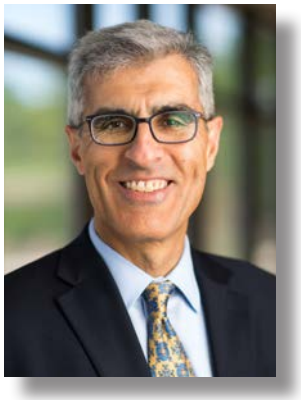
MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

DEPARTMENT OF PSYCHIATRY

2018 DEPARTMENT OF PSYCHIATRY ANNUAL NEWSLETTER

A LETTER FROM THE CHAIR



Greetings,

I am delighted to share our 2018 annual newsletter with you. I hope you will enjoy reading the selected highlights in the pages that follow; they represent just a portion of the broad array of activities of the department.

One of the themes running through several stories is "interprofessional collaboration." While much of that collaboration occurs naturally in the team work of our psychiatrists, psychologists, nurses and social workers within the department, important collaborations with our colleagues in Michigan Medicine Primary Care and the U-M College of Pharmacy are also described in the pages that follow. In addition, we are pleased to provide an update of our Consultation-Liaison Fellowship program with its rich history of interprofessional collaboration both in the hospital, and increasingly in outpatient settings.

We have had a busy and successful year recruiting new faculty; you will meet two new recruits in our faculty profiles, as well as two of our trainees. I hope all of the profiles give some sense of the richness and diverse interests in our departmental community.

In addition to highlighting an outstanding array of new research grants, honors and awards, we also have an expanded alumni section with a "where are they now?" update of residency graduates who are chairs of departments of psychiatry across the country. We are proud of the accomplishments of our colleagues following foundational experiences in the department.

So much great work ongoing and so much more to do! The fruits of collaboration depend on the support and partnership from alumni and friends like you. We are forever grateful for your interest and for your support.

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,
Professor & Chair

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

COLLABORATIVE CARE EFFORTS within the U-M Department of Psychiatry

PROVIDING EVIDENCE-BASED MENTAL HEALTH TREATMENT WITHIN PRIMARY CARE

INTEGRATED CARE
An evidenced-based model of care that offers mental health services in non-traditional settings. An example would be a therapist who is embedded on the oncology unit at a hospital.

COLLABORATIVE CARE
A specific form of integrated care that provides mental health care in primary care settings. It is a patient-centered approach that builds on the existing relationships between the patient and their primary care provider.

BEHAVIORAL HEALTH COLLABORATIVE CARE (BHCC)
Collaborative Care program currently being implemented at Michigan Medicine.

Providing mental health services to patients at the right time and the right location is imperative, so expanding care to other clinics is important. The integrated care model embeds mental health care providers within primary care facilities, offering convenience for patients who may need additional behavioral health services. According to the American Psychiatric Association, "integrated care has been shown to improve patient outcomes, save money, and reduce stigma related to mental health."

Collaborative care is a specific form of integrated care that has been around since the 1990's and has been growing in popularity over the last ten years. With collaborative care, a care manager is embedded in the primary care clinic and works together with the primary care provider and a psychiatric consultant to manage patients. The collaborative care model has been shown to be highly effective in treating patients with mild to moderate depression and anxiety disorders in the primary care setting.

How does it work?

Imagine that a patient makes an appointment with their primary care provider for a sore knee. During their appointment, they mention that they have had low energy and have not been able to sleep well. In the collaborative care model, their primary care doctor is able to make an assessment and refer them over to the mental health care manager who is embedded in their clinic, during that same appointment. If the care manger is not available to see the patient that day, they can follow-up with the patient over the phone, eliminating the need for the patient to return to the clinic for a separate appointment. Once an evaluation is completed, the care manager discusses the case with the consulting psychiatrist, who can pass medication recommendations back to the primary care provider if appropriate. The care manager then follows the patient over time, tracking their depression and anxiety symptoms and providing treatment via brief psychotherapy interventions.

What is important to note however, is that the collaborative care model is not meant for everyone.

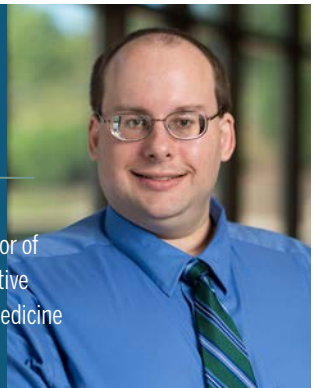
"People who have severe depression, obsessive compulsive disorder, bipolar disorder, schizophrenia, or people who are suicidal will likely need to see a psychiatrist," said Edward Deneke, M.D., clinical assistant professor with the department and collaborative care lead at Michigan Medicine. "The collaborative care model is most effective for patients with mild to moderate depression or anxiety."

COLLABORATIVE CARE AT MICHIGAN MEDICINE

Michigan Medicine has been engaged in various models of integrated care for many years, with mental health providers working alongside other specialists in primary care, obstetrics and gynecology, oncology, geriatric medicine, transplant medicine, and others.

Collaborative care efforts within the Department of Psychiatry started in 2013 through a grant that allowed the department to pilot the model in four safety net primary care clinics within Washtenaw County, two of them in Michigan Medicine. Dr. Gregory Dalack, chair of the Department of Psychiatry, and Dr. Marcia Valenstein, professor emeritus of psychiatry, were principal investigators for the initial grant. Results from the pilot were positive, paving the way for the model to be implemented more broadly at Michigan Medicine. An implementation team consisting of leaders from the Department of Psychiatry, Ambulatory Care, and the Department of Social Work has been working diligently to roll-out the model across the health system. The program is currently up and running at seven sites with plans to continue expanding across all adult primary care clinics over the next several years.

