

A LETTER FROM THE CHAIR

Greetings,

It gives me great pleasure to share our 2019 annual newsletter with you. Each year, I look forward to the opportunity to highlight just a few of the many things that our outstanding faculty, staff and trainees are working on. I hope you will enjoy reading the selected highlights in the pages that follow.

This year, you will see examples of efforts to integrate exciting advances in psychiatric research into our clinical delivery systems. There might be no area more important in this work than suicide risk assessment and prevention. We are also fortunate to have faculty helping us integrate into the larger University of Michigan Precision Health Initiative.

Our state of the art Sleep and Circadian Research Laboratory has a wonderfully productive and active team studying many aspects of sleep and circadian rhythm in diverse populations, all in order to understand how these can impact illness, treatment response and recovery.

As always, we want to introduce you to some new faces among our faculty and trainees. We are so proud of the many who have joined our team. Among our training programs, we highlight the Child and Adolescent Fellowship this year. In addition to their stellar clinical work, they are embracing opportunities for scholarship and quality improvement that are having an impact locally, regionally and nationally.

As our research portfolio grows, we recognize the positive impact of the internal grants review process that we put in place two years ago, and share some highlights about that initiative.

There are also a few surprises in store, including the newest addition to the Nyman Family Unit for Child and Adolescent Mental Health and Wellness.

Your interest and partnership in all this work helps sustain us day in and day out. We are so grateful for your support.

I welcome your feedback and invite you to stay connected as we strive to advance our work and enhance the impact of Michigan Psychiatry.

Best wishes,

Gregory W. Dalack,
Professor & Chair



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INTERVENTIONAL PSYCHIATRY UPDATE: Better and Faster Results for our Patients

Many treatments in psychiatry, while well supported by research, work only for some people. Most treatments for depression or bipolar disorder take weeks to have a noticeable effect, and months to provide major relief, and some do not work at all—which leads to a frustrating “wait and see” approach.

Interventional psychiatry — the use of brain stimulation techniques and other minimally invasive intravenous (IV)

drug strategies, leads us to a tipping point towards a new model of care in psychiatry. Through research, many novel treatments under the interventional psychiatry umbrella are emerging, involving primarily IV medications and novel brain stimulation techniques. There are a number of interventional psychiatry initiatives underway within the U-M Department of Psychiatry and Depression Center. Below we lay out a few examples.

Electroconvulsive Therapy (ECT)

ECT is one of the oldest forms of interventional psychiatry in the country and has been used at U-M for decades. After a patient falls asleep with the help of sedative medication and has been given a muscle relaxant, ECT is administered with a brief electrical stimulation to the head which produces seizure activity seen on brainwave monitoring (EEG monitor), without significant body movement. A typical course is six to twelve sessions over three to four weeks. ECT is still the most effective treatment for severe depression, and is useful for various other conditions. Though ECT has been stigmatized in the media for years, its effectiveness cannot be ignored as it produces remission from depressive symptoms better than any other treatment.

The Michigan Medicine Department of Psychiatry is home to one of the busiest ECT sites in the country completing about 3,600 treatments per year. The program has grown over 50% in three years since opening a new space within the University Hospital in 2016.

“Although **ECT** has been available for over 80 years, research and clinical advancements over the last one to two decades continue to be discovered enhancing outcomes and minimizing side effects. When other treatments fail or depression symptoms are life threatening, ECT is one of the most important options to consider.”

— Daniel Maixner, M.D.

Daniel Maixner, M.D.

Associate Professor
of Psychiatry and
ECT Program Director
for Michigan Medicine

IV Ketamine: Research and Clinical Care

In 2017, the Department of Psychiatry and the Depression Center launched a study on the biomarkers of response to intravenous (IV) ketamine, with the goal of finding a blood test to predict who would most benefit from ketamine. This study is a multi-university collaboration facilitated by the National Network of Depression Centers, funded by philanthropic support to U-M, and is co-led by the Mayo Clinic and U-M. Ketamine has been used for decades and has multiple uses, with one method being to treat treatment-resistant depression when given intravenously. The benefit of administering ketamine via IV is that it improves the timeline for patients getting back to health.

The department uses a low dose of a non-fully sedating dose of ketamine, and three to six sessions are typically required for patients. The outpatient procedures typically last one or two hours. In some cases, people receiving this treatment achieve remission after their first treatment.

The U-M study, being led by Dr. Sagar Parikh and Dr. John Greden, has recruited 14 out of a planned 15 patients so far, and has been approved to recruit an additional 15 individuals. After analyzing study results, the team hopes to host a fully functioning IV ketamine clinic at Michigan Medicine by 2020.

“Ketamine is not a miracle drug – some people respond and others do not, we still need to figure out who is effected positively. But multiple studies from many countries now show good results, so it is clearly a major advance in the treatment of depression.”

– Sagar V. Parikh, M.D.



Sagar V. Parikh, M.D.

*The John F. Greden
Professor of Depression
and Clinical Neuroscience*

Transcranial Magnetic Stimulation (TMS)

Transcranial Magnetic Stimulation (TMS) is a flexible technique for delivering focused magnetic energy into the brain, non-invasively. Since 2008, it has been approved by the FDA for the treatment of major depressive disorder, and more recently for the treatment of obsessive-compulsive disorder. TMS is delivered in repetitive pulses; hence, it is often referred to as repetitive TMS, or rTMS.

The Department of Psychiatry has been offering TMS for refractory depression since 2010. With increasing coverage by insurers, TMS offers an important alternative therapy for depression when medications are not helpful. Although it is not quite as effective as ECT, it can be administered in an outpatient setting and does not require anesthesia. Ongoing research in the department is combining TMS treatment with computerized cognitive training ('brain exercise') to gain the dual benefit of these two therapies. The department will also be implementing new forms of TMS, such as theta burst stimulation (TBS), which can be delivered in less than 5 minutes, compared to 30-40 minutes for conventional TMS.

New Drug for Treating Postpartum Depression (PPD) Quickly



The department is currently working with OB/GYN and pharmacy colleagues to explore the possibility of adding Zulresso (brexanolone) to its suite of treatment options for women suffering from PPD. Zulresso is the first ever drug designed to specifically treat PPD and shows efficacy within a week of administration. The downsides of the drug include high costs and that it requires a 60-hour IV infusion. However, patients who have received it are showing signs of remission within two weeks. The new drug has potential to help the one in nine women who experience symptoms of postpartum depression.

Interventional Psychiatry Fellowship

The Department of Psychiatry has launched a brand new fellowship in Interventional Psychiatry. The fellowship provides one year of focused clinical and research training in all modalities of treatment, with particular emphasis on ECT, IV ketamine, and TMS, with the opportunity for training in transcranial direct current stimulation. Additional training in other emerging technologies including e-health (apps, websites, and computer tools) as well as other emerging IV medications will be possible. This will be an opportunity for the department to showcase its leadership in the field on an international platform as the field hits its stride.

Early philanthropic support has made the Interventional Psychiatry initiatives discussed in this article possible, and we thank these donors for their vision and commitment to improving outcomes for people with mood disorders.

Additional funding opportunities are available for this and other programs. Contact information for our development team is included on page 16.

