



DEPARTMENT OF PSYCHIATRY



2020 DEPARTMENT OF PSYCHIATRY ANNUAL NEWSLETTER

A LETTER FROM THE CHAIR

Greetings,

As I write this letter in early January of 2021, I reflect on the many challenges we faced in 2020 — as a department, a health system, and a nation. We have confronted a lethal pandemic that has affected all of us in so many ways. Many have suffered illness and loss. We have seen morbidity and mortality disproportionately impacting racial and ethnic minorities, accentuating our awareness of the consequences of systemic injustice and racism in our healthcare and political systems.

We have also countenanced a level of political acrimony, division, and unrest which frighteningly spilled over immediately into 2021 and promises to be with us for some time to come.

We face so many challenges that it is easy to become discouraged and pessimistic. At the same time, there are many signals which give us hope. The administration of effective COVID-19 vaccines is underway and holds the promise of controlling and reversing the momentum of the pandemic. The re-doubling of efforts to ensure a peaceful transition in our national government is moving forward, and efforts in many quarters, including our own Department, continue to engage in the important work to take an anti-racist stance to address systemic injustice in its myriad forms.

Throughout the past year, the Department of Psychiatry carried out important work in research, clinical care, and education, enhancing our focus on Diversity, Equity and Inclusion. We did this in new and creative ways due to the impact of the pandemic, and because we committed to do our best to identify and undo discrimination now and going forward.

This newsletter highlights selections from our body of work during 2020. In particular, the broad activities of our Addiction Center, ever more important with the recognized impact of the pandemic on increasing the risk of substance use disorders in our community, are described. Department efforts to help other special populations (e.g., older adults), and curate information for the community and providers about the impact of COVID-19 on mental health are highlighted.

We also take the opportunity to introduce you to some of the faces among our faculty, staff, and trainees. The crucible that was 2020 helped us to recognize, even more, how important our department community is to the patients we treat, and to each of us within the department.

As always, our achievements are enabled and enhanced by your interest and partnership. You have supported us in so many ways and we are grateful. The establishment of a professorship designated for the chair of Psychiatry is just one recent example of that support. We are so grateful to all our donors and friends and your continued engagement is important now more than ever as we face the challenges and opportunities that lie ahead.

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

Best wishes,

Gregory W. Dalack, M.D.
Chair, Department of Psychiatry
Daniel E. Offutt III Professor of Psychiatry
gdalack@med.umich.edu



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TOP 10 NIH RANKING

For the first time, the Department of Psychiatry ranked #9 among Psychiatry departments in National Institutes of Health funding. Congratulations to our faculty, research teams, research operations and grants management staff who all contributed to this achievement!

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Visit our website to learn more:
medicine.umich.edu/dept/psychiatry

THE UNIVERSITY OF MICHIGAN ADDICTION CENTER

The **COVID-19 pandemic** is causing dramatic increases in substance abuse emergencies, overdoses, and relapses. These are our patients. They're our loved ones, our friends, our colleagues.

With the onset of COVID-19 and people fighting for their lives, a conversation about substance use may seem trivial. Yet, across the United States, and here at Michigan Medicine, the **COVID-19 pandemic is causing dramatic increases in substance abuse emergencies, overdoses, and relapses.** These are our patients. They're our loved ones, our friends, our colleagues.

Since 1988, the **U-M Addiction Center** has done the foundational work and made groundbreaking discoveries and contributions to the field of addiction research. **This work continues to uncover the genetic, sociological, neurological, and psychological nature of addiction** — and will continue to dispel the assumptions and misinformation that do not align with the science of this preventable and treatable disease. Just imagine that you had heart disease or breast cancer but shame and stigma prevented you from seeking support and treatment. This is the reality for millions of people who suffer from alcohol and other drug addiction. These individuals, their families, and communities have been grappling with the fallout of the addiction crisis.

The Addiction Center's mission is 3-tiered: Treatment. Education/Training. Research. The center's team collaborates with colleagues at Michigan Medicine, across the U-M campus, and nationally and internationally, to provide state-of-the-art addiction treatment, to train the next generation of experts in this field, and to conduct innovative addiction research.

TREATMENT

The U-M Addiction Treatment Services (UMATS) is located at Michigan Medicine's Rachel Upjohn Building. They provide tailored, evidence-based outpatient addiction treatment, **specializing in treatment services for adults, young adults, and adolescents, including individuals with both mental health and substance use issues.** They also have a specialized treatment program for health professionals with alcohol and drug problems, the **Health Professionals Recovery Program.** The team of doctors, psychologists, and social workers is dedicated to providing excellent care for individuals and families suffering from addictive disorders. **UMATS is currently accepting new patients, and offers virtual services.** They also provide support services to families affected by a loved one's addiction.

EDUCATION

The educational training mission provides the next generation of research scientists and addiction treatment providers a solid foundation to carry the field forward.

The Addiction Center has three fellowship programs: 1) Addiction Psychiatry Fellowship for post-residency specialization in addiction, 2) the NIAAA T-32 Postdoctoral Research Training Program (now in its 30th year), and 3) the Developmental Neuroimaging Postdoctoral Research Fellowship. In addition, the Addiction Center provides **medical student lectures and two undergraduate courses** to educate learners on the spectrum of substance abuse.

RESEARCH

The Addiction Center's highly ranked research program receives extensive funding from the **National Institute on Alcohol Abuse and Alcoholism (NIAAA)** and the **National Institute on Drug Abuse (NIDA).** Over the past three decades, the team has made key discoveries, such as:

- how addiction affects the brain
- the factors that make a person susceptible to addiction and ways to prevent it
- tools to accurately diagnose and new methods to treat addiction

The goal of the Addiction Center is to continue to unravel the complexity of addiction in order to change the trajectory of this crisis and save lives.



ADDICTION CENTER

Leaders in Prevention, Treatment & Research



Frederic C. Blow, Ph.D., and Brian M. Hicks, Ph.D.

