I am pleased to share our 2017 annual newsletter with you. It has been a busy year as the pace of change in the department mirrors the changes going on across Michigan Medicine. I hope you will enjoy reading through the selected highlights in the pages that follow.

Our strategic planning is an ongoing activity; this year we focused on facilitating ways to better link our clinical and research missions. One example of that work is our newly established BioBank, catalyzed with support from our Depression Center. We are also proud to be a key site for a major, 10-year study to understand child and adolescent brain development.

In 2016, we established our Diversity, Equity & Inclusion (DE&I) Committee. This year, the work of that committee took off with great engagement from faculty and staff. The DE&I Committee’s deliberate approach to this important initiative will help guide our efforts year after year as we seek to enhance the diversity, equity and inclusion which we know to be associated with the most effective and impactful work across our missions.

Each year, we enjoy sharing updates from a selection of our many top-notch training programs and invite you to meet some of our current trainees. While we expand our global outreach work, we provide an update on one program that has been active for years, making a difference in the lives of youth and their families in Uganda. We are also proud to introduce you to one of our new faculty recruits and update you on the work of one of our senior faculty members. We also profile Dinah Ross who retired earlier this year after nearly 50 years of service.

You will find other highlights of our research, clinical and training activities throughout the newsletter. The pace of our activities never slows! So much of this work is accomplished through key collaborations both within and outside of the department, and with other institutions. Support from alumni and friends like you represents the other critical collaboration that accelerates our progress. We are continually grateful for your interest and for your support.

Please stay connected as we strive to advance our work and enhance the impact of Michigan Psychiatry.

Gregory W. Dalack, M.D.
Mary Heitzeg and Bob Zucker lead national NIH study on childhood development in Michigan

The Adolescent Brain Cognitive Development study is the largest long-term study of childhood brain development and child health in the United States

Parents of tweens and teens often wish they could peer inside their child’s brain, to figure out what makes them tick or what’s troubling them. So do scientists who are trying to understand the human brain, and how it develops. A major national study aiming to look at brain development launched in September of 2016 and involves more than 10,000 young people. The study, called the Adolescent Brain Cognitive Development (ABCD) study is funded by the National Institutes of Health.

The ABCD study involves 21 sites and the University of Michigan Medical School is the home to one of these sites.

“This is a tremendous opportunity for us to work with families to seek answers to questions that our society has pondered for years, including how our early experiences and factors such as sleep, sports, drugs and alcohol affect brain development and vice versa,” said Mary Heitzeg, Ph.D., associate professor of psychiatry, who is leading the study at U-M along with Bob Zucker, Ph.D. “The ABCD study will take that work to a new level because of the size, scope and length of the research,” she added. Heitzeg is a psychologist and neuroscientist in the U-M Medical School Department of Psychiatry.

So far, Heitzeg and her team have enrolled 320 children who are ages 9 or 10 and go to school in southeast Michigan. They’ll continue seeking new 9 and 10 year olds from this area for the next year.

“Because of its size and scope the study has already become a benchmark for the scientific community at the same time that it has received great interest from the community,” said Bob Zucker, Ph.D., professor of psychiatry. “The large, diverse sample of youth participating in this study is leading to an unprecedented opportunity to uncover critical risk and protective factors that affect adolescent substance use and associated outcomes as they unfold over time. It has the potential to point us in the direction of what we need to do both preventively, and in treatment, to alleviate this major set of social problems.”

To ensure that the ABCD study gets a sample of children that represents the American population, researchers at the U-M Institute for Social Research are playing a key role in the study as well. They’ve selected specific schools — public, charter, private and parochial — for each of the 21 study sites to contact for the initial recruitment effort.

To learn more about the study please visit abcdstudy.org/.

More about the ABCD study

Adolescence is a time of extraordinary physical, emotional, and intellectual growth as well as a changing social environment full of new challenges and opportunities that help shape a young person’s adult identity, health and well-being.

There is much to learn about how varied adolescent experiences (e.g., participation in extracurricular activities; playing video games; sleep habits; head injuries from sports; experimentation with alcohol, tobacco, marijuana or other substances), affect development and vice-versa. This is particularly true in our rapidly changing world, which is now dominated by social media and other forms of communication in which adolescents readily engage.