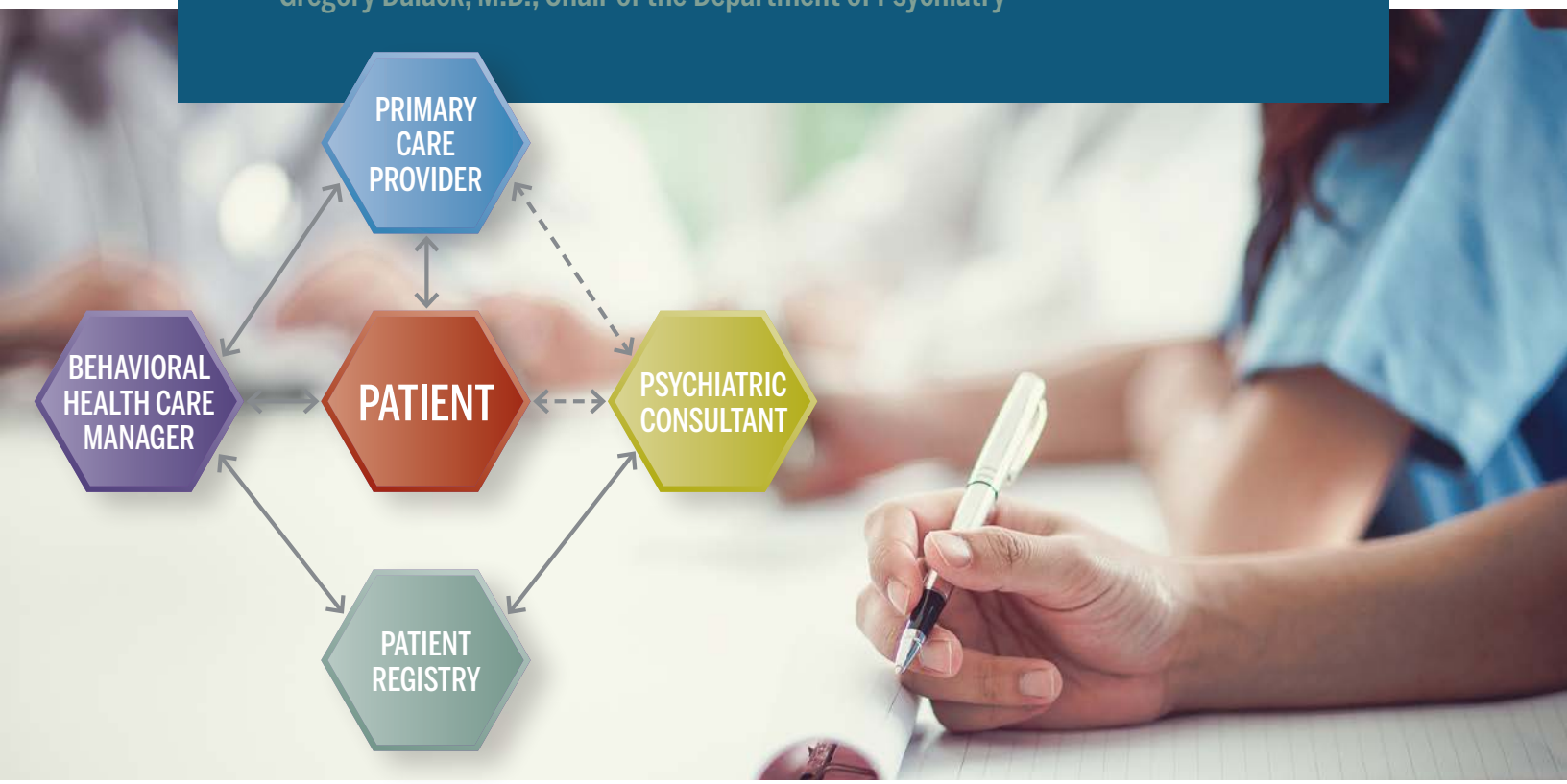
"Our goal is to treat the patients with mild-moderate problems in the primary care setting so that we open up time for psychiatrists to treat patients who truly need specialty care."
— Edward Deneke, M.D.



Edward Deneke, M.D.
Clinical Assistant Professor of Psychiatry and Collaborative Care Lead for Michigan Medicine

"The collaborative care model is truly patient-centered because it meets patients where they are. We are seeing that more patients are getting better faster, and they are getting back to their lives and the activities they enjoy. I am very excited about the planned expansion of this model across all primary care clinics at Michigan Medicine. We are treating the right patient, at the right time, in the right place."

— Gregory Dalack, M.D., Chair of the Department of Psychiatry



What are the benefits of collaborative care?

There are many benefits to collaborative care. Dr. Deneke named a few:

Population management: Traditional treatment models focus on the patients who show up to the office for appointments. Patients with depression and anxiety often struggle to consistently make it to their appointments and the patients who do not improve are at risk for falling out of treatment. To better meet the needs of patients with depression or anxiety, collaborative care focuses resources on the patients who are not improving or are not showing up for appointments, preventing patients from falling through the cracks of our health care system.