U-M Addiction Center Director and Professor, Frederic C. Blow, Ph.D.



PROFESSOR MARK ILGEN

LATEST RESEARCH FINDINGS

Over the past year, the Addiction Center has made more discoveries. Below are examples of recent findings:

The ImPAT Trial — Improving Pain During Addiction Treatment

Chronic pain is very common among individuals with substance use disorders. **Professor Mark Ilgen, Ph.D., and colleagues** conducted a randomized clinical trial to determine if non-drug behavioral methods improve pain for those in treatment for substance use disorders. The results showed better pain-related outcomes, including better pain tolerance in men and reductions in pain intensity in women.



ASSOCIATE PROFESSOR
ERIN BONAR

Treating Substance Use Disorder in Older Adults

Another milestone in 2020 was the release of the updated **Treatment Improvement Protocol (TIP) 26: Treating Substance Use Disorder in Older Adults** from the Substance Abuse and Mental Health Services Administration (SAMHSA). **U-M Addiction Center Director and Professor, Frederic C. Blow, Ph.D.,** served as Chair of the National Consensus Panel. This comprehensive treatment guide is designed to help providers, older adults and their families better understand how to identify, manage, and prevent substance misuse in older adults.



ASSISTANT RESEARCH PROFESSOR
LARA COUGHLIN

Harnessing the Use of Technology to Prevent Substance Use Disorders in At-Risk Adolescents

This ongoing study, led by **Associate Professor Erin Bonar, Ph.D.,** involves the use of mobile health technology to screen patients for addiction, even if they come into the emergency room for other reasons. Her work has shown how **technology can be used to educate and link at-risk adolescents and emerging adults to life-saving treatment services.**

Depression is Treated Less-Often in Patients with Substance Use Disorders

Former T-32 Post-Doctoral Fellow, and newly appointed **Assistant Research Professor Lara Coughlin, Ph.D.,** led a study on veterans with substance use disorders and depression and found that they were less likely to be treated for depression than individuals without substance use disorders.

VISIT umaddictioncenter.org to learn more about the Addiction Center and watch a short video: michmed.org/ngoVB
VISIT umaddictioncenter.org/news-events to view the latest news.
READ the Addiction Center's October 2020 newsletter to learn about the latest research findings: michmed.org/Vq87v

ALLISON LIN, M.D., is an addiction psychiatrist in the U-M Addiction Center. Dr. Lin wears two hats: **she is an addiction clinician** — taking care of patients at the Ann Arbor VA with substance use disorders — **and a researcher**, focused on ways to improve access to and quality of addiction treatment. She is assistant professor at the Department of Psychiatry as well as research investigator at the VA Center for Clinical Management Research. Prior to joining the Addiction Center team, Dr. Lin graduated from MIT with a B.S. in Economics and Chemical Engineering, an M.D. from Yale University School of Medicine, completed her residency at the U-M Department of Psychiatry, and completed her Addiction Psychiatry and Clinical Research Fellowship at the U-M Addiction Center.

“My interest in addiction research directly stems from my clinical experience seeing the vast impacts of addiction on the lives of patients and their families and often the misunderstandings about the illness,”

says Dr. Lin. “However, I am so hopeful to see such tremendous growth across the U.S. in interest to understand and treat addiction as we have recognized the negative impacts of overdose and other sequelae and also the positive impacts that treatment can bring.”

Dr. Lin's research examines disparities in treatment access and quality of care and outcomes for patients with substance use disorders. Her goal is to **bring to light the barriers that prevent individuals from obtaining high-quality care** by utilizing large healthcare datasets to highlight treatment disparities and designing and testing new interventions to improve treatment access. She studies clinician and provider behaviors and treatment approaches to identify practices associated with high quality addiction care. She also focuses on **telehealth interventions**, as part of new interventions that are both more accessible and address other important needs for overall patient health.

Dr. Lin has made major contributions to the addiction research field, and continues to inform systems and policymakers of the barriers and potential solutions.

FACULTY PROFILE

Lewei Allison Lin, M.D.

Assistant Professor.
Department of Psychiatry
U-M Addiction Center



DR. LIN'S WORK INCLUDES:

- Research developing telemedicine models of care for veterans and other patients with opioid and other substance use disorders. She is a national leader informing telemedicine care for patients with substance use disorders, as highlighted by her recent article in *JAMA Psychiatry*.
[michmed.org/8RYA9]

- She co-leads the Michigan Opioid Collaborative and the MI-teleCONNECT study that provides support for Michigan primary care and mental health providers to deliver better addiction care, and directly supports patients by providing a phone-based counseling intervention to support recovery.
[michiganopioidcollaborative.org]

- She co-leads the Persist study, a large NIH-funded randomized trial testing a phone-based psychotherapy intervention addressing both chronic pain and substance use for patients with opioid use disorder starting medication treatment.
[umpersiststudy.org]



ADULT PARTIAL HOSPITALIZATION PROGRAM

The **Adult Partial Hospitalization Program (PHP)** is a comprehensive patient care program providing intensive psychiatric treatment to individuals struggling with mood, anxiety, and personality disorders. The program at Michigan Medicine opened its doors in March of 2019, and has successfully treated over 550 patients, **often serving as a step-up level of care option for the emergency department or a step-down from the inpatient unit**, with physical space directly adjacent to the Michigan Medicine Adult Inpatient Psychiatric Unit.

In March of 2020, the program changed its structure due to the COVID-19 pandemic (treatment is primarily rendered in a group setting), and since then has been offering individual services and groups using online video conferencing technology.

Patients typically participate Monday through Friday during the day and are free during the evening. Patients work with an **interdisciplinary team** in a structured setting and participate in process group therapy, the skills-based therapies of CBT and DBT, educational groups, and have regular contact with psychiatric providers for medication management. Examples of educational group topics include Self-Defeating Behaviors, Communication, Spiritual Care, Insomnia/Sleep Hygiene, and Psychiatric Medications. **A typical length of stay in PHP is 8 to 10 weekdays.**

As the program approaches its two-year anniversary, the PHP team remains enthusiastic and proud of the quality of care provided, particularly given the unique challenges faced in the ongoing COVID pandemic.