During the course of the next decade, scientists will use advanced brain imaging, interviews, and behavioral testing to determine how childhood experiences interact with each other and with a child’s changing biology to affect brain development and — ultimately — social, behavioral, academic, health and other outcomes.

Understanding these relationships may help reveal the biological and environmental building blocks that best contribute to successful and resilient young adults. This enhanced knowledge may also lead to ways to predict potential developmental problems so that they can be prevented or reversed. Families participating in the study will be part of groundbreaking research that promises to inform future educational strategies, child development innovations, research priorities, more effective public health interventions, and science-based policy decisions.

The ABCD study is supported by the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Cancer Institute, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of Mental Health, the National Institute on Minority Health and Health Disparities, the National Institute of Neurological Disorders and Stroke, the NIH Office of Behavioral and Social Sciences Research, and the Division of Adolescent and School Health at the Centers for Disease Control and Prevention.
The Intern Health Study

In June 2017, Srijan Sen, M.D., Ph.D., was installed as the inaugural Frances and Kenneth Eisenberg Professor in Depression and Neurosciences at the U-M Medical School. The professorship was created to support the research of a recognized leader in depression and other mood disorders and to better understand the neurophysiological, psychological, cultural, and genetic factors that contribute to these conditions and to improve treatments for patients who suffer from them. Dr. Sen’s research seeks to better understand these conditions. His research has been focused on the mental health of medical interns and how it can help us better understand mental health problems under stress in general.

Dr. Sen is the principal investigator for The Intern Health Study, which focuses on how stress “gets under the skin” and leads to depression and other common psychiatric disorders in medical interns. The Intern Health Study is a longitudinal cohort study that assesses stress and mood in medical interns, enrolling over 3,000 participants from 80+ institutions in the U.S. and China each year. To date, 16,000 interns have been enrolled in the study.

It is well known that the first year of professional physician training presents a unique situation in which there is an onset of a uniform, substantial stressor that can be predicted (the stress of internship). The study has revealed that one in four first-year residents meets the diagnostic criteria for clinical depression — four to five times the rate of the general population. Medical interns are not only paid very little for professionals, but can work up to 90 hours a week and suffer from lack of sleep and night shifts.

While life stress is amongst the most important factors in the development of psychiatric disorders such as depression and anxiety, individuals vary considerably in their response to stress. The Sen Lab is working to find the interactions between biological factors and stress in the development of depression, furthering the development of improved treatments for stress related disorders.

This study is funded by the National Institute of Mental Health (NIMH), as well as the University of Michigan Depression Center and the Taubman Medical Institute.

The Intern Study has three overarching aims:

1. To understand the factors involved in stress and depression among interns in order to foster a healthier, more educational environment for interns and safer care for the patients that they treat.

2. To utilize internship as a model of stress to identify genes involved in the development of depression under stress.

3. To identify peripheral biological predictors and biomarkers of depression under stress.

Dr. Sen has used the intern model to not only inform improvements in medical education but also to identify psychological and biological factors that predict the risk of developing depression under stress in general. His work has also helped to connect physician mental health and medical errors.

About Dr. Sen

Srijan Sen, M.D., Ph.D., grew up in New York City and Cleveland, Ohio. Both his parents were scientists who encouraged their son’s early interest in research. After earning M.D. and Ph.D. degrees from the University of Michigan in 2005, Dr. Sen completed a residency in psychiatry at Yale University. He returned to Ann Arbor to join the U-M faculty in 2009 and has been with the department ever since, rising through the ranks to become a research associate professor in the Molecular and Behavioral Neuroscience Institute in 2015. In 2016, he was named the associate director of the U-M Depression Center and associate chair for research in the Department of Psychiatry.

There is a strong link between depression in doctors and the quality of care they provide for their patients. Improving the mental health of residents may help improve the health of our patients.”

—DR. SRIJAN SEN
Diversity, Equity & Inclusion Efforts at the U-M Department of Psychiatry

Over the past year, since the inauguration of the University-wide initiative on Diversity, Equity, & Inclusion (DE&I), many Department of Psychiatry staff, faculty and trainees have participated in developing a meaningful and active DE&I committee within the department. Primary goals for the Department of Psychiatry’s DE&I initiatives in the first year were to: 1) Form an interdisciplinary DE&I committee to lead programming such as educational Grand Rounds presentations; 2) Elicit departmental DE&I strengths and areas for growth via anonymous surveys; and 3) Host an end-of-year retreat to reflect on insights gathered and plan activities for the second year.