Addresses the shortage of psychiatrists: It is well known that the demand for psychiatry is high while the number of psychiatrists is limited. The collaborative care model only requires a small amount of time on the psychiatrist's end. Psychiatrists can impact a large number of patients in a brief period of time. In a traditional model, a doctor could "see" or consult with 30–40 patients per week. However, in the collaborative care model a doctor can speak to the care manager for one hour and talk through 6–8 patients.

One stop shop for patients: Patients with mild to moderate depression or anxiety are able to be treated in their primary care clinic, eliminating the need for the patient to establish care in a new clinic.

Accelerates the care process: With the collaborative care model, patients are on the fast track to a psychiatrist's expertise. There is no long wait to begin treatment. A patient can be evaluated by a mental health care manager, and their case can be reviewed by the consulting psychiatrist, all in one to two weeks — much quicker than traditional mental health care models.

Who makes up the collaborative care team?

PRIMARY CARE PROVIDER: The primary care provider (PCP) is captain of the team. The PCP makes critical decisions about the patient's care and whether they need to be elevated to specialty care.

CARE MANAGER: Most of the time the care manager is a licensed social worker or a nurse. The care manager is embedded in the primary care clinic and has the most contact with a patient. Their role includes assessing patients, managing referrals, and discussing patients with the consulting psychiatrist on a weekly basis.

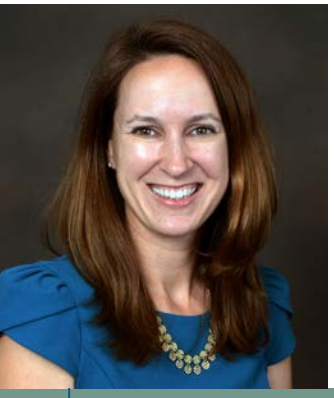
PSYCHIATRIC CONSULTANT: The psychiatrist meets weekly with the care manager to review patients in the program and to provide medication recommendations to the primary care provider when appropriate.

Collaboration Between the U-M Department of Psychiatry **Ambulatory Care** + U-M College of **Pharmacy**

With the goal of becoming national leaders in integrated care initiatives and to improve medication delivery and patient outcomes, the Department of Psychiatry has increasingly supported pharmacist effort from the U-M College of Pharmacy to be embedded within ambulatory psychiatry.

Guided by Thomas Fluent, M.D., medical director of ambulatory psychiatry within the U-M Department of Psychiatry, Jolene Bostwick, PharmD., clinical associate professor of pharmacy from the U-M College of Pharmacy, brought her many years of experience of collaborating with staff on the psychiatry adult inpatient unit (9C) to the ambulatory clinic setting, seeking to create a partnership that was as synergistic and beneficial as it has been on 9C.

The purpose of having a pharmacist embedded within psychiatry is to optimize the dose and/or number of psychotropic medications being given to patients; increase patient adherence rates; support clinical decision making; provide patient education; and to ensure safe medication use. In addition to improving patient satisfaction and outcomes, pharmacy interventions can indirectly result in cost savings for the health care system.



Jolene Bostwick, PharmD.
Clinical Associate Professor of Pharmacy for U-M College of Pharmacy

"We are creating synergy and efficiency throughout the health system," Fluent said. "The collaboration was designed to align our clinical operations with Michigan Medicine priorities which include increasing safety and quality of patient care; enriching interdisciplinary education activities; and facilitating seamless transitions between psychiatry patients and their primary care providers. The value that pharmacy experts bring to ambulatory care is unparalleled."

Solving problems and improving patient care

Bostwick helped make two major improvements as soon as she began. The first was improving metabolic monitoring for patients. Antipsychotic medications can often cause side effects such as weight gain, high cholesterol, or even diabetes. As soon as Bostwick became involved she became a vital member of the Metabolic Monitoring Work Group. The work group created a new component on the electronic medical record to better monitor comorbidities.

Prior to the collaboration with pharmacy, these side effects would often fall through the cracks due to the involvement of multiple providers.

"We recognized we needed to be working more closely and focus on building bridges with primary care providers," Fluent said.

The second thing Bostwick did was create a proactive system where her team of trainees, pharmacy residents and students, place calls with patients before they arrive and after they leave the clinic. Pre-visit calls are made to get an accurate list of medications patients are taking or gather information on past medication trials, and post-visit calls provide patients with an opportunity to ask questions, discuss new medication side effects, tolerance, and cost — without needing a clinic appointment.

Educational components

Another result of the collaboration was the creation of a psychiatric pharmacy residency program in 2017, which is now integrated with the ambulatory psychiatry clinic. The goal is for trainees to be better equipped to support providers in their respective patient-centered medical homes.

This partnership is paving the way in national integrated care efforts and is facilitating safer patient/provider-friendly care transitions among primary and specialty care clinics throughout Michigan Medicine.

As the behavioral health collaborative care landscape continues to change, Fluent and Bostwick aim to meet the demands with a unique expertise.

One of the team's primary goals is to increase efficiency whether it is with patient contact time, pharmacist consults or providers. There is a strong interprofessional collaboration while maintaining a fierce fidelity to the education mission.

A lasting impact

Since 2014, Bostwick has been involved in the publication of 15 articles co-authored by psychiatry attending faculty, psychiatry residents, or medical students, all of which have contributed to the clinical knowledge of the benefits of more structured collaboration between psychiatry and pharmacy.