TYPICAL PHP DAY SCHEDULE

9:00-10:00 AM
Check-in, Group and Goal Setting

10:00-11:00 AM
DBT/CBT Skills Group

11:00-12:30 PM
Process Group Therapy

12:30-1:00 PM
Lunch

1:00-2:00 PM
Education Group

2:00-3:30 PM
Activity Therapy Group

Current T-32 Post-doctoral fellows



SARAH BRISLIN, PH.D.



DAVID CLARK, III, PH.D.



ALEXANDER WEIGARD, PH.D.

NIAAA T-32 Multidisciplinary Postdoctoral Research Training Fellowship Program: Educating and Training Addiction Research Scientists

Given the continuing national priority to address alcohol and other drug problems, there is an **acute need to provide world-class training in research on addictions**. Through continued support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the **U-M Addiction Center is home to one of the longest addiction research training programs in the United States**. For nearly 30 years, the **T-32 Multidisciplinary Research Training Fellowship Program** has trained over 65 research fellows, with an additional three currently in training. The program graduates have gone on to become nationally-recognized independent investigators, who in turn have made significant contributions to the field of addiction research.

The two-year training program is led by Addiction Center Director **Dr. Frederic Blow**, and 14 Addiction Center faculty, with another 22 faculty involved across the U-M campus. Mentors provide important opportunities for trainees to develop productive alcohol and drug research careers. The expertise of the mentors provides extensive opportunities for **T-32 fellows to gain top-notch research skills via practical, hands-on experience as part of research teams**.

Trainees are provided with a broad range of research opportunities in over 50 funded projects while working with mentoring faculty from the Departments of Psychiatry, Psychology, Statistics, Human Genetics, Pharmacology, Emergency Medicine, the Schools of Public Health, Social Work and Nursing, the Institute for Social Research, the Institute for Healthcare Policy and Innovation, and a number of other university-wide centers and institutes. Mentors have a wide array of expertise in areas related to behavioral pharmacology, statistics, developmental epidemiology, personality, and psychology of alcohol use and addiction. The T-32 Multidisciplinary Research Training Fellowship Program graduates have an excellent grounding in alcohol and drug research, and are poised to enter academic research careers at the end of their fellowship training.

\$2.5 MILLION GIFT

Establishes the Daniel E. Offutt III Professor of Psychiatry



DANIEL E. OFFUTT III



GREGORY W. DALACK, M.D.

On the heels of its \$500,000 gift to establish the **Daniel E. Offutt, III Clinical Scholars Award Endowment Fund in Psychiatry**, the Offutt Charitable Trust has made another transformative gift of \$2.5 million to the Department of Psychiatry. The gift establishes the **Daniel E. Offutt III Professorship** designated to support the **Chairship of the Department of Psychiatry**.

Chair Gregory W. Dalack, M.D., is the first holder of the Daniel E. Offutt III Professorship. He has been the chair since 2010, after joining the faculty in 1992. Dr. Dalack has held a number of department leadership roles along with significant service to the Ann Arbor VA Healthcare System's Mental Health Service over the years. His research has focused on the treatment of chronic and persistent mental illnesses, particularly schizophrenia. He is also active in developing collaborative psychiatric and behavioral health care programs in primary care clinics at Michigan Medicine and beyond.

In June 2020, Dr. Dalack was selected as teacher of the year by psychiatry residents.

This new gift will ensure that the future department chairs will hold an endowed professorship in perpetuity, which will **provide additional support to carry out the vision of the chair, and enhance the opportunity to recruit the brightest and best to the leadership role of the department.**

The trustee of Daniel E. Offutt III's estate, **Richard H. Orenstein**, graduated from U-M's College of Literature, Science, and the Arts in 1962. He has an avid interest in engineering and psychiatry and has been engaged philanthropically in both areas for several years. Mr. Orenstein said: "I am delighted, on Daniel's behalf, to endow this chair which will provide continuing support for these most important causes. Dan himself was a supporter of continuing education and would have been pleased to support such a talented group of researchers."

COVID-19 Mental Health & Substance Use Disorder TOOLKIT for PROVIDERS



The number of people dealing with mental distress caused by enduring months of pandemic, economic disruption and political turmoil is rising fast. **And our primary care clinics — general internal medicine, family practice, pediatrics, and gynecology offices — are the front line for Americans' mental health concerns.**

To help primary care clinics cope with this influx, the U-M Department of Psychiatry created a **FREE ONLINE TOOLKIT** that draws on the expertise of its mental health researchers. The toolkit aims to

support providers in identifying problems their patients may be experiencing, and intervening early.

The toolkit recognizes that regular checkups and appointments for non-COVID-related ills have become key opportunities to find out who needs help for new or worsening mental health issues, even if they don't yet recognize it. The overall goal: **to help primary care providers offer trauma-informed care, based on the best available evidence from the last two decades of psychiatric research.**

"Pandemics and quarantines are known to cause a significant increase in mental health and substance use issues," says Leslie Swanson, Ph.D., a psychologist and clinical associate professor. "It is our hope that the toolkit will increase awareness of the pandemic's impact across the lifespan and across diverse groups and serve as a comprehensive resource for providers, with screening measures and concrete tools to assist with meeting patients' needs."

michmed.org/providertoolkit

The Starr Family Memorial Tribute Fund

The Starr Family Memorial Tribute Fund provides **travel grants to nursing and medical students** to attend professional seminars or conferences related to the **field of psychiatry**.

After his mother's passing, **Dr. Russell Miller (U-M, A.Mus.D. '95)** called Michigan Medicine to explore ways to pay tribute to her. He shared that his mother, Jerry Starr Miller, had been a psychiatric nurse who continued his family's long tradition of pursuing careers in medicine. Dr. Miller's great grandmother was among the first female graduates from the U-M Medical School.

