleagues assigned 291 older adults with insomnia who did not have depression to two months of weekly CBT-I or sleep education therapy. CBT-I is a first-line treatment for insomnia that combines cognitive-behavioral therapy, stimulus control, sleep restriction, sleep hygiene, and relaxation. Participants in the sleep education therapy group were taught about behavioral and environmental factors that contribute to poor sleep.

During the three-year follow-up, older adults with insomnia disorder who received CBT-I were 50% less likely than those who received sleep education therapy to develop either new or recurring major depression (12% of the CBT-I group developed depression vs. 26% of the sleep education group). They were also more likely to achieve sustained remission of their insomnia.

Reed Hutchinson/UCLA Health

Michael R. Irwin, M.D., says that older adults with insomnia who completed cognitive-behavioral therapy for insomina were half as likely to develop depression as those who were given only education about insomnia.

"People who rely on sleep aids usually have a relapse in their insomnia once they discontinue their sleep medications," Irwin told *Psychiatric News*. "By contrast, CBT-I produces a lasting remission of insomnia disorder because it targets the maladaptive behaviors and cognitions that can lead to it, and because it teaches skills to manage daytime stress and arousal mechanisms. Once these simple cognitive and behavioral strategies are learned, people with insomnia can reach sustained remission."

The interventions in the study were delivered by a trained psychologist or public health educator. However, apps that deliver CBT-I are gaining increasing attention; for example, the Department of Veterans Affairs offers the CBTi Coach free to the public.

Using CBT-I is "a completely new and innovative way of increasing the effect of preventive interventions on the disease burden of depression," wrote Cuijpers and Charles F. Reynolds III, M.D., a professor of geriatric psychiatry and director of the Aging Institute at the University of Pittsburgh School of Medicine, in an accompanying *JAMA Psychiatry* editorial. The study by Irwin and colleagues shows that "depression can be prevented effectively without even using the word 'depression' and thus avoid the associated stigma."

They concluded, "This major finding offers exciting new opportunities for the prevention field and opens a new field of research into indirect preventive interventions for avoiding the stigma of mental disorders."

The study by Irwin and colleagues was funded by the National Institute on Aging, National Institutes of Health. The study by Cuijpers and colleagues was supported in part by CIBEROBN, an initiative of the Instituto de Salud Carlos (ISCIII). **PN**

"Prevention of Incident and Recurrent Major Depression in Older Adults With Insomnia" is posted at https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2786738. "Increasing the Impact of Prevention of Depression—New Opportunities" is posted at https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2786745. "Psychological Interventions to Prevent the Onset of Depressive Disorders" is posted at https://www.sciencedirect.com/science/article/pii/S0272735820301434?via%3Dihub#!.