"Our partnership has been extremely successful," said Dr. Bostwick. "Pharmacy services have become increasingly integrated in a growing number of clinical programs across the health system. We feel the learning environment for our trainees in both pharmacy and psychiatry are enriched through this partnership. We hope others will emulate our partnership and consider launching similar programs in their centers."

"This investment in pharmacy resources is not only contributing to psychiatry's clinical, educational, and scholarly missions, but it is also making a significant contribution to the overall quality and safety of care across the broader Michigan Medicine ambulatory operation," said Fluent.

Group Psychotherapy

The Michigan Medicine Department of Psychiatry offers over 30 group psychotherapy options for adults, adolescents, and children. Group psychotherapy involves the treatment of between four and 15 patients simultaneously by one or two clinicians. Many different psychological problems can be treated in group formats; within the department, groups are offered to treat depression, anxiety, personality disorders, sleep disorders, perinatal depression and anxiety, bipolar disorder, early psychosis, and substance use, among others.

Dan DeSena, LMSW, DMA, clinical social worker with the department, coordinates the group psychotherapy program for all offerings at the Rachel Upjohn Building. His job is to manage the logistics of the group program for all those involved: group facilitators, referring clinicians, business office staff, and most importantly, patients.

"In the group therapy setting, patients learn that other people have the same problems they do and learn that they are not alone," said DeSena. "This element, a major concept emphasized in group therapy, is called 'normalization.' Participants also learn how to deal with their problems, get support from other group members, and learn skills. They learn about themselves through one another."

DeSena described another element of group psychotherapy through a scenario from the Cognitive Behavioral Therapy (CBT) Exposure Group for Anxiety that he facilitates. It is a skills group that is focused on learning exposure skills to address the avoidance that is common with anxiety problems. During the group, a participant might describe their difficulty driving after a traumatic motor vehicle accident. The therapist and group members collaborate to help the patient overcome this fear and get back to driving, through a mix of skills and support.

The different types of group psychotherapy

PROCESS GROUP: Historically, the quintessential group therapy style is the 'process group.' Group members participate in an open-ended, naturalistic process to learn through the other group members how they interact in social relationships. These groups are gently facilitated by a therapist. The department does not offer pure process groups, but many groups have a process element that can add to the efficacy of the treatment.

SUPPORT GROUP: Support groups have an even looser structure than process groups, and are often peer-led (i.e. facilitated by patients themselves). The primary aim of these groups is less to learn about oneself, and more to simply gain support from the other members that may be experiencing similar problems. In our Department of Psychiatry, we have biweekly therapist facilitated support groups for depression and bipolar illness. Contact nitzberg@umich.edu to learn more.

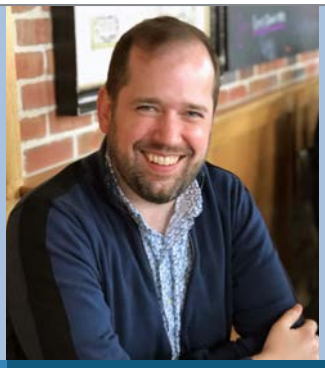
SKILLS GROUP: The aim of skills groups is primarily to help patients learn skills to manage a psychological problem. An example is the department's "CBT for Depression" group program, which helps patients learn a variety of skills to manage depression. The department also offers CBT groups for anxiety, substance use/addictions, and insomnia, among others. Similarly, Dialectical Behavior Therapy (DBT) is an evidence-based therapy that involves teaching a variety of skills to help people manage emotions and relationships. Skills groups are facilitated by therapists and typically run for 4 to 16 weeks.

In group therapy, one treatment professional is able to employ her/his skills for multiple patients rather than just one individual. Hence, group therapy can also be an accessible and cost effective treatment approach.

Another benefit is that in the integrated care setting in primary care clinics, patients can often be referred directly into groups at the Rachel Upjohn Building, bypassing the wait time to enter the group program through typical channels.

"It is always key to remember that one size does not fit all," DeSena emphasized. "Group therapy may be appropriate for some but not others. Sometimes groups alone are enough to treat a given patient, but we are not necessarily replacing individual treatment. We are convinced that having a variety of groups improves access to our services for patients."

Learn more about groups offered by the department by visiting our website.



Steven Bartek, M.D.

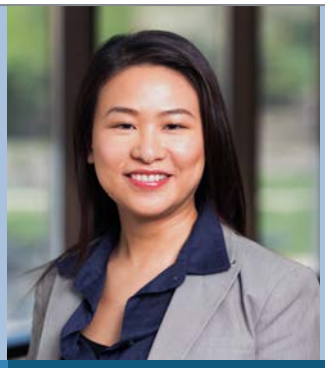
Dr. Bartek joined the department in August 2018 as a clinical instructor and the outpatient site director for resident education. He completed his medical degree at the University of Southern California Keck School of Medicine, and he graduated from the University of Michigan adult residency program in June. During his time in residency he served as the outpatient chief resident and completed the Psychodynamic Psychotherapy Fellowship, earning the resident award for psychodynamic psychotherapy. As he begins his position on faculty, he plans to channel these experiences by working closely with residents through his roles with resident education, the resident psychodynamic psychotherapy clinic, and the Depression Program clinic.

Dr. Bartek's main interest is in the treatment of mood disorders, particularly the integration of psychotherapeutic techniques in medication management of patients. This is Dr. Barteck's key focus in both his own clinical work and in the education of residents. He is also interested in the collaborative care model, which he will pursue both through clinical work with the Behavioral Health Collaborative Care initiative and through research by working as a collaborative care consulting psychiatrist in the Study to Promote Innovation in Rural Integrated Telepsychiatry (also known as the SPIRIT project), which compares the use of the collaborative care model and telepsychiatry for treatment of psychiatric patients.