The Starr Family Memorial Tribute Fund was established to **memorialize and pay tribute to Jerry Starr Miller and Lillis Wood Starr**, women who pursued medical education and spent careers providing medical care. Jerry Starr Miller was a career nurse who worked more than 25 years at Alhambra Psychiatric Hospital and was awarded Nurse of the Year there several times. Her grandmother, Lillis Wood Starr, was a pioneer for women in medicine, earning her medical degree from the University of Michigan in 1891. She went on to decades of spearheading public educational work on medical hygiene in Southern California's vibrant Adventist community.

The Starr family celebrates female medical professionals in the 19th, 20th and now 21st centuries. Most recently, Terry Lynn Bartmus DNP, Jerry Starr Miller's great niece, finished her psychiatric mental health nurse practitioner board certification. Terry Lynn is looking forward to transitioning from 11 years in emergency medicine to private psychiatric practice to help meet the mental health needs of her patients and medical colleagues.

"Through the Starr Family Memorial Tribute Fund we are so pleased to honor these exceptional women in our family while encouraging students to consider specializing in psychiatry, an area with a tremendous need for young talent and dedication," says Dr. Russell Miller.



Lillis Wood Starr, M.D., with her husband, John Ankeny Starr, circa 1935.



Jerry Starr Miller, Lillis's granddaughter, and the mother of Dr. Russell Miller, is pictured here circa 1955 in her US Navy Reserves nurse's (WAVES) uniform.



Terry Lynn Bartmus at her nursing school graduation in 2018, pictured with her aunt Pamela, niece of Jerry.

Two-time Starr award recipient, Jack Buchanan, M.D., expresses his gratitude:

Dear Starr Family,

From lectures to workshops to networking and meeting new colleagues from across the country (and India!), attending this year's PsychSIGN (Psychiatry Student Interest Group Network) meeting not only affirmed my commitment to a career in psychiatry, it also advanced me along that path.

I even got to hop over to the national APA meeting on the last day, where I attended a thought-provoking panel session on how to integrate foundational concepts from the field of Positive Psychology into psychiatry. (...)

Needless to say, I took so much away from this year's conference, and am extremely grateful for the opportunity to have attended. Thank you sincerely for your generous contribution to help make my participation possible.

Warmest regards,
Jack

ADD TO THE LEGACY OF SOMEONE YOU LOVE

Dr. Russell Miller was able to make a truly personal and meaningful difference with his gift to establish the Starr Family Memorial Tribute Fund. Naming the fund for his mother and grandmother has created a lasting tribute to both women, honoring their many achievements.

At Michigan Medicine, there are many ways to add to a loved one's legacy. Together, we can celebrate their passions, achievements, or their memory. An endowed or expendable gift to support patient care, research, or education will benefit others in your loved one's name, extending the impact of their lives.

Contact Courtney Metzger at Coucarr@umich.edu to learn more.

The Time is NOW

Diversity, Equity, and Inclusion

in the Department of Psychiatry

A STATEMENT by Dr. Gregory Dalack, Chair of the Department of Psychiatry, and Dr. John Greden, Director of the U-M Depression Center:

WE are in a very precarious and precious moment as a country, challenged to embrace the imperative of **acknowledging, identifying, and addressing racism, police brutality, and systemic social injustice.** We need to reflect deeply on how to make the Department of Psychiatry, the Depression Center, our institution, and our community a better, anti-racist, more equitable and inclusive place to work and in which to live.

Recent displays of racism across our nation serve as a call to have critical discussions about equity, humanity, and the values that define who we are and what we will tolerate in our communities — at home and at work. **We need to engage, reflect, listen, learn, and be determined to take action.** We need to challenge each other to move out of our comfort zones to think about the specific ways that we can address systemic injustice now and in the future. Our greatest hope and our greatest strength is to **learn from each other by proactively seeking and listening to the experiences of others.**





*Photos show faculty and staff of the Department of Psychiatry.

Polly Gipson, Ph.D., appointed Associate Chair for Diversity, Equity, and Inclusion of the Department of Psychiatry



Dr. Polly Gipson will provide leadership, input, and perspective to help the department effectively **take anti-racist actions** by implementing **principles of diversity, equity, and inclusion (DEI)** in our hiring, clinical work, research, and education, in partnership with the department's DEI Committee.

In addition, Dr. Gipson will represent the department on the **Office for Health Equity & Inclusion DEI Vice Chair/Associate Chairs' Group**, along with representatives from other departments, to advise Michigan Medicine leadership in their work, helping transform Michigan Medicine's culture to one that is anti-racist.

Dr. Gipson comes to this role with a wealth of experience in her clinical, research, and education and training activities. As Director of the Trauma and Grief Clinic, Dr. Gipson works with trainees across multiple disciplines to provide a highly valued, and scarce, set of services to youth and their families facing great adversity.

The Program for Risk Evaluation and Prevention

The Program for Risk Evaluation and Prevention (PREP) provides education, assessment, referral, treatment, and research in **the area of early psychosis and psychosis risk.**

Disturbances of thought and emotion can indicate many things in a young person — sometimes a more serious condition, such as psychosis. A growing body of research has demonstrated **promising effects of intervening early, before the most serious signs of an illness develop.** PREP specializes in evaluating and treating patients in the early stages of psychotic disorders and those who show risk signs of psychosis, also known as **Attenuated Psychosis Syndrome (APS).** The PREP clinic receives referrals from the community and from within the Department of Psychiatry, providing specialized assessment and treatment not ordinarily available in regular mental health evaluations.

The PREP clinic was formed in 2013, with **Stephan F. Taylor, M.D.,** as the director, and **Ivy F. Tso, Ph.D.,** as the clinical director. The PREP team comprises a multi-disciplinary group of psychiatrists, psychologists, and social workers, operating at the Rachel Upjohn Building. PREP also provides an excellent **training environment for young psychologists, psychiatry residents, and social work students.** Education also extends to the community, as PREP is committed to raising awareness and educating members of the community, with frequent outreach to community providers and lay groups, such as the National Alliance on Mental Illness.