The U-M Department of Psychiatry’s committee has benefited from the guidance of Dr. Denise Williams, a performance consultant under Michigan Medicine’s Employee Engagement and Inclusion division. Dr. Williams has expertise in diversity training and works closely with the DE&I leadership group in the University.

The committee had a tremendously active and productive first year. Two well-received Grand Rounds sessions were hosted, which generated great enthusiasm within the department. The first Grand Rounds session featured a presentation from Dr. Louis Penner, professor of oncology at Wayne State University School of Medicine, who’s current research focuses primarily on racial disparities in health status and healthcare. His lecture was titled, “How Bias Influences Health Disparities.”

The second Grand Rounds, facilitated by Dr. Denise Williams, was focused on “Recognizing Unconscious Bias.” Dr. Williams utilized the ‘Liberating Structures’ methodology (developed by U-M leaders), which was designed to engage the group in innovative collaborative problem solving. ‘Liberating Structures’ is a suite of flexible and easy-to-learn techniques designed to promote more inclusive and innovative communication in teams.

New DNA registry will help point the way to personalized medicine

U-M Department of Psychiatry and Depression Center Launch Mental Health BioBank

A brand new Mental Health BioBank (MHB2) launched within the U-M Department of Psychiatry and Depression Center in June 2017 with the aim to establish a DNA biobank for mental health conditions. A biobank is the banking of either biological materials or data in a database for future use. It can be compared to depositing your cash into a savings account.

Genotyping, which is the process of determining differences in the genetic make-up of an individual by examining the individual’s DNA, has become more cost effective and efficient in the last few years. This has resulted in the ability to obtain large population samples in order to examine genetic variants associated with complex health disorders, including mental health.

The U-M MHB2 universally enrolls every adult outpatient psychiatry patient who consents into the genetic biobank, and provides permission to re-contact participants for additional and more specific research studies. Patients provide a saliva sample to be used for DNA extraction and access to medical record data. With the establishment of a large-scale DNA biobank for mental health, scientists will be able to perform genome-wide association studies (GWAS) to identify genetic variants associated with mental illness and treatment response.

“We are excited about the research possibilities that the Mental Health BioBank will offer to our department,” said Gregory W. Dalack, chair, U-M Department of Psychiatry. “Our hope is that by studying the data we collect, we will be able to better understand how to target treatments for our patients in a much more individualized way.”

The MHB2 is currently in the pilot phase to examine the feasibility of DNA collection and assessment of genomic markers associated with depression and treatment response. Combining an individual’s genetic information and treatment response to help with medication optimization, personalized medicine seems imminently possible.

This project is led by Vicki Ellingrod, PharmD, and Srijan Sen, M.D., Ph.D. It was catalyzed by philanthropic support from Frances and Kenneth Eisenberg and the U-M Depression Center. More information about Frances & Kenneth Eisenberg as well as additional funding opportunities can be found at medicine.umich.edu/dept/psychiatry.
Liberating Structures quickly unlock high-energy and lively participation in groups of any size, and help remove barriers to inclusive communication that are found in other meeting structures. The techniques used during the psychiatry gathering were well received.

Other first year DE&I activities included a multicultural potluck, which was the first of what we hope to be a series of smaller events designed to foster inclusion and dialogue within the department. The DE&I committee also distributed a survey to gather department perceptions which included questions such as, “share one personal experience or situation that occurred within the department that demonstrated a respect for diversity or lack thereof.” Lastly, the committee ended the summer with a DE&I planning retreat in which several workgroups were established to carry out DE&I activities in the second year across all areas of the DE&I mission: patient/family care, research, education, workplace environment and outreach.

Anyone interested in participating or learning more about the department’s DE&I initiative can contact nitzberg@med.umich.edu.