Helen Burgess, Ph.D.

Dr. Burgess joined the U-M Department of Psychiatry in September 2018 as professor and co-director of the Sleep and Circadian Research Laboratory. Dr. Burgess is originally from Australia, obtaining her undergraduate and graduate degrees from the University of Melbourne. Her Ph.D. thesis examined sleep and circadian influences on cardiac autonomic nervous system activity in healthy people. From there, she completed a two year postdoctoral research fellowship at the University of South Australia, learning more about melatonin, light treatment and shift work. She then completed a second two year postdoctoral fellowship at Rush University Medical Center in Chicago, where she gained a deeper understanding of core circadian principles in humans. While at Rush, Dr. Burgess continued to examine sleep and circadian interactions in healthy humans and explored methods on how to assess circadian timing in the home environment.

Over the past 10 years Dr. Burgess has collaborated with clinical colleagues to explore sleep and circadian timing in a range of clinical conditions, including alcohol dependence, autism, cardiometabolic disorders, chronic pain conditions, depression, gastrointestinal disorders, HIV, and PTSD. She is currently funded by NIH to examine the impact of sleep and circadian timing on alcohol use in heavy social drinkers, immune function in HIV patients, and the transition from acute to chronic pain. Other funded projects are designed to determine if morning bright light treatment can reduce chronic pain and improve glucose metabolism. The ultimate aim of her research is to target sleep and circadian rhythmicity to improve mental and physical health, and reduce symptom burden.



Ivy F. Tso, Ph.D.

Dr. Tso, assistant professor of psychiatry and adjunct assistant professor in psychology, joined the U-M faculty in 2013. She completed her undergraduate studies in psychology and earned an M.Phil. in psychiatry at the University of Hong Kong. She completed her Ph.D. in clinical psychology and postdoctoral fellowship at U-M. Dr. Tso's research program focuses on understanding how the brain processes social information (e.g., faces, eye gaze, emotion, reward) and how these processes are altered in schizophrenia and bipolar disorders. Her work uses behavioral, electrophysiological, neuroimaging, brain stimulation, and advanced statistical modeling methods to identify neural markers and delineate mechanisms underlying these disorders. The overarching goal is to develop innovative interventions to effectively improve functioning and quality of life of people living with psychotic and bipolar illnesses. Her work is currently funded by an NIMH K23 (Career Development) Award, a Michigan Institute for Clinical and Health Research (MICHR) Pilot Grant, and a Depression Center Rachel Upjohn Clinical Scholar Award.

Dr. Tso is a licensed clinical psychologist and serves as the Clinical and Training Director of the Program for Risk Evaluation and Prevention (PREP) — a research and clinical program for youth with early signs of psychosis and severe mental illnesses. She is actively involved in patient care, clinical training and supervision, and community outreach. Dr. Tso leads the Grants in Progress meeting and recently co-led the Early-Career Faculty group in the Department of Psychiatry. Nationally, she serves as the program chair of the Society for Research in Psychopathology (SRP) annual meeting in 2018, and was recently elected as treasurer of the society.

Jeremy Baruch, M.D., PGY-2

U-M Medical School '17

Why did you choose Michigan?

I was impressed by the psychiatry faculty I encountered as a University of Michigan medical student. I worked with faculty members who skillfully balanced therapeutic and pharmacologic approaches to patient care while thoughtfully and warmly mentoring their trainees. I stayed at Michigan to train in an environment where I can develop these qualities in my own practice.

Where were you before joining Michigan?

Before medical school I was in New York studying for rabbinical ordination and in graduate school at NYU's Steinhardt School of Culture, Education and Human Development.

What is your current focus?

I am interested in the integration of psychotherapy in psychiatric care for adolescents and adults. Also, I am the associate director of the U-M Medical School Program on Health, Spirituality and Religion and have been focused on developing opportunities for the medical community to engage with the intersection of these topics.

Has anyone or anything in particular inspired you?

I am inspired by my wife's ability to balance her career as a psychologist with being an amazing mom to our three children. I am also inspired by Lubavitcher Rebbe's vision that each individual is unique, infinitely valuable and must be a leader to make the world a better place.

What is most rewarding about your work?

Fostering relationships with my patients where they feel understood and improving my own practice as I continue to learn.

What have you learned that has surprised you?

I am endlessly amazed by the uniqueness of each patient that I encounter.

What future direction do you see for your career?

I see myself taking care of adolescents and adults in both inpatient and outpatient settings, while educating and mentoring mental health professionals in training.

Gagandeep Singh, M.D., PGY-4

Child and Adolescent Fellowship, University of Michigan '17
Psychiatry Residency, Henry Ford Hospital '14

Why did you choose Michigan?

I chose the University of Michigan because there is a strong emphasis on evidence based medicine and a unique opportunity to collaborate with internationally recognized faculty.

Where were you before joining Michigan?

Prior to joining U-M, I completed my general psychiatric residency at Henry Ford Hospital in Detroit.

What is your current focus?