The clinic provides state-of-the-art, comprehensive coordinated care for patients. For individuals with APS, the focus is on **cognitive behavioral therapy (CBT),** a new approach to manage

individuals with APS without resorting to antipsychotic medications. For those patients who are in the early phases of psychosis — where antipsychotic medications play a key role in treatment — PREP provides **expert medication management.** All patients have the opportunity to join groups, such as **multi-family group therapy** — which helps patients and their families cope with the issues arising in young people with psychotic disorders, or groups focusing on social skills training.

PREP is also an **Early Psychosis Intervention NETWORK (EPINET)** site, part of a NIMH-funded, national network of specialty clinics implementing standardized assessments in the context of a 'learning health care system.' These systems develop dynamic databases to aid in clinical decision making, providing clinicians with systematic monitoring of clinical progress.

Research to better understand, diagnose and treat psychotic disorders is a critical part of PREP's mission. NIH-funded studies are using brain imaging (MRI) and electroencephalography (EEG) technology to examine the neurochemistry and brain abnormalities underlying

the abnormal thoughts, emotions and perceptions of psychosis. Because many psychiatric disorders share underlying neurobiology and behavioral deficits, PREP researchers conduct their studies across related disorders, such as bipolar disorder, obsessive-compulsive disorder, and autism spectrum disorders. **The overarching goal is to gain the understanding which leads to improved treatments, and ultimately to match treatments to specific patient characteristics.**

Ongoing studies involve partnering with industry to test a new drug that may be effective at preventing the development of psychosis in individuals with APS. Brain stimulation technologies represent a rapidly growing area of research, and PREP investigators are using these technologies both to understand the brain and treat patients with cognitive impairments arising from the condition.

PREP investigators also collaborate with other researchers at the University of Michigan to develop ways to ameliorate metabolic side effects of antipsychotic drugs and to **develop behavioral interventions that can reduce suicidal behavior** in acutely ill, psychotic patients.



PREP website:
medicine.umich.edu/dept/psychiatry/programs/prep

Dr. Tso's Michigan Social Cognitive and Affective Neuroscience (MiSCAN) Lab: sites.lsa.umich.edu/ivytsolab

Read a recent press release featuring a video on psychosis with Dr. Taylor, *Distorted Reality: What to Do About Early Signs of Psychosis*: michmed.org/v10NR

For clinic appointments, call **734-764-0231** or email Psych-PREP@med.umich.edu

FACULTY PROFILE

Donovan Maust, M.D.

Associate Professor
Department of Psychiatry
University of Michigan Medical School

Research Scientist
Center for Clinical Management Research
VA Ann Arbor Healthcare System

DR. MAUST received his B.S. in biology and international relations from the College of William & Mary in Virginia and earned his medical degree at the Johns Hopkins School of Medicine. He completed his psychiatry residency and geriatric psychiatry fellowship at the University of Pennsylvania before joining faculty at U-M in 2013. In 2019, Dr. Maust became **Associate Director for Research of the Department of Psychiatry's Geriatric Psychiatry Program**, led by Dr. Susan Maixner. The Geriatric Psychiatry Program is one of the country's largest academic geriatric psychiatry groups. In addition to his own research, Dr. Maust supports the ongoing work of Geriatric Psychiatry Program faculty as its members continue to grow and develop their work.

Dr. Maust is one of the few fellowship-trained geriatric psychiatrist health services researchers in the country — in other words, Dr. Maust is interested in understanding how care “in the real world” is delivered to **older adults with cognitive or mental health problems**, and what can be done to improve it.

Dr. Maust's “pet peeve” as a resident was seeing older adults who were on a large number of potentially inappropriate psychotropic medications, and **understanding and reducing such prescribing has turned into one of his primary research and clinical interests**. In addition, he is interested in how to better support family care partners as they help individuals living with dementia navigate the health care system.

With the support of collaborators in psychiatry and across the Medical School and university, **Dr. Maust has several ongoing projects focused on older adults, which combine “big data” —**

such as Medicare claims from across the U.S. — with detailed interviews with patients and clinicians:

- With current support from the National Institute on Drug Abuse and the Centers for Disease Control and Prevention, Dr. Maust is leading work to help reduce harms of benzodiazepine prescribing (e.g., Xanax, Ativan) to older adults.
- A project supported by the National Institute on Aging is focused on reducing potentially inappropriate medical care that older adults living with dementia receive.
- A third project, supported by the U.S. Department of Veterans Affairs, is examining the VA's remarkable success reducing benzodiazepine prescribing to older adults, which has not occurred for non-veteran older adults.
- His final ongoing project, funded by donor support, is investigating turnover and job satisfaction among direct care staff in long-term care facilities.

Fortunately, with help from the university's IT support, Dr. Maust's team quickly transitioned to remote work this spring and research activity has been able to continue relatively uninterrupted despite COVID-19. **Dr. Maust has added a focus on the impact of COVID-19 to his work**, including the projects on benzodiazepine prescribing and long-term care staff turnover.

Dr. Maust has continued to present his team's work virtually, including at events for researchers (e.g., the Gerontological Society of America) and the general public (Michigan stop of the Alzheimer's Foundation of America “Educating America” tour).



DR. MAUST'S RESEARCH LAB

From left to right
Top row:
Donovan Maust, M.D., MS
Molly Turnwald, BA
Barry Anderson, BA

Middle row:
Julie Strominger, MS
Alex Fidel, MS
Kristen Sanchez, MS

Bottom row:
Becky Clive, BA

TRAINEE PROFILE

Carrie Tamarelli, M.D.

Resident

Class of 2022

University of Michigan Medical School



Where are you from?

I hail from the metro Detroit area (my family moved several times while I was growing up), but I have lived in Ann Arbor since arriving for my undergraduate studies.

Why did you choose U-M?