Precision Health

Precision Health is one of the biggest trends in health care right now. It is an emerging field that aims to tailor treatment to each unique individual, rather than the average patient. Through measuring genetics, environment, and lifestyle, the goal is to determine optimal treatment and prevention strategies for various health conditions. Precision Health has enormous potential to advance treatment, accelerate recovery, and improve patient outcomes — especially in the mental health field. The Department of Psychiatry has a number of Precision Health Initiatives underway, a few of which are mentioned below.

Precision Prevention of New Persistent Opioid Use Following Surgery

New persistent opioid use (defined as opioid use more than 90 days after surgery) is the most common surgical complication, occurring in 6% of surgical patients. Efforts are underway at the policy level to reduce opioid prescribing after surgery; however, these efforts do not address the underlying patient risk factors that also drive the opioid epidemic. Fortunately, there are promising intervention options that could change a patient's opioid-related risk trajectory if delivered at the right time, but success hinges upon the effective and timely identification of those at risk.

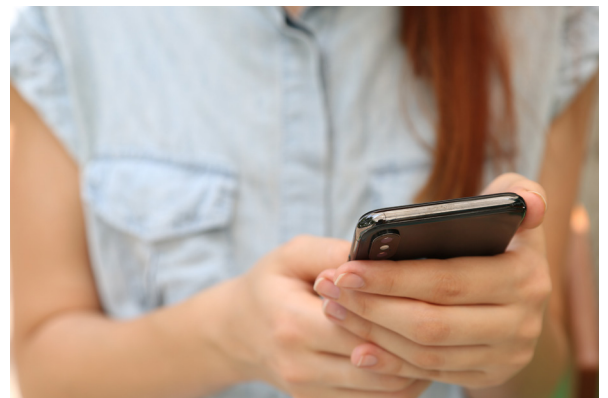
Research has shown a small number of factors (many documented in the electronic health record) can predict which patients may go on to develop new persistent opioid use after surgery. Advanced and innovative approaches are needed to extract this information and analyze this rich, but complex data resource.

A multi-disciplinary study team within the Department of Psychiatry is utilizing several machine-learning based methods to classify health record data and build an algorithm to predict risk for opioid problems before they start. The team, consisting of Anne Fernandez, Ph.D., G. Scott Winder, M.D., Amy Bohnert, Ph.D., and other U-M collaborators, will then identify patients at risk and invite them to participate in an intervention to prevent new persistent opioid use and subsequent opioid addiction. This work will advance precision health in the areas of addiction and mental health, and utilizes a diverse set of precision health resources at U-M.

Enhancing Mental Health Care Through Genomics and Mobile Technology

Determining the mental health treatment most likely to be effective for each patient can be challenging. Clinicians, including those at U-M, rely heavily on evidence-based practice to maximize patient recovery and try to meet the growing need for care. However, mental health treatment remains largely subjective and typically involves a trial and error approach.

The Providing Mental Health Precision Treatment (PROMPT) study, led by principle investigators Amy Bohnert, Ph.D. and Srijan Sen, M.D., Ph.D., of the Department of Psychiatry, joins collaborators from departments across U-M, including engineering, LSA, pharmacy, and public health. The project aims to reduce the burden of depression and other mental health conditions by two means.



First, patients waiting for their first appointment in outpatient psychiatry and University Health Service (UHS) will be provided access to mobile technology interventions. These include wearable technology, mental health smartphone applications, and daily, individualized app-based feedback on behavioral and health data such as sleep and physical activity.

Second, The study will gather both subjective and objective patient data (i.e., self-report surveys, wearable technology and smartphone data, data from the medical record, and DNA samples) before, during, and after outpatient care to better understand the factors that influence patient recovery. The project is innovative in its collection and analysis of combined objective and subjective data, and hopes to advance knowledge about how to accelerate recovery from mental health conditions by better matching pharmacological, psychological, and mobile-based treatments to patients. The PROMPT study will begin recruiting at the Rachel Upjohn Building and UHS in fall 2019.

New Brain Imaging Methods May Improve our Understanding of Dementia

The rate of Alzheimer's disease and associated dementias is expected to increase dramatically in the coming decades due to the aging of the baby boomer generation. A form of brain imaging, magnetic resonance imaging (MRI), is commonly used in the diagnosis of dementia; however, these images usually focus on the size of specific brain structures and overlook the problems that result from disrupted blood flow to the brain.

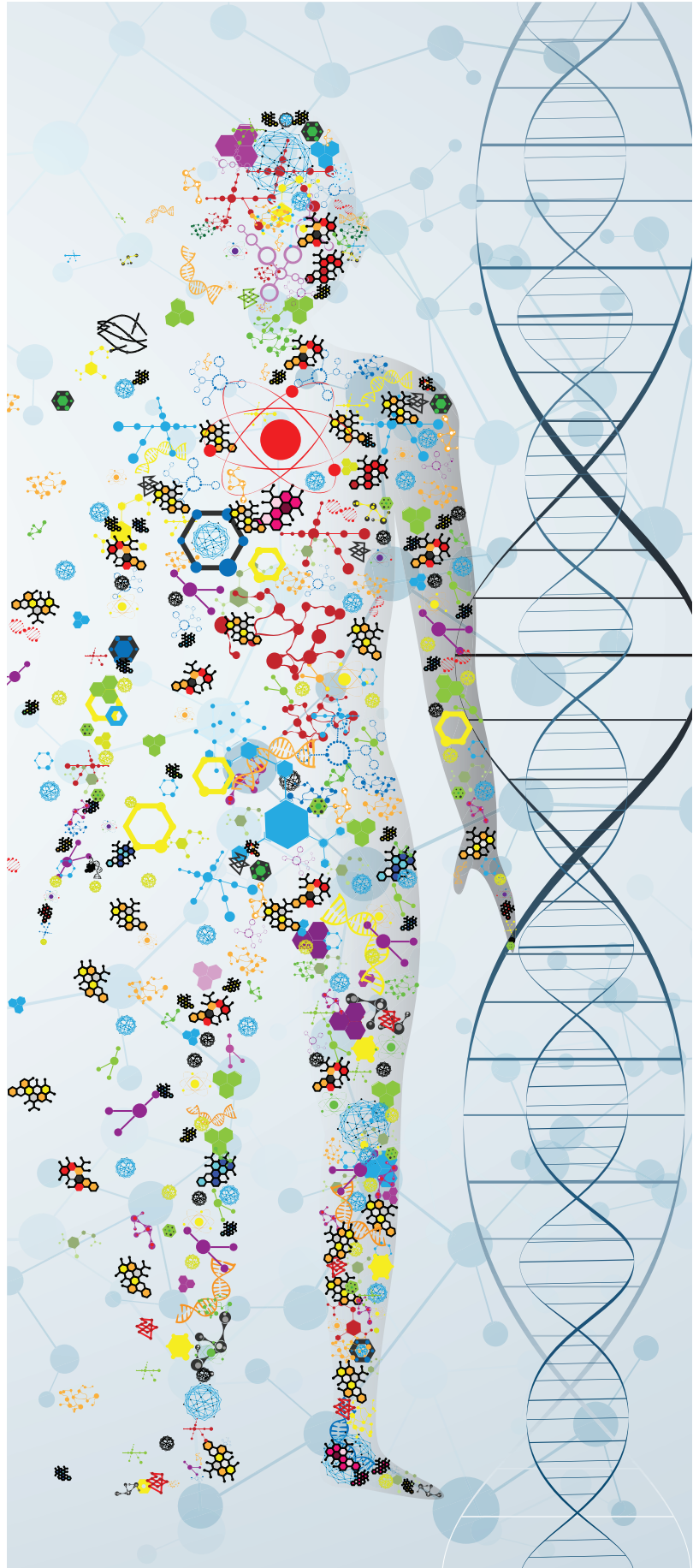
A new study led by Scott Peltier, Ph.D. (Department of Biomedical Engineering) and Benjamin Hampstead, Ph.D. (Department of Psychiatry), is directly examining the effects of disrupted blood flow in the brains of older adults, including those with Alzheimer's disease. A series of new MRI methods will allow the team to better understand if, how much, and where in the brain blood flow is reduced as well as what effect this has on the white matter, or the "wiring", of the brain. The team also plans to use new methods to analyze these data with the goal of predicting who is likely to show cognitive decline and progress to dementia.