My current fellowship focuses on exposure to variety of specialty clinics: anxiety, cognitive behavioral therapy, treatment resistant depression, attention deficit hyperactive disorder (ADHD), autism etc. Personally, I have a strong interest in studying treatment utilization patterns in individuals with mental health needs. I recently completed a research project that looked at access to medical care in adolescents one year prior to suicide. Going forward, I will be doing a retrospective study that identifies characteristics of children who present to pediatric emergency services at U-M. My hope is the above research projects can help identify critical points of intervention and improve care for our patients.

Has anyone or anything in particular inspired you?

I belong to a family of physicians who have helped me develop a passion for lifelong learning and recognize the importance of service to others. I frequently come across young patients who have experienced multiple adverse life events and yet, they continue to be resilient. This puts things in perspective for me and is inspirational.

What is most rewarding about your work?

I get to work with a broad spectrum of patients, many with very challenging illnesses that do not always improve quickly with treatment. I am surrounded by faculty who continue to challenge me, educate me, help me make good clinical decisions but also recognize the importance of autonomy. The ability to educate families about current research, implement those strategies and see successful outcomes is rewarding.

What have you learned that has surprised you?

Since starting my fellowship, I have truly appreciated collaborative care and how it can impact clinical outcomes. I believe that in order to effectively help children with mental health needs, it requires engagement from physicians, therapists, parents, schools and community based programs.

What future direction do you see for your career?

After I complete my fellowship, I would like to work both in an inpatient and outpatient setting, as this would provide a balance between acuity and ability to follow patients long term. I want to work in a teaching hospital, where I can share my knowledge, continue to develop clinical skills and educate aspiring physicians.

Erika Saunders, M.D., kicked off her career with an interest in medicine and a raw desire to help people. Now serving as The Gerald B. Shively and Robert Y. Tan Professor and Chair of Psychiatry at Penn State Health Milton S. Hershey Medical Center and Penn State College of Medicine, Saunders remains passionate about her U-M roots.

Saunders attended the University of Iowa for medical school, and completed her adult psychiatry residency and resident research track at U-M from 2001 to 2006. She was drawn towards the school's excellent reputation and comprehensive programs in psychiatry. She credits U-M for educating her on psychopharmacology, evidence-based psychotherapy, and integrating multidimensional treatment plans for patients.

Saunders notes that she particularly benefited from the expertise of Melvin McInnis, M.D., and other U-M leaders she worked alongside during the launch of the Heinz C. Prechter Bipolar Research Program's longitudinal study.

"It was a really remarkable experience to be able to work with the bipolar longitudinal study team from the beginning," Saunders said. "It is really where I learned how to start thinking about research and thinking about problems. I can credit my clinical research interviewing skills to being a part of this study team."

Saunders specifically recalls a critical conversation with John Greden, M.D., current executive director of the U-M Depression Center when he encouraged her to think about a path in research and clinical work in mood disorders.

"Within bipolar disorder, I've been really interested in helping bridge the gap between the biological and neurobiological systems that we know are involved in mood regulation and the symptom difficulties that patients present with at the clinical level in search of better treatments," she said.

Saunders also credits Gregory Dalack, M.D., current chair of the Department of Psychiatry, and former chief of the VA, who provided useful advice for trainees during residency.

"Dr. Dalack would hold regular sessions with us to talk about all things psychiatry, which was extraordinarily useful and helpful to sit down with someone of his caliber and chat about the field we were getting into," Saunders said.

Saunders cited additional mentorship at U-M from many faculty, including Margit Burmeister, Ph.D., who specializes in genetics and Michael Jibson, M.D., who directs the residency program.

In 2008, Saunders and her family decided to pursue academic opportunities at Penn State, where she and her husband continue to work. Saunders then started a mood disorder program that included both clinical work and research. In 2014, she served as executive vice-chair for the Department of Psychiatry and was appointed chair in 2015.

"Within bipolar disorder, I've been really interested in helping bridge the gap between the biological and neurobiological systems that we know are involved in mood regulation and the symptom difficulties that patients present with at the clinical level in search of better treatments."

– Erika Saunders, M.D.

Cheryl McCullumsmith, M.D., Ph.D., always wondered how things work on a basic level. Now, she explores understanding the brain as a consultation-liaison psychiatrist and the chair of the Department of Psychiatry at the University of Toledo.

McCullumsmith, who studies suicide, treatment resistant depression and systems of care, was a fellow with the Medical Scientist Training program at U-M from 1989-1999, earning her M.D. with honors in research and her Ph.D. in neuroscience.

As a first year medical student, a lecture on schizophrenia by John Greden, M.D., helped her better understand the individuals at the homeless shelter where she volunteered. From there, she was hooked on psychiatry. McCullumsmith has been a mentor of Greden ever since. She noted many strong female mentors throughout her residency including Rachel Glick, M.D., Michelle Riba, M.D., Tamara Gay, M.D., and Heather Flynn, Ph.D.

McCullumsmith completed her psychiatry residency at Michigan, working part-time over the span of eight years. She had five children while finishing her residency, and is grateful for the respect and flexibility she was given while doing so.

"I was treated respectfully, given autonomy, and the faculty were extraordinarily supportive," McCullumsmith said. "I give them a lot of credit to allow for such flexibility. I did my residency inside out and backwards. I was just getting back up to speed after having triplets but I was treated with respect."

McCullumsmith noted the support she was given was critical to her success.

From U-M, she took on roles at the University of Alabama and the University of Cincinnati before landing at the helm at of the University of Toledo Department of Psychiatry.

Today, McCullumsmith's professional interests include improving quality of care and developing novel treatment interventions for patients in psychiatric crisis including those with suicidality and those with substance use disorders.