When applying for residency programs, I sought to explore many different corners within psychiatry. U-M offers broad exposure beyond excellent inpatient and outpatient experiences to other practice settings such as a VA hospital, ECT program, and dedicated psychiatric emergency department.

What is your current focus?

In our third year of residency, we transition from primarily working in the hospital to the clinic. I am learning how to care for patients in the outpatient setting both for medication management and psychotherapy. In 2020, that means I am also learning how to provide telepsychiatry.

What is most rewarding about your work?

I am always honored to sit with patients and listen to their stories. Of course, in medicine we endeavor to offer cures; it is satisfying when our treatments help pull someone out of depression or psychosis. So often, however, psychiatric illness is chronic or intermittent, and I find it deeply rewarding to be present with someone in their suffering so that they are not alone.

What future direction do you see for your career?

I have found that I especially enjoy working with hospitalized patients and older adults, so I am considering a geriatric fellowship after residency. Academic psychiatry is appealing because I see attending physicians whom I admire caring directly for patients, teaching trainees, and working on projects that improve patients' access to high quality mental health care — all at the same time!

Dr. Tamarelli authored a narrative writing piece about seeing a patient in the hospital with COVID-19 for *Pulse — voices from the heart of medicine* (pulsevoices.org).*

The Threshold

I suit up. Hand sanitizer, gown. Hand sanitizer, mask and goggles. Hand sanitizer, adjust the goggles that have steamed up from the mask. Hand sanitizer, gloves.

Through the door of the ICU, I see my patient, staring off towards the windows, and his hand grasps at the air. I lean forcefully to drag open the suctioned sliding door. I enter the room and introduce myself. "I'm Doctor Tamarelli with psychiatry! Your doctors asked us to check in with you!"

I recently learned of the concept of a "thin place:" a Celtic term for those rare situations where the distance between heaven and earth collapses, or where a threshold appears as entry to a new world. I hope to find these places with each of my patients, but it is not easy in the times of COVID-19.

When I introduce myself, I speak loudly because I am under water. My voice is muffled. Already my armpits are steaming up. The air surely is too viscous to be therapeutic. This place is a thick place.

My patient's head bobs back and forth, and I see that his forehead is shiny with sweat. He looks at me, but his eyes do not register mine. His voice is gone because the ventilator is pushing breaths down the hole in his throat. He mouths words at me. I apologize that I do not understand what he communicates. I continue to speak too loudly, and I am irritated by the grating tone and volume of my own voice. He nods and shakes his head to my questions, but sometimes he tries to talk to me. I guess aloud what he says, and he shakes his head no, no, no. His hands are too weak to grasp the marker that I offer. Finally, he gives up, closing his eyes. A drop of sweat slips from his brow.

"This stinks," I say. "You must be so frustrated with me and all these other idiots who cannot understand you."

He smiles.

I do not ask any more questions about anxiety, hallucinations or suicide. I start to talk with him about what has happened to him so far in the intensive care unit. His eyes are vacant. I tell him he is recovering from the coronavirus. He does not know this illness. He also cannot choose his own name from a list of multiple choices I give him. He is very delirious.

So, instead, I get close and hold his hand. Suddenly this is not such a thick place after all. I feel the warmth of his body, and he squeezes, just a little.

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“The most rewarding aspect of my work is the opportunity to build relationships with people every day.”



TRAINEE PROFILE

Monwabisi Makola, M.D., Ph.D.

Resident

Class of 2024

University of Cincinnati

Why did you choose U-M?

I had the great fortune of attending the University of Cincinnati College of Medicine where I met a psychiatry attending whose focus on the importance of general medicine to the practice of psychiatry deeply resonated with me. He trained at U-M and encouraged me to explore the program. During my 4th year of medical school, I was lucky enough to complete a 1-month consult and liaison psychiatry rotation at Michigan Medicine. I was struck by several things. First, it was very easy to get along with everyone on the care team. I was surprised by the down-to-earth and approachable demeanors of the attendings, residents, social workers, nurses, and other support personnel. Second, members of the care team were very intelligent, thorough, and dedicated to patient care. Also, Ann Arbor made sense for my family as it has some very good schools and it is close to extended family.

Where are you from?

I was born in Zimbabwe and grew up in South Africa and Lesotho until my eighth birthday. At that time, my family moved to southern California to join my father, who was pursuing further education. In addition to California, I have had the privilege of living in upstate New York, southern Ohio, and central Virginia. I have spent the most time in Dayton, Ohio and claim that as home. Prior to starting my residency at U-M, I completed the M.D./ Ph.D. program at University of Cincinnati College of Medicine.

What is your current focus?

My biggest interest within psychiatry is child and adolescent psychiatry, with emphasis on neuropsychiatric development. However, I find many topics within psychiatry to be quite interesting. It is important for me to remain broad-minded and maximize my exposure to different areas of the field.

Has anyone or anything inspired you?

I will say that one person who continues to be one of the greatest influences in my life and career is my father. My concept of what a physician should be, my love for research and continued education, and the great deal of importance I put on the doctor-patient relationship and the trust that people place in their doctors comes from my father.

What is most rewarding about your work?

The most rewarding aspect of my work is the opportunity to build relationships with people every day. I see patients during some of their most vulnerable times, and they often allow me to interact with them in very intimate ways; the trust that people place in me and the courage with which they share some of their deepest concerns is very humbling to me.

What future direction do you see for your career?

The short answer is, I do not know. I can say that I am still very interested in completing a child and adolescent psychiatry fellowship. I also have some interest in participating in qualitative research or perhaps being the clinical arm of the larger research consortium. Beyond that, I am trying to remain open to the possibilities and I am excited by the prospect of fine-tuning my interests within psychiatry.

What have you learned that has surprised you as you reflect on 2020, the year of COVID-19?

I think one of the more surprising aspects of the COVID-19 era to me has been the success of telepsychiatry. I was skeptical about it, as psychiatry is such an interpersonal discipline. Having seen patients on the phone or via video conference, I can now say that it is a good option for many people. COVID-19 expedited the widespread adoption of telepsychiatry and I am hopeful that this will be a good sign for those in areas with reduced access to psychiatric services.