The goal is to develop mathematical models that will help researchers and, possibly clinicians, identify those who could benefit from early interventions. This study builds on Drs. Hampstead and Peltier's roles in the Michigan Alzheimer's Disease Research Center, which is one of the major research centers funded by the National Institute on Aging (NIA), as well as their work with non-pharmacologic interventions that may improve cognitive impairment in older adults, which is also funded by the NIA.

Those interested in learning more about these studies can contact either Dr. Peltier or Dr. Hampstead at 734-763-9259.



Benjamin Hampstead, Ph.D.



The Sleep and Circadian Research Laboratory

The Sleep and Circadian Research Laboratory within the Department of Psychiatry researches sleep and circadian rhythms in human clinical disorders and treats patients with sleep and circadian disorders. The lab, which is co-directed by Helen J. Burgess, Ph.D. and J. Todd Arnedt, Ph.D., is a state-of-the-art facility that has been specifically designed to conduct highly sophisticated sleep and circadian research studies. Additional faculty members within the sleep lab include Leslie Swanson, Ph.D., and Deirdre Conroy, Ph.D.

Sleep is an integral, but often underappreciated, pillar of health and well-being. Increasing evidence links poor sleep and circadian health to increased risk for developing mental health disorders, such as depression and anxiety. Faculty members in the lab know that if sleep health is improved, symptom burden is reduced and quality of life is improved — but sleep is often forgotten in the treatment of these disorders. Perhaps even less recognized is the circadian system, which affects the timing and quality of sleep, mood and many other aspects of physical health.



Custom-built photostimulator

“We know that roughly 10% of the general population has chronic insomnia, which is defined as difficulties falling and/or staying asleep lasting at least three months with adverse impacts on daytime functioning,” said J. Todd Arnedt, Ph.D., associate professor of psychiatry. “We also know that about 30% of the general population suffers from circadian disruption, in the form of shift work, early school start times or just irregular sleep patterns during the week.”

“Sleep and circadian health play a big role in the development of mental health disorders. But one of the advantages of addressing sleep and circadian dysfunction is that we have well-established non-pharmacological treatments, such as cognitive behavioral therapy for insomnia (CBT-I) and bright light therapy, that can rapidly improve sleep and daytime functioning,” he added.

“Our program is unique because of the breadth and depth of our research and clinical care program,” said Helen Burgess, Ph.D., professor of psychiatry. “We have leading expertise in researching and treating both sleep and circadian disorders, which we leverage to conduct research in patients with all kinds of debilitating clinical disorders, such as substance use, depression, traumatic stress, chronic pain, and others.”

Sleep and Circadian Research Laboratory: Facility and Resources

The Sleep and Circadian Research Laboratory, housed within the Rachel Upjohn Building on the East Medical Campus, includes three bedrooms wired with state-of-the-art digital sleep recording equipment and a central control room with ensuite bathroom and shower. The central section of the lab also includes a room containing a dim light photostimulator, a highly sophisticated piece of equipment that allows for precise measurement of an individual’s sensitivity to light, and which has the potential to help us understand a critical mechanism of circadian disruption.

Adjacent to the main laboratory are two temperature and light controlled time isolation suites, each with its own wired bedroom for sleep recordings, living room (see photo), and a bathroom with a shower. These suites are uniquely designed to allow for precise measurement of intrinsic circadian timing and for long-term studies to study the impact of environmental changes, such as changes in day length, on the circadian system.

Research Focus: Sleep and Circadian Health in Clinical Disorders

The central aims of the research conducted in the Sleep and Circadian Research Lab are to advance the understanding of the role of sleep and circadian rhythms in clinical disorders and to translate these findings into more effective and efficient treatments for patients. The team is committed to improving not only sleep and circadian health for patients, but also improving quality of life for people and reducing the burden of clinical disorders like chronic pain, addiction, and mood disorders.

The sleep research lab currently has several studies underway. A few of the active studies in the lab are highlighted below:

■ **The FibroLight Research Study** is examining the effects of a wearable light treatment on fibromyalgia symptoms. Morning light therapy is well recognized to improve mood and sleep — two factors known to impact pain. This study is testing a commercially available light treatment device, the “Re-timer,” which permits people to be ambulatory during the light treatment.

“This makes light treatment much more feasible for many people — gone are the days where people have to sit in front of a light box for an hour,” Burgess said.

■ **The Night Owl Study** is testing whether personalizing the timing of supplemental melatonin based on an individual’s circadian timing can improve treatment for delayed sleep wake phase disorder.

■ **The CannSleep Study** is a collaboration with the substance use disorder team (Mark Ilgen, Ph.D. and Kip Bohnert, Ph.D.) to develop and assess a non-medication treatment for insomnia in individuals who currently use cannabis for sleep.

■ **The Sleep and Pregnancy Study** is testing the impact of sleep-disordered breathing treatment during pregnancy on depression and the stress hormone cortisol. High levels of cortisol during pregnancy can have adverse effects on the fetus. Sleep-disordered breathing occurs when airflow is blocked by relaxation of the throat muscles during sleep, and is more common during pregnancy. Identification of new, non-medication treatments for perinatal depression are important because women may be reluctant to take medications during pregnancy, and such findings can benefit both mothers and their offspring.

Clinical Care: The Behavioral Sleep Medicine Clinic

In addition to its active research agenda, the Sleep and Circadian Research laboratory helps people with a range of sleep disorders through its Behavioral Sleep Medicine (BSM) Clinic. The BSM Clinic treats sleep disorders including insomnia, sleeping pill dependence, circadian rhythm sleep-wake disorders, and difficulty adjusting to therapies for sleep apnea.

Behavioral sleep medicine is an expanding area of the sleep field that focuses on the evaluation and treatment of sleep disorders by addressing behavioral, psychological, and physiological factors that interfere with sleep. The U-M clinic is a specialty clinic within the U-M Sleep Disorders Center that serves adults 18 years of age and older with sleep disorders amenable to psychological and behavioral approaches to treatment.

The clinic uses cognitive behavioral therapy for insomnia (CBT-I) as a way to treat insomnia. CBT-I is now well-established as the most effective treatment for insomnia, particularly over the long-term,

and is safer and more effective than sleeping pills or over-the-counter medications. Circadian sleep-wake disorders can be treated with bright light therapy and/or supplemental melatonin, both of which can stabilize and shift the timing of the circadian clock to better fit the individual’s needs.