Other notable **ALUMNI** who are now department chairs:

Anand Kumar, M.D., M.H.A.
Lizzie Gilman professor and head of the Department of Psychiatry at the University of Illinois at Chicago

James H. Meador-Woodruff, M.D.
Heman E. Drummond professor and chairman of the Department of Psychiatry at the University of Alabama at Birmingham

Jon-Kar Zubieta, M.D., Ph.D.
Chairman of the Department of Psychiatry and psychiatrist-in-chief of the University of Utah Neuropsychiatric Institute

Israel Liberzon, M.D.
Department head of psychiatry at Texas A&M College of Medicine

Howard Liu, M.D.
Interim chair at the University of Nebraska Medical Center Department of Psychiatry

The **CONSULTATION-LIAISON** Psychiatry FELLOWSHIP PROGRAM

Program provides specialized training for clinicians treating patients with complex psychiatric disorders

Formerly known as the psychosomatic fellowship, the Consultation-Liaison Psychiatry fellowship within the Department of Psychiatry has recently had its name changed to better capture the work of the psychiatrists. This change parallels the change of the professional organization formerly known as the Association of Psychosomatic Medicine, which is now called the Academy of Consultation-Liaison Psychiatry. Consultation-liaison psychiatry focuses on the care of patients with comorbid psychiatric and general medical conditions. The department's training program aims to provide fellows with high-quality subspecialty health services training.

Receiving approval from the Accreditation Council for Graduate Medical Education (ACGME) in 2006, two fellows are accredited to participate in the exclusive program each year, which provides a multidisciplinary approach tailored to the fellow's area of interest.

"Our program provides a broad-based clinical experience, and it includes opportunities to gain skills in education; administration; and research, all in an extraordinarily rich academic environment," said Chelsea Denniss, program coordinator. "The program focuses on promoting clinical research and teaching fellows to better evaluate and treat patients with a complex medical history."

Michelle Riba, M.D., who directs the fellowship program says that the goal of the program is to provide fellows with experiences and trainings which they can apply to their future work.

"We're trying to train people who can deliver care and be leaders in hospitals and communities," Riba said. "We hope they can link psychiatry to patients with concurrent medical conditions."

Selected fellows have the freedom to choose their field of interest and schedule. Consultation-liaison psychiatry fellows participate in required rotation experiences at Michigan Medicine and the VA Ann Arbor Healthcare System with their choice of a wide and rich variety of elective rotation experiences.

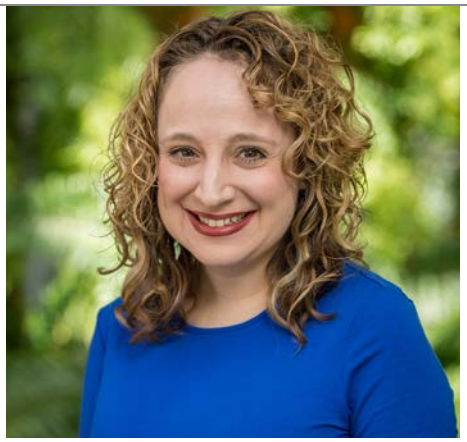
"Educational experiences are tailored to ensure that fellows master the fundamental skills in consultation-liaison psychiatry and have the opportunity to develop individual interests and talents," Denniss said. "Flexible rotation schedules provide opportunities to develop individual interests and talents while still receiving the highest quality subspecialty training in consultation-liaison psychiatry."

While each day is different, some rotations include: the inpatient child and adolescent consultation-liaison service, movement and cognitive disorders clinic, high-risk obstetrics clinic, or the eating disorders clinic.

Dr. Amy Rosinski, the first graduate of the U-M fellowship program in 2008, joined the faculty after her fellowship and has been a steady presence on the inpatient consultation-liaison service at University Hospital.

"The fellowship prepared me to take care of patients with a wide variety of medical illnesses, and to pass that knowledge on to medical students, residents and fellows," Rosinski said. "Consultation-liaison psychiatry is never dull, allows for continued learning from other medical colleagues, and provides an opportunity to help people at very vulnerable points in their lives. It is a highly gratifying job!"

Contact cmatzing@med.umich.edu for information on how to apply.



"The fellowship prepared me to take care of patients with a wide variety of medical illnesses, and to pass that knowledge on to medical students, residents and fellows. Consultation-liaison psychiatry is never dull, allows for continued learning from other medical colleagues, and provides an opportunity to help people at very vulnerable points in their lives. It is a highly gratifying job!"

— Amy Rosinski, M.D., Clinical Assistant Professor of Psychiatry

FEATURED AWARDS

Cheryl King, Ph.D., received a Research Award from the American Foundation for Suicide Prevention.

Gloria Patterson, LMSW, was the 2018 recipient of the prestigious Michigan Medicine Social Worker of the Year Award.