SOUNDBITES



HuffPost:
“Suicide ‘Near Misses’ Are On The Rise Among New Moms, Data Shows”

Kara Zivin, Ph.D.

“Zivin is a public health researcher (...), but despite her background studying mental health, she began to spiral. “Beginning in my first trimester and lasting after delivery, I battled terrible insomnia. Day blended into night and back into day,” Zivin wrote (...). “One night in my eighth month of pregnancy, when I had convinced myself that my family would be better off without me, I swallowed handfuls of pills and crawled into bed, or so I thought,” Zivin wrote. “It turns out I went downstairs into the kitchen and collapsed. When my husband found me unresponsive, he called for help.” Zivin survived. She had a baby, who is now 9 years old. And she spends much of her professional life now working to lessen the stigma that continues to shroud perinatal mental illness and suicide, not only by sharing her personal experience but through academic research.”



Michigan Radio/ NPR:
“Hospital workers face burnout as public support fades and COVID-19 cases rise”

Srijan Sen, M.D., Ph.D.

“We heard reports that physicians felt like this is what I actually became a doctor to do,” Sen says. “And there was a sense of people pulling together that everyone in the hospital and even in the larger society was hailing physicians and clinicians as heroes. And it felt like we were all in it together and working toward a common purpose.”



Healio:
“COVID-19’s mental health effects by age group: Children, college students, working-age adults and older adults”

Sagar Parikh, M.D., FRCPC

“With this virus shutting down the workplace, people have lost not only social interactions with best friends who don’t happen to live in their home, but also interactions with the wide variety of supportive, friendly, casual relationships at work and in public that make for a rich social texture,” Parikh said. “I think loneliness, despair and a sense of drifting are going to be prominent.”



TEDMED:
“The Power of Caring: Forming a Circle of Support Around Suicidal Teens”

Cheryl King, Ph.D.

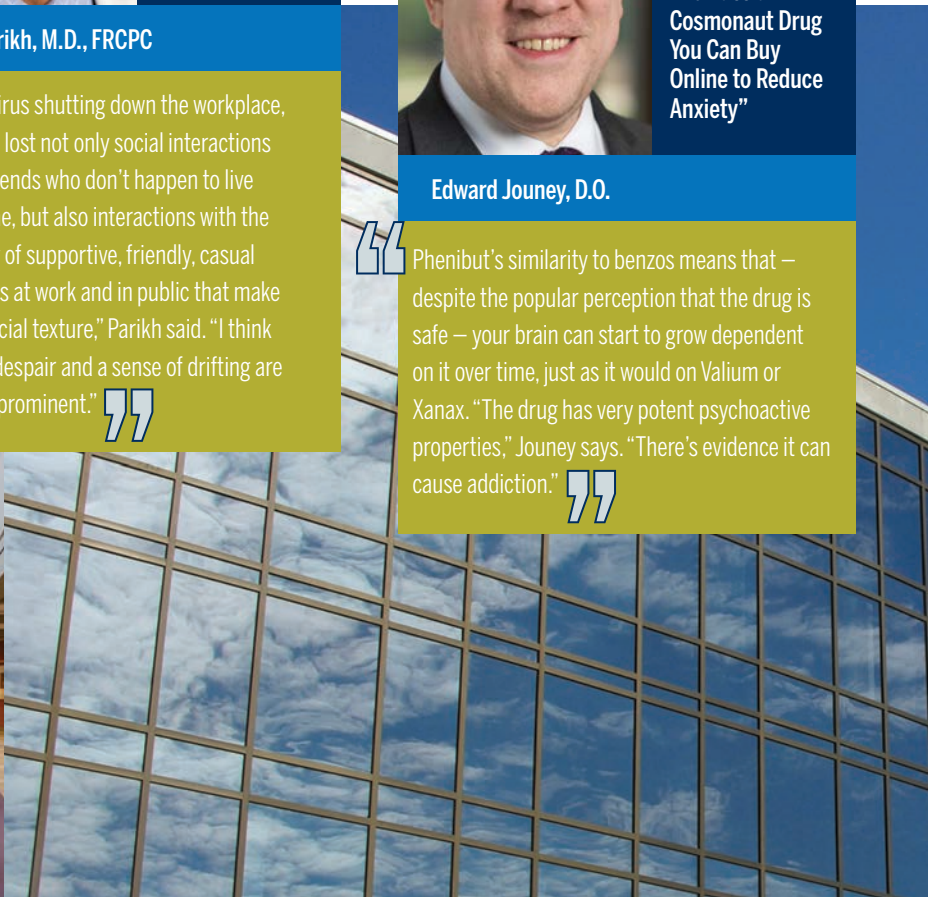
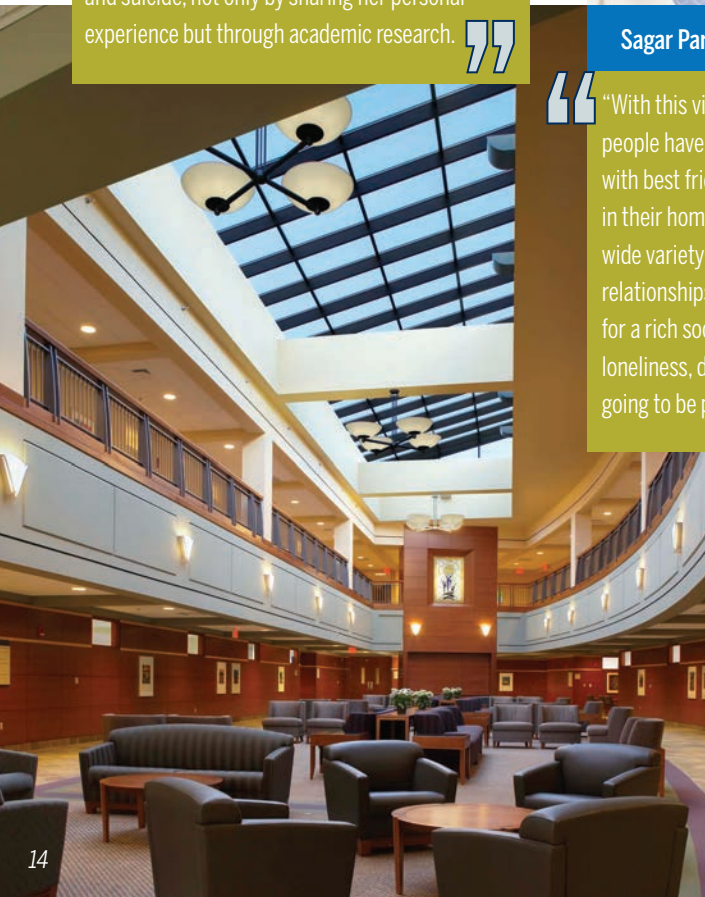
“In this video, Dr. King describes the concept of the Youth-Nominated Support Team, or YST, which asks high risk teens to pick trusted, supportive adults to help them recover, and equips those adults to assist. The idea is not to replace medications and mental health therapy, she says, but to bolster them. “It’s based on the simple insight that the adults in teens’ lives are a powerful untapped resource,” she says in her talk. “The adults in teens’ lives want to help, but they need help to do so.”