Sleep and Circadian Research Laboratory Program Goals:

1. Understand the role of sleep and circadian rhythms in human clinical disorders;
2. Create, test, and translate sleep and circadian research to improve health and well-being;
3. Promote the integration of sleep and circadian wellness into everyday clinical practice;
4. Train the next generation of sleep and circadian scientists and clinicians.

Future Projects and Collaborations

The lab was recently awarded a research grant from the National Institute of Mental Health that is a collaboration with anxiety researchers in the department to test light treatment in people experiencing traumatic stress. The study team includes Helen Burgess, Ph.D., principal investigator, Jim Abelson, M.D., Ph.D., and Elizabeth Duval, Ph.D., experts in traumatic stress and fMRI.

The lab was also recently awarded a grant from the National Institute on Alcohol Abuse and Alcoholism. This represents another collaboration between the sleep and addiction teams, who will test whether CBT-I can improve sleep and reduce relapse rates among people seeking treatment for alcohol use disorder. The study team includes Drs. Arnedt and Conroy from the sleep team and Mark Ilgen, Ph.D. and Kip Bohnert, Ph.D. from the Addiction Center.

Finally, the lab is in the early stages of planning a collaborative project with the Heinz C. Prechter Program to investigate sleep, circadian timing and light sensitivity in people with bipolar disorder and how these relate to current symptoms and future health trajectories.



Implementation of **Suicide Research and Best Practices** in Clinical Settings

In 2018, 1,364 people lost their lives to suicide in the state of Michigan. In the United States, suicide is the second leading cause of death for people between the ages of 15 and 34 and it is the tenth leading cause of death overall.

The Michigan Medicine Department of Psychiatry has a team of dedicated clinical and research staff members who are working every day to lessen this burden. The excerpts below describe innovations that our faculty members have implemented with the goal of reducing suicide rates in our state and country.

Suicide Prevention in the Clinic: NEW GUIDELINES

Under the leadership of **Victor Hong, M.D.**, medical director of Psychiatric Emergency Services (PES) within the U-M Hospitals and Health Centers, PES has implemented evidence-based guidelines to reduce suicides among children, adolescents and adults.

THE GUIDELINES ARE AS FOLLOWS:

Universal screening: Every patient, including those under 18, that comes into PES is screened according to the Columbia Suicide Severity Rating Scale (C-SSRS). This is an evidence based rating scale that screens for suicidal ideation and suicide risk by asking questions regarding suicidal thoughts and behaviors.

Follow-up calls: The majority of individuals that are admitted to the emergency room for psychiatric reasons do not follow up with outpatient treatment. Follow-up phone calls are an evidence-based measure that allow clinicians to check on people who may continue to have suicidal thoughts and even bring them back for treatment. PES staff call patients within 48 hours of discharge to see if their suicidal ideations are ongoing and if they are following up with outpatient care.

Safety plan: A safety plan is created for everyone who has been identified with an elevated suicide risk. The safety plan is a document that a clinical staff member fills out along with the patient or a family member. The safety plan gets the patient to start thinking about warning signs and who they would contact in an emergency. Also included in the safety plan are areas to add coping mechanisms and ways to make the environment safe.

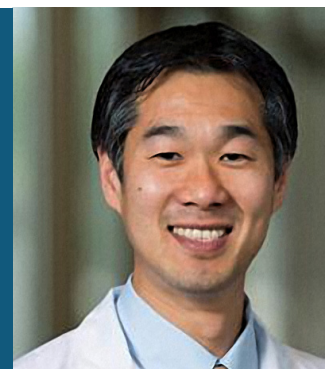
Rapid Referrals: While not always immediately available, attempts are made to connect individuals at risk for suicide with care. These include referrals to a combination of community clinicians, partial hospital programs, the U-M Crisis Support Clinics, and Community Mental Health resources. When there are no available options, patients are scheduled to return to PES for a follow up visit.

Means Reduction Counseling: An often sensitive but crucially important topic is the means by which an individual can harm or kill themselves. This includes a discussion of firearms, prescription pills, and sharps, among other items, and a frank description of the facts around the evidence behind access to these items and the increased risk of suicide. While this can be an emotionally charged issue, clinicians strive for an understanding and collaborative approach.

In addition to the guidelines, the hospital also utilizes second opinions as a key safety optimization strategy. “When a clinician feels that they are alone and less than confident in their decision, they can reach out to colleagues and supervisors for guidance, regardless of experience level. While this rarely is needed, it is still important for them to know that they don’t have to make decisions by themselves,” Dr. Hong added.

“It is not easy to do follow-up calls. It takes a lot of time and effort, and many hospitals are unable to do it, but we have dedicated staff that perform calls because we know that it is important.”

– Victor Hong, M.D.



RESEARCH

Many faculty members within the department are working on suicide prevention research studies. Below a few examples are described.

The PES Family Support and Follow-Up Study

The PES Family Support and Follow-Up Study is a collaborative effort between Michigan Medicine and the Michigan Department of Health and Human Services (MDHHS). Funded by the state of Michigan's youth suicide prevention SAMHSA grant, this initiative is seeking to enhance usual care at PES as well as to collaboratively develop new and improved models of care for youth and their families during a suicide-related crisis.

Led by Cynthia Ewell Foster, Ph.D., clinical associate professor, with co-investigators Dr. Hong and John Kettley, LMSW, clinical director of PES, and Drs. Ewa Czyz and Cheryl King from the Department of Psychiatry's Youth and Young Adult Depression and Suicide Prevention Research Team, this project has included training for PES staff, the introduction of a parent toolkit in PES, and follow-ups with parents and youth after discharge from PES. As rates of youth seeking emergency care for suicide risk increase, it is critical to develop and implement evidence-based, developmentally appropriate, family-centered care strategies that can promote safety and support for youth in the weeks following an emergency department visit.

"Our team has just received notification of a new SAMHSA award that will expand our work and establish PES as a Technical Assistance Center for the state of Michigan," said Dr. Ewell Foster. "Funding will allow us to enroll a total of 10 general medical emergency departments across the state over five years, who will receive training and support in implementing best practices for youth suicide emergency care in their settings."

The Youth-Nominated Support Team Study

In February, **Dr. Cheryl King** (a national expert in child and adolescent suicide prevention), and collaborators published a study in *JAMA Psychiatry* titled, "Association of the Youth-Nominated Support Team Intervention for Suicidal Adolescents with 11- to 14-Year Mortality Outcomes." The study found long-term impacts of a suicide prevention approach that encourages involvement of caring adults in the lives of at-risk adolescents.

The team tracked deaths among hundreds of young adults who were hospitalized for suicidal thoughts or attempts during their teen years, and were enrolled in a study run by the U-M team in the early 2000s. Half of the young people had been randomly assigned to receive the extra support of two to four youth-nominated caring adults who received training in how to help the teens stick to their treatment plan and how to talk with them in ways that could encourage positive behavioral choices. The other half received the usual types and levels of care, generally medication treatment and psychotherapy, for the same time period.

The data show that about 12 years later, far fewer of the young people who received the supplemental Youth-Nominated Support Team intervention (YST) had died, compared with youth in the group who had received the extra adult support. This was true overall and when only self-injury mortality was considered.

"The YST intervention may have had small and cascading positive effects that combined to have a long-term impact on the risk of dying. Although further studies are needed to replicate findings and understand exactly how YST is helping, results suggest that caring adults in the lives of at-risk adolescents can make a difference, and this may be facilitated by education and support for these caring adults."