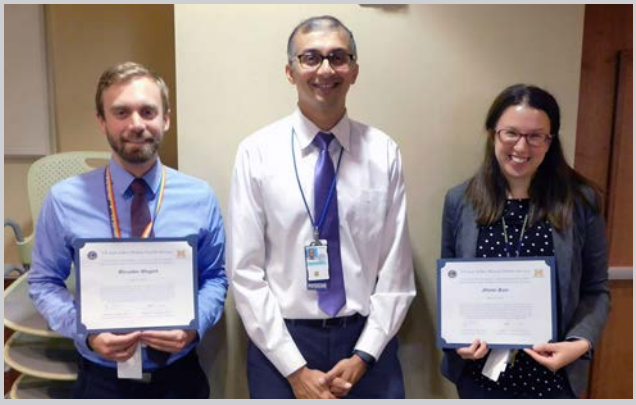
"Gloria is an outstanding social worker who has worked so hard advocating for patients and families, providing outstanding clinical care and providing training and instruction to trainees from all disciplines." **— Laura Nitzberg, LSMW**

Consuelo Perry, RN, and **Jenny Gabo, RN**, won Daisy Awards from the Daisy Foundation for extraordinary nursing on the Nyman Family Unit for Child & Adolescent Mental Health & Wellness.

The Electroconvulsive Therapy team won a Hope Award from the Michigan Medicine Patient and Family Centered Care Committee. Hope Awards honor teams who have gone above and beyond in their daily work to embrace the principles of patient and family-centered care.

Debra A. Pinals, M.D., joined the board of directors for the National Commission on Correctional Health Care.

In June, the 2017-18 VA Mental Health Grand Rounds Series concluded with the 4th Annual Student Research & Program Evaluation Fair beginning with the student poster fair and concluding with presentation of the first Stephen T. Chermack Award honoring Steve's legacy of encouraging scholarship and quality improvement projects in the VA Mental Health Service. The award is intended for the Best Clinical Research and/or Program Evaluation Project by a Trainee. Awards winners were **Alexander Weigard** and **Naomi Kane** for projects looking at assessment of mild cognitive impairments and enhancing diabetes management, respectively.



L to R: Alexander Weigard, Avinash Hosanagar, M.D., and Naomi Kane

RESEARCH BRIEF

Research conducted by **Eric Ross, B.A.**, **Dan Maixner, M.D.**, and **Kara Zivin, Ph.D.**, was published in the May edition of JAMA Psychiatry. The study found that ECT is a cost-effective treatment option for people with treatment-resistant depression.

RECENT FEDERAL FUNDING UPDATES

Mark Ilgen, Ph.D., received funding from the Office of Mental Health & Suicide Prevention for his project titled, "Telehealth delivery of Cognitive Behavioral Therapy for Suicide Prevention."

"This is the first effort to implement a suicide prevention intervention with strong scientific evidence into clinical care. With a $2.3 million budget for 18 months, the project will have the resources to have a substantial impact on suicide prevention quickly and it is planned for it to lead to a sustained national program if the demonstration is successful."

— Amy Bohnert, Ph.D.

Donovan Maust, M.D., was awarded a new R01 grant from the NIH/NIA titled "Patient, Caregiver, and Regional Drivers of Potentially Inappropriate Medical Care for Dementia: Building the Foundation for State Dementia Policy". Drs. Helen Kales and Kara Zivin are collaborators on the project, which continues through 2022.

Donovan Maust, M.D., was awarded a new R01 grant for his project titled, "Leveraging large-scale national data to understand, reduce, and prevent benzodiazepine-related harms among older adults." Collaborators include Drs. Fred Blow, Amy Bohnert, and Helen Kales.

Donovan Maust, M.D., was awarded funding from the VA for his project titled, "Addressing inappropriate benzodiazepine prescribing among older veterans." Collaborators include Drs. Fred Blow, Amy Bohnert, and Helen Kales.

Erin Bonar, Ph.D., was awarded funding from the NIH for her research titled, "Harnessing social media to reduce cannabis use among adolescents and emerging adults in an urban emergency department."

Shelley Flagel, Ph.D., was awarded funding from the NIH for her research titled, "Identification of Neurochemical Antecedents and Consequences of Distinct Learning Processes Relevant to Addiction Liability."

Drs. Courtney Polenick and **Helen Kales** were awarded funding from the NIH for their project titled, "Couples Managing Early-Stage Dementia: Mutual Influences on Daily Stress, Self-Care, and Well-Being."

Fred Blow, Ph.D., received funding from the VA for his project titled "Improving Outcomes for Emergency Patients with Alcohol Problems."

Ben Hampstead, Ph.D., was awarded a new R01 for his research on "Treating mild cognitive impairment with high-definition transcranial direct current stimulation (HD-tDCS)" that will establish dose-response curves in those with mild cognitive impairment due to Alzheimer's disease. The 5-year project will start enrolling participants in late 2018.

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In so many ways, philanthropy helps Michigan Medicine continue to serve as a leader in academic psychiatry. Without the financial support of faculty, alumni, and other stakeholders, we could not provide our world-class environment that integrates innovative basic, clinical, and translational research, the latest in evidence-based patient care, and academic programs to prepare tomorrow's leaders in healthcare, research, and education.

Michigan Medicine is a critical component of the Victors for Michigan campaign, U-M's most ambitious fundraising effort to date. **As the campaign comes to a close this December,** please consider recognizing and supporting the important work of the Michigan Medicine Department of Psychiatry by contributing to the Psychiatry Gift Fund — we would be very grateful for your support!

For additional information, please contact:

Courtney Metzger, Development Office
734-763-1409 or coucarr@umich.edu

or visit our website:
medicine.umich.edu/dept/psychiatry/giving

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This list recognizes the individuals, corporations, and foundations that have made new gifts and pledges of $100 or more, from July 1, 2017 – June 30, 2018, to support the work of Department of Psychiatry. We extend our gratitude to everyone who has supported the department's efforts this year.

Thank you!

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