Discover Magazine:
“Phenibut: The Russian Cosmonaut Drug You Can Buy Online to Reduce Anxiety”

Edward Jouney, D.O.

“Phenibut’s similarity to benzos means that – despite the popular perception that the drug is safe – your brain can start to grow dependent on it over time, just as it would on Valium or Xanax. “The drug has very potent psychoactive properties,” Jouney says. “There’s evidence it can cause addiction.”



Psychiatry Faculty in the News



Medium:
"Covid 'Cocktail Crisis' Adds to America's Serious Drinking Problem"

Frederic Blow, Ph.D.

“I have no doubt that for many individuals who increased their drinking during the pandemic, they will continue that higher level of consumption over the longer term,” says Blow, the University of Michigan researcher. “Therefore, we will likely see many more people who drink excessively in need of treatment, and unfortunately many who will die of alcohol-related causes over the coming few years.”



Knowable Magazine:
“The new neuroscience of stuttering”

Soo-Eun Chang, Ph.D.

“Chang has been trying to understand why about 80 percent of kids who stutter grow up to have normal speech patterns, while the other 20 percent continue to stutter into adulthood. Stuttering typically begins when children first start stringing words together into simple sentences, around age 2. Chang studies children for up to four years, starting as early as possible, looking for changing patterns in brain scans.”



The New York Times:
“Navigating the Emotional Turf of Fall Family Gatherings”

Charity Hoffman, Ph.D.

“As one of 11 siblings, Charity Hoffman is used to spending Christmas with dozens of relatives at her parents' house in Lansing, Mich. This year will be her 7-month-old daughter's first Christmas and the family's second holiday season without her brother, who died in 2019. She says she has a “big, loving family,” and being together helps them to grapple with the loss of her brother. But while she had many socially distant porch and backyard visits this past summer, Dr. Hoffman, who is 35 and lives in Ann Arbor, Mich., said that for the first time, she will not be spending Christmas with her extended family, opting to be with only her husband and daughter. In addition to wanting to keep her baby safe, “we want to protect our community and not contribute to the spread,” she said.”



Reuters:
“Big Tobacco gets a pandemic pick-me-up”

Laura Hirshbein, M.D., Ph.D.

“Many people with mental illness, ranging from mild depression to alcohol dependence, to serious illnesses such as schizophrenia, smoke more when they're stressed, and smoke more when they're getting more sick,” says Laura Hirshbein, a psychiatrist and psychiatry professor at the University of Michigan.



Medium:
“‘I gave this to my dad’: COVID-19 survivors grapple with guilt of infecting family”

Michelle Riba, M.D.

“The mental health consequences of all this, beside the deaths and physical aspects, are profound,” said Dr. Michelle Riba, a professor of psychiatry at the University of Michigan Medical School. “We've never been through this in our lifetimes, so we are learning as we go.”

Visit the Department of Psychiatry's newsroom for a full list of media mentions:
medicine.umich.edu/dept/psychiatry/news

Building photos are of the Rachel Upjohn Building, home of Ambulatory Psychiatry programs and the U-M Depression Center.





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

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

CONGRATULATIONS



Huda Akil, Ph.D.

Recipient of the **2020 Society for Neuroscience Julius Axelrod Award**.

This prize honors distinguished achievements in neuropharmacology or a related area in addition to exemplary efforts in mentoring young scientists.



Shelly Fligel, Ph.D.

Recipient of the **2020 A. E. Bennett Basic Research Award** from the **Society of Biological Psychiatry**.

This award's purpose is to stimulate research in biological psychiatry by young investigators.



John Greden, M.D.

Awarded the **American Psychiatric Association (APA) and APA Foundation's 2020 Mrazek Award in Psychiatric Pharmacogenomics**.

This award is given in recognition of outstanding clinicians in the field of pharmacogenomics.



Sagar Parikh, M.D.

Awarded the **2020 Mogens Schou Award for Education** from the **International Society of Bipolar Disorder**.

This award recognizes achievement in the three categories: research, education and teaching, and public service and advocacy.



Chandra Sripada, M.D., Ph.D.

Received the **Stanton Award** from the **Society of Philosophy and Psychology** in 2019, given to a single investigator each year who is making an impact in both fields.

MICHIGAN PSYCHIATRY RESOURCES FOR COVID-19

THIS ONLINE GUIDE has been developed by our faculty members with extensive expertise in many of the issues affecting you and your families during this critical "stay at home" period:

michmed.org/covid-psych-resources

Please share these resources with your family, friends, those we treat and educate, and members of our community. We hope that you all stay safe during this pandemic.

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