— Cheryl King, Ph. D.



The Emergency Department Screen for Teens at Risk for Suicide (ED-STARS) study

With substantial funding from the National Institute of Mental Health, Dr. King is also working with a large study team and the Pediatric Emergency Care Applied Research Network (PECARN) to develop an effective and personally tailored teen suicide risk screen for use in emergency departments. A computerized adaptive screen for suicidal youth, called the CASSY, has been developed and is now being validated in a new sample of youth seeking emergency medical services from 14 emergency departments from across the U.S. Initial findings are highly promising, indicating that the CASSY outperforms currently available screening tools.

The Electronic Bridge to Mental Health Intervention (eBridge) for University Students with Elevated Suicide Risk

Dr. King is working with collaborators at Stanford University, the University of Iowa, and the University of Nevada-Reno to study the effectiveness of eBridge, an online suicide risk screen and confidential counseling intervention for college students. This study, which is funded by the NIMH, monitors students who screen positive for any two of four risk factors (history of suicide attempt, current suicidal thoughts, a positive depression screen, a positive alcohol screen). Students are randomized to either immediate personalized feedback regarding their screen or to eBridge. Taking an approach consistent with motivational interviewing, eBridge offers students the option of looking at their screen data and

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Suicide Research and Best Practices

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obtaining confidential and brief online counseling that aims to facilitate their linkage to mental health services. Initial findings on eBridge are highly promising and the team anticipates more definitive findings from the current large-scale study soon.

24-Hour Warning Signs for Suicide Attempts among Adolescents

In this initiative, approximately 1,000 adolescents known to be at elevated risk for suicide (based on their ED-STARS study evaluations) are being followed for 18 months with bi-weekly text message surveys. The adolescents respond to eight survey questions about their moods, alcohol/drug use, their connectedness with friends and family, and whether or not they have made a suicide attempt in the past two weeks. If a teen reports a suicide attempt, the study team contacts the teen and the teen's parent for an in-depth interview pertaining to the prior 24 hours. Using a case-crossover study design, Dr. King and her team, which includes Drs. Gipson and Bagge at U-M, are comparing the events, behaviors, cognitions, and feelings reported for the 24 hours prior to the suicide attempt with those reported for another 24-hour period. This study is currently underway with findings anticipated in 2020.

Collaborations with Social Work

Lindsay Bornheimer, Ph.D., an assistant professor with the U-M School of Social Work, focuses on understanding and preventing suicide among adults experiencing serious mental illness, with particular focus on individuals with psychosis and schizophrenia. The goal of her research is to develop, test, and implement cognitive-behavioral suicide prevention focused interventions to reduce suicidal death. Currently, Bornheimer is leading a medical record study at U-M with her co-investigator, Dr. Victor Hong. The duo is examining risk and protective factors of suicidal ideation and attempt among adults who present in PES with symptoms of psychosis. Findings will lead to future research efforts to develop and test a brief intervention in PES tailored for individuals with psychosis to prevent suicide.

The initiatives described above cover a sample of the suicide prevention work happening within the Department of Psychiatry. To learn more, please visit our website.

The Internal Grant Review Process: Helping Faculty Members Achieve Success

The Internal Grant Review process (IGR) was implemented in the Department of Psychiatry in 2017 to optimize the quality and competitiveness of research and research grant applications being submitted for federal funding. The IGR process provides federal grant applicants the opportunity to receive feedback on their Specific Aims page prior to submission. Specific Aims are routed to reviewing faculty for comment, then returned to the principal investigator for revision.

Added benefits of the process include facilitating collaborations and early career mentoring in the department. Srijan Sen, M.D., Ph.D., an associate professor of psychiatry who worked with the Department Research Council to help design the review program noted that since the program was implemented, departmental success rate on National Institute of Health (NIH) grants has almost doubled and the overall NIH grant portfolio has increased by over five million dollars.

"Indications are that the IGR process has improved the award success rates," Grants Administration Manager Loree O'Jack stated. "We will regularly analyze the data to identify whether this trend continues."

An unexpected benefit has been the earlier decisions of Principal Investigators to delay submission of a grant. That allows the grants management team to focus their time and effort on active applications.

Overall, response to the program has been positive and it is seen as a valuable tool to improve grant applications. Jim Abelson, M.D., Ph.D., professor of psychiatry, has been involved with the process as a committee member since its inception. "I have no doubt that our review process leads to improved specific aims sections," Abelson said. "Our deadline forces earlier completion of a polished draft, and our reviews provide fodder for revisions. The more outside minds that are brought to bear on the ideas, content, structure, writing and packaging, the better chance the proposal has of impressing the large collection of disparate minds that sit on the study sections and have to be convinced of the grant's merits."

The IGR process in the Department of Psychiatry continues to evolve to better meet the needs of faculty members and increase the quality and number of grants awarded.

"The feedback I got from the two reviewers helped me to improve the clarity/readability of the Specific Aims page as well as to better highlight the significance of the work. I think these factors contributed to my recent R01 proposal being scored in the fundable range on the first try." – Soo-Eun Chang, Ph.D., associate professor of psychiatry

"The arm's-length perspective from the reviewers helped me to identify issues that I hadn't really considered, or the best way to move forward when I was weighing multiple options with respect to study design." – Leslie Swanson, Ph.D., clinical associate professor

"Participating in the internal grant review process has been surprisingly enjoyable, providing an opportunity to learn about the exciting research being proposed by faculty in our department." – Maureen Walton, M.P.H., Ph.D., professor of psychiatry

FACULTY BRIEFS



Ashley Elizabeth Nordsletten, Ph.D.



Jennifer Severe, M.D.

Dr. Nordsletten joined the department as a Research Assistant Professor in September of 2018. She holds a bachelor's degree in Psychology and Behavioral Neuroscience from the University of St. Thomas and a master's of science (MSc) in Research Methods from the University of Oxford. Dr. Nordsletten also earned her doctorate in Psychiatric Epidemiology from King's College London. She relocated to Ann Arbor following post-doctoral posts in the Department of Clinical Neuroscience at Karolinska Institute in Sweden and the Department of Medicine, Imperial College London in the UK.

Dr. Nordsletten's research interests are found at the intersection of psychiatry and epidemiology. Her work focuses on the application of epidemiological methods to questions with a psychiatric component. A large portion of her current work utilizes population-level medical and genetic data to answer mechanistic questions pertaining to the transmission and maintenance of major psychiatric disorders (ranging from substance use to schizophrenia).

Support for Dr. Nordsletten's work has been provided by the Brain and Behavior Foundation and National Institutes for Health, and involves collaboration with colleagues at the Karolinska Institute, UNC Chapel Hill, SUNY Upstate and the University of Queensland. Obsessive-Compulsive and Related Disorders (e.g., hoarding disorder) – the central conditions considered in her doctoral work also remain an area of engagement, and she is eager about the possibilities afforded here in Ann Arbor for collaboration with clinical experts in these populations.

Dr. Severe is a clinician, researcher, educator, leader and community advocate. The thread of her intellectual pursuits in psychiatry started during her clinical clerkships in Belgium where she understood the pervasiveness of mental illnesses across countries including her home country of Haiti. Dr. Severe completed her medical degree at l'Université d'État d'Haïti and went on to practice as a generalist physician in the Caribbean through Partners in Health, a nonprofit organization based in Massachusetts.

With a focus on infectious diseases, she looked at the interface between HIV infection and mental health. She went on to lead and collaborate on several mental health initiatives through grants from the United States Agency for International Development (USAID), the National Institutes of Health (NIH) and Grand Challenge Canada. Dr. Severe later entered psychiatry residency at Baystate Medical Center in Massachusetts. During her training, she was awarded a two-year Diversity Leadership Fellowship from the American Psychiatric Association. She also stepped into the role of chief resident of scholarly activities. She became a research fellow at the Department of Global Health and Social Medicine of Harvard Medical School and completed a school-based research study aiming at providing access to mental health interventions to youth in central Haiti. In June 2018, Dr. Severe graduated from the Public Psychiatry Fellowship at Columbia University.

Dr. Severe joined the Michigan Medicine Department of Psychiatry as a Clinical Assistant Professor in July 2018. She focuses on mood disorders and works in both the Depression and Bipolar Disorder Clinic as a clinician, educator and researcher. Her commitment to timely access to mental health care transpires through her role as a collaborative care consulting psychiatrist and through various initiatives at the Rachel Upjohn Building Ambulatory Psychiatry Clinics. Dr. Severe is also a healthcare advocate through the American Psychiatric Association where she currently serves as a consultant on the Council of International Psychiatry.

TRAINEE PROFILES



Maegan Barber, LLMSW
Post Graduate Social Work Fellow,
Child & Adolescent Section

The University of Michigan, School of Social Work ('18);
The University of North Carolina at Greensboro,
Bachelor of Arts, Psychology ('17)

› Why did you choose Michigan?

I chose Michigan because of the university's powerful mission of providing exemplary patient-centered care and evidence-based treatment. U-M is innovative and has outstanding opportunities to learn and continue to gain knowledge in advancing the field of mental health. I have also had the amazing opportunity of learning from interdisciplinary team members, and highly skilled and recognized faculty, staff, and clinical social workers.

› What is your current focus?

The postgraduate fellowship has given me the incredible opportunity of focusing on a variety of evidence-based psychotherapy interventions for children and youth ages 0-18. I am currently a part of the Cognitive Behavioral Therapy clinic, which aims to treat anxiety and depression related diagnoses for youth. I am also a part of the Infant and Early Childhood Clinic (IECC) and I am in the budding stages of training for Child-Parent Psychotherapy (CPP). Currently, I passionately serve as a clinical social worker on the depression team for children and adolescents within the department. I also have a strong interest in treating and working with children and youth who have experienced trauma, depression, and anxiety.

› Has anyone or anything in particular inspired you?

The late Beatrice Barber, my mom, is my greatest inspiration. Her entire life, she devoted herself to being a selfless woman who served her community graciously and humbly. As a former employee of the Department of Social Services, she taught me the true meaning of being an advocate for others, especially vulnerable and marginalized populations. It is because of her, I have the passion of helping children, youth, and families overcome mental health challenges, and help them recognize their inner resilience.

› What is most rewarding about your work?

The most rewarding aspect of my work is that I am able to help children, youth, and families recognize their strengths and help patients and their families utilize those strengths to help them overcome mental illnesses and life-stressors. The ability to create a sense of hope for patients and their families, and help guide them through vulnerable times in their lives has been a priceless and valuable experience.

› What future direction do you see for your career?

I see myself continuing to provide evidence-based psychotherapy services for children, youth, and families, as well as, continuing to advocate for marginalized and vulnerable populations in underrepresented communities.



Ariana Tart-Zelvin, Ph.D.
Neuropsychology Fellow,
Psychiatry Department

Clinical Neuropsychology Fellowship at Michigan Medicine (current); Ph.D. in Clinical Psychology from Idaho State University ('18); Clinical Neuropsychology Internship completed at the University of Washington School of Medicine ('18); M.S. in Psychology from Drexel University ('13); B.S. in Neuroscience & Neuropsychology from Johns Hopkins University ('10)

› Why did you choose Michigan?

I chose Michigan for several reasons. Michigan has established a strong reputation that is well-known and appreciated across the country. More specifically, Michigan offers training resources that I was not able to find elsewhere and demonstrates an exceptional commitment to support trainees. I also appreciated the relationship the university and hospital have developed with the community.

› Where were you before joining Michigan?

Before moving to Michigan, I was living in Seattle, WA where I completed my internship in Clinical Neuropsychology at the University of Washington School of Medicine. While there, I worked at Harborview Medical Center and the University of Washington School of Medicine.

› What is your current focus?

Currently, my clinical focus is on adults and older adults with various neurodegenerative conditions and neurological disorders such as Alzheimer's disease, Parkinson's disease, epilepsy, and traumatic brain injury. With these individuals, I conduct neuropsychological evaluations to aid in diagnosis, inform treatment planning, and to provide patients and their families with helpful recommendations. I also conduct research with the Heinz C. Prechter Bipolar Research Program. As part of the research team, I study various aspects of neurocognitive functioning among individuals with bipolar disorder and various affective disorders. We aim to better understand these disorders and identify ways in which research and clinical interventions can be helpful for this population.

› Has anyone or anything in particular inspired you?

My patients, research participants, and their families constantly inspire me. No one chooses to get something like Alzheimer's disease or bipolar disorder, and as of now, we do not have a cure for most neurological problems. These individuals choose to participate in research as it could help others, they choose to engage in life as best they can each day, and they choose to support family through countless challenges. To me, those individuals and their choices are inspiring.

› What is most rewarding about your work?

While at times they can feel rare, the "good days" are incredibly rewarding. Those are the days when I know I've helped someone. It might be because I provided long-desired validation for cognitive problems or because I was able to offer an informative diagnosis and recommendation that made a noticeable difference in the life of a patient or family member. Sometimes, it is simply because I listened to a person's challenges.

› What future direction do you see for your career?

In the future, I plan to practice as a clinical neuropsychologist at an academic medical institution.

TRAINING PROGRAM HIGHLIGHT

CHILD & ADOLESCENT Psychiatry FELLOWSHIP

The Child and Adolescent Psychiatry Fellowship within the Department of Psychiatry has long been recognized as one of the nation's foremost programs for training leaders in the field. Its rigorous yet flexible course of training produces clinicians with outstanding skills in diagnostic assessment, empirically-based psychotherapies, somatic treatment, and consultation.

Sarah Mohiuddin, M.D., clinical assistant professor of psychiatry, serves as the training director of the Child & Adolescent Psychiatry Fellowship.

The program consists of two years of training with the Department of Psychiatry after having completed a general psychiatry residency. Fellows typically apply from across the country.

Fellows have access to specialists with a range of expertise from attention-deficit hyperactivity disorder (ADHD), autism, infant and early childhood disorders, catatonia, addiction, depression, suicidality, and more. Fellows receive weekly lectures given by faculty, writing workshops targeting development of scholarly work, journal clubs exploring their clinical interests, and a growth and development seminar. They also receive specialized training in a variety of therapy techniques including Cognitive Behavioral Therapy, Interpersonal Therapy, Family Focused Therapy and Motivational Interviewing. They also have the option to choose more specialized psychotherapeutic training focusing on specific populations, including young children and children with developmental disabilities.

Also incorporated in the curriculum is a six-month child psychiatry seminar which takes place within the first year of the fellowship. This educational component of the program is often highly regarded by the fellows during the program and following their graduation. The seminar requires fellows to read and review seminal papers within all major areas of child psychiatry and helps them learn how to navigate the scientific literature.

"Because of the quality of educational experiences and faculty supervisors available to our fellows, they graduate with a knowledge-base that helps them stand out among their peers that train at other institutions," said Mohiuddin. "In addition to this, they receive support and guidance in building their own scholarly focus. Between these elements of the program, they easily transition to successful and fulfilling careers after graduation."

Fifty percent of fellowship graduates go on to take academic positions throughout the country, and many are considered leaders in field of psychiatry. Graduates are publishing papers, winning awards, and holding committee memberships at the national level.

Learn more from our website: medicine.umich.edu/dept/psychiatry

"One of the things I most appreciate about this program is the emphasis on education and mentorship. We have dedicated time and mentorship in learning how to read the literature in general, as well as making sure we read and understand the most critical points in the seminal articles in child psychiatry. Having someone walk you through the benchmark studies is particularly helpful to building your own clinical knowledge, as well as developing the confidence to read articles critically on your own. There is also dedicated time and mentorship in developing your own niche area of interest and research/educational activities, which I have found invaluable in planning for early career goals."

— Laura Andersen, M.D., Clinical Instructor of Psychiatry



“

We enroll six fellows per year, which allows us to provide our trainees with personalized mentorship. We offer our trainees both an academic and a clinical focus, and at the end of our program they are often sought out for leadership positions by other institutions throughout the nation. The program prepares physicians to be grounded in evidence-based practice in child psychiatry. Graduates leave with a broad understanding why some of our core treatment strategies exist and what the evidence is. It really prepares them to be life-long learners.”

— Sarah Mohiuddin, M.D.,
Clinical Assistant Professor
of Psychiatry

ALUMNI PROFILE



Theadia L. Carey, M.D.
U-M Department of Psychiatry
Residency '05

Theadia L. Carey, M.D., knew she wanted to pursue medicine from a very young age. At four years old, Theadia's mother had been in a serious car accident and was an amputee. From that moment on, she wanted to be part of the medical team taking care of

people like her mom so that others wouldn't have to experience the same challenges.

Theadia grew up in Detroit, MI and received her undergraduate and medical degrees from Wayne State University ('93 and '00). Simultaneously, she was working on a masters in science in psychiatry and behavioral neuroscience. During medical school she did research under Drs. Schuster and Johanson after they moved to Wayne State from the National Institute on Drug Abuse. Dr. Carey knew she had found her calling in addiction psychiatry.

LIFE AT U-M

Carey applied to complete her residency in psychiatry from the University of Michigan as she was drawn to rich training offerings in substance use disorder as well as the flexibility that the program offered.

"The addiction training offerings are what stood out to me," Carey said. "I had the opportunity to work in the substance use clinic at the VA and UMATS working under Drs. Kirk Brower and Michael Jibson. I aspired to be like Dr. Jibson, he was a very supportive program director. If residents came to him with any reasonable request he would help us make it happen."

"Dr. Brower pushed me to improve my clinical skills. He always said: *'Trust but verify.'* Dr. Brower encouraged residents to validate and listen carefully to what patients were saying. He taught us to inquire about substance use in a nonjudgmental way and listen to what patients were saying but to also do a drug screen to objectively inform clinical decision making."

JUGGLING ACT

Carey had just given birth to her first child when she began residency. Part of her decision to come to Michigan had to do with the fact that the department allowed trainees to go part-time as needed, and it was the only program she knew of that offered this and had done this in the past.

"Dr. Kate Fitzgerald and I approached Dr. Jibson about the possibility of going part-time as we were both new mothers. We ended up basically becoming one person as we both reduced our hours. During this period I really learned about the importance of communication. Dr. Fitzgerald and I would leave each other detailed notes about which patients we had seen and which medications had been ordered. I really learned that value of teamwork during this time."

ADDICTION FELLOWSHIP

After residency, she completed a National Institute for Alcoholism and Alcohol Abuse (NIAAA) research fellowship in addiction and clinical addiction psychiatry fellowship under the leadership of Dr. Kirk Brower, which is where she was pushed to become a great clinician and develop administrative skills. Dr. Kirk Brower was

dealing with a family emergency at the time so Dr. Carey was able to take on additional administrative responsibilities at UMATS.

"I was constantly confirming that we were following all necessary policies and procedures," she said. "This has helped me throughout my career. Today, I look forward to addressing administrative issues as they arise."

ADDICTION WORK AT THE VA

When Carey was at the VA in Ann Arbor, she treated all different types of addiction. But she began to notice that many veterans came in with opioid use disorder. It was then that she started the Suboxone clinic in Ann Arbor as she knew the next closest opioid maintenance clinic was at the Detroit VA.

"As soon as the clinic opened we were quickly treating 30 patients for opioid use disorder," she said. "After we stabilized these patients we were able to start running groups which enabled me to help more patients at one time."

LIFE AFTER U-M

As Carey was finishing her addiction fellowship training with U-M, she ran into Dr. Israel Liberzon, who was a Chief of Psychiatry at the VA. He recommended that she interview for the position as Medical Director of the Substance Use Clinic at the Ann Arbor VA, which is where she spent the next two and a half years in a clinical, administrative and teaching role. She credits her Michigan training for preparing her for this role.

From there, Dr. Carey transitioned to the Michigan Department of Corrections where she saw patients in the Upper Peninsula through a combination of on-site clinics and telemedicine.

"Working for the Michigan Department of Corrections further helped me improve my diagnostic skills," Carey said. "Since prisoners were able to check out the DSM from the library they were able to manipulate the system in order to get medications prescribed to them so that they could use them to make trades inside the system. I was able to tie in the diagnostic and addiction skills I had learned at U-M to prevent the misuse medications."

Dr. Carey now serves as the Medical Director and Staff Psychiatrist at Development Centers, a community mental health clinic in Detroit, where she has worked for seven years. "My caseload is primarily treating individuals with severe and persistent mental illness with co-occurring substance use disorders."

Authority Health is a teaching health center fund through Health Resource and Service Administration (HRSA), to train physicians in underserved communities. Dr. Carey is the Psychiatry Program Director of the Authority Health psychiatry residency training program and credits U-M with her expertise in training and administration. "We have successfully completed two ACGME site visits and now have continued accreditation from ACGME."

"I love to teach, and I learned that love through my interactions with Drs. Jibson, Brower and David Knesper," Dr. Carey said. When she was offered the position as program director, "the second thing I did was call Dr. Jibson, to gain a greater understanding of the challenges this role would entail." But Dr. Carey knew in her heart that it was the right path for her.

"Recalling their love of teaching and the difference it made in my life this is why I jumped at the opportunity to run this training program in Detroit. Each of these individuals gave me critical feedback that I still use in my work today."

HONORS AND RECOGNITION

Morrow and Watson Named Emerging Scholars by the Taubman Institute

Jonathan Morrow, M.D., Ph.D., and **Brendon Watson, M.D., Ph.D.**, were named as Emerging Scholars by the Taubman Institute earlier this year. Each will receive \$200,000 in research support over five years. The Scholars Program aims to help promising doctors further a research career while continuing to care for patients.

Morrow will perform research directly inspired by his clinical experience as an addiction psychiatrist. He is interested in why addiction often accompanies depression, post-traumatic stress disorder and other psychiatric disorders. Morrow's research looks at response to reward paradigms which may be associated with risk for substance use and co-occurring disorders, and aims to develop treatments that can address such clusters of disorders simultaneously.

Watson studies major depression, in particular how antidepressants help to restore normal brain functioning. By combining state-of-the-art human studies with powerful tools studying rodent subjects, he plans to optimize treatments for patients with depressive syndromes.

“The Emerging Scholar grant will allow my laboratory to use powerful neuroscientific tools to better understand the biology of major depression in rodent models and in patients.” — Dr. Brendon Watson

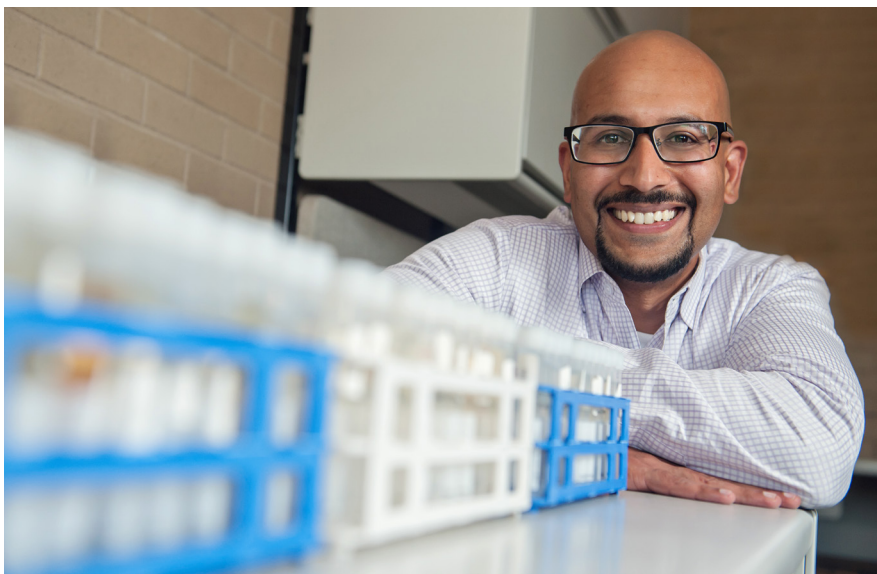
Srijan Sen Earns New Leadership Role with the University of Michigan Office of Research

Srijan Sen, M.D., Ph.D., who holds the Frances and Kenneth Eisenberg Professorship of Depression and Neurosciences was recently named Associate Vice President for Research for Health Sciences for the University of Michigan Office of Research (UMOR). In this role he will support the research efforts of faculty in the health sciences, social sciences, humanities and the arts. Dr. Sen will also collaborate with members of the UMOR leadership team to foster interdisciplinary initiatives, and provide support for UMOR units and programs.

As PI of the Intern Health Study, a large, multi-institution study of physicians during and following their residency, Sen utilizes genomic, psychological and mobile technology to understand how stress gets under the skin and leads to depression.

Since 2015, Sen has served as associate chair for research and faculty development in the Department of Psychiatry, as well as associate director of the Comprehensive Depression Center.

“We are entering an era with the potential for unprecedented advances through collaborative, interdisciplinary research,” Sen said. “With world-class research across an incredible breadth of academic areas, the University of Michigan is uniquely positioned to lead in this era.”



IN MEMORIAM

The Department of Psychiatry honors the life of **Jack C. Westman** who passed away on April 2, 2019 at the age of 91. Westman received his BS, MD, and MS from the University of Michigan and was an associate professor of psychiatry at the University of Michigan Medical School and served as director of the Outpatient and Day Care Service at Children's Psychiatric Hospital in Ann Arbor, before joining the University of Wisconsin in 1965. The Jack and Nancy Westman Lectureship was established within the Department of Psychiatry thanks to the Westman's lifelong commitment to child advocacy, family well-being, children's and parents' rights, and public policy.

We also remember **Stephen T. Chermack** who passed away on May 2, 2019 at the age of 54. Chermack was a professor of psychiatry at the U-M Medical School and Chief of Mental Health Service at the VA Ann Arbor Healthcare System. As a long-time faculty member of the department of psychiatry, Chermack developed scholarly opportunities for faculty, staff, and trainees in the VA Ann Arbor Mental Health Service, leveraging VA data sources to encourage quality improvement projects and other endeavors. The Department of Psychiatry created the Chermack VA Research Prize Endowment to honor Steve. This fund highlights and awards scholarly project activities of VA faculty, staff, and trainees conducting clinical research, program evaluation, and quality improvement work.



Supporting OUR MISSION

The University of Michigan Department of Psychiatry is training future generations, breaking new ground, and delivering promising clinical results. Philanthropic partnerships are crucial to continuing and expanding our momentum. Gifts to the Department of Psychiatry will significantly increase our ability to make a lasting mark in the care of mental illnesses. **We hope you'll join us in making this future possible.**

For more information or to partner with us, please contact **Courtney Metzger** in our Development Office at coucarr@umich.edu or **734-763-1409**.

You can also visit our website at umpsych.org/giving.

Department of Psychiatry's Nyman Unit Receives **New Facility Dog**

Facility dog will be devoted to the inpatient child and adolescent psychiatric unit within Mott Children's Hospital



Parker, the newest member of the Nyman Family Unit team.

Thanks to a generous gift from the Joseph and Karen Krantz Family Charitable Foundation, the Nyman Family Unit for Child and Adolescent Mental Health and Wellness has just added a brand new furry and wet-nosed staff member, who goes by the name Parker.

Parker is the latest addition to Michigan Medicine's **Paws4Patients** program, which began in 2016. The Paws4Patients program has four additional dogs: Denver, Anna, Bindi, and Fawn. These dogs are specially trained by Canine Assistants to work with the needs of patients at C.S. Mott Children's Hospital and throughout Michigan Medicine.

"The Krantz family has made gift donations to Mott Children's Hospital before, so when we got the idea to get a facility dog, I thought of them," said Courtney Metzger, the assistant director of development for the U-M Department of Psychiatry. "They are dog-loving people who want to make a difference in the lives of others. It was the perfect match at the perfect time."

Studies show that interactions with trained therapy or facility dogs and other animals are beneficial for both mental and physical health. Interacting with animals causes your body to release chemicals to help you relax, resulting in lower levels of anxiety and higher levels of comfort. Additionally, interacting with animals may lower blood pressure and even reduce physical pain.

Prior to exploring the possibility of a unit-based facility dog, the unit hosted volunteer pet therapy on Saturday's. These sessions quickly became most well-attended group, engaging children who had previously not attended other programmatic offerings. With the level of emotional work that the patients and families must do, the unit believed it was time to get a full-time dog of their own.

"The patients would say no one at the hospital understood them or what they were going through, but they all would talk about their pets," explains Jeanette Hokett, MA- Ed., BSN, RN, nursing supervisor within the Department of Psychiatry. "The children have a deep connection and feel unconditional love and support from their animals that they don't think they can get from anyone else."

You can see the latest from the Paws4Patients dogs and remain up-to-date on the unit's newest dog, on the Paws4Patients Instagram page. You can also support the facility dogs by donating to Paws4Patients.