**Cheryl King, Ph.D.**

Dr. King is a professor in the departments of psychiatry and psychology, and is Director of the Mary A. Rackham Institute at the University of Michigan. As Director of the Youth Depression and Suicide Research Program in the Department of Psychiatry, Dr. King has provided leadership for multiple federally funded research initiatives focused on developing evidence-based strategies for adolescent and young adult suicide risk screening, assessment, and intervention. She currently serves as a principal investigator of three NIMH-funded research projects: Emergency Department Screen for Teens at Risk for Suicide (ED-STARS), which is designed to develop a brief, adaptive suicide risk screen that can be disseminated nationwide; Electronic Bridge to Mental Health for College Students (eBridge), which is designed to test the efficacy of an online suicide risk screening and confidential counseling program aimed at linking students who are at risk for suicide to services; and 24-Hour Risk for Suicide Attempts in a National Cohort of Adolescents.

A clinical educator, mentor, and public policy advocate, Dr. King served as the department’s first Director of Psychology Training. She provided leadership for the Postdoctoral Training Program in Psychology, helping to achieve its status as one of the first five programs in the nation to achieve national accreditation. She has contributed to the clinical training of countless clinical child psychologists and child psychiatry residents, twice receiving Teacher of the Year Awards, and currently provides research mentorship to students, postdoctoral fellows, and early career faculty. An author of the book, *Teen Suicide Risk: A Practitioner Guide to Screening, Assessment, and Management*, Dr. King has provided workshops worldwide on best practices in suicide risk assessment and intervention. In addition, Dr. King has provided testimony in the U.S. Senate on youth suicide prevention and is a Past President of the American Association of Suicidology, the Association of Psychologists in Academic Health Centers, and the Society for Clinical Child and Adolescent Psychology.

**Brendon Watson, M.D., Ph.D.**

Dr. Watson, assistant professor, joined the U-M Department of Psychiatry in August 2017 having come from Weill Cornell Medical College and New York University where he completed his advanced training in a research fellowship. At U-M, Dr. Watson set up his lab to study brain circuits in animal models and participate in the development of our ketamine clinic for refractory depressions.

Dr. Watson’s research approach is to use advanced neuroscientific tools that give insight into neural circuit function. His larger goal is to combine, over the course of his career, the basic neuroscience of circuit computation with his clinical training as a psychiatrist. Dr. Watson’s most recently published work focused on regulation of neuronal populations during sleep to show how sleep acts to rebalance neuronal networks. Going forward he will continue to focus on sleep but he hopes to expand in two new directions: basic information processing pathways in the cerebral cortex and brain mechanisms of ketamine as an antidepressant. These findings can serve as a basis to provide insight into the interplay between brain network state and affective and behavioral outcomes with a hope for identifying eventual translational targets.
Why did you choose Michigan?
I was impressed by the strong affiliation between UM and the VA, including the wealth of training and mentorship opportunities in clinical psychology. I was looking for a place to refine my clinical skills in neuropsychology and build a research foundation to launch my career, and was fortunate to find both here. I’m from southern California and had never stepped foot in Michigan before I came to interview; I was immediately charmed by Ann Arbor (in January!) and this quaint college town completely sealed the deal!

What is your current focus?
My postdoctoral program is a combination of clinical training and research in psychology. My clinical time is largely devoted to neuropsychological assessment of adults with a variety of mental health conditions. I now feel much more equipped to address anxiety in therapy, and better understand its broad impact on people with other diagnoses or presenting concerns. I draw primarily on cognitive behavioral therapy, acceptance and commitment therapy, dialectical behavior therapy, mindfulness, and trauma informed interventions.

Has anyone or anything in particular inspired you?
I’m continually inspired by the generations of women in my life, both personally and professionally, who have worked tirelessly to provide a pathway for me to be a scientist. Their example and encouragement are invaluable, and I can only hope to pay that forward to my daughters.

What have you learned that has surprised you?
I really enjoyed my clinical rotations in the Anxiety Disorders Program and the PREP Psychosis team, and was surprised to discover the ubiquity of anxiety symptoms across individuals and mental health conditions! I now feel much more equipped to address anxiety in therapy, and better understand its broad impact on people with other diagnoses or presenting concerns.

What future direction do you see for your career?
As I complete my fellowship training I plan to continue a career in an academic research setting with an emphasis on clinical research and service provision. I’m committed to the study of cognition in severe mental illness and developing treatments to improve everyday functioning.
Training Program Highlights:

T32 Awards from the NIH

T32 awards, launched by the National Institute of Health’s (NIH) Office of Extramural Research, are Institutional National Research Service Awards given to “enable institutions to make National Research Service Awards to individuals selected by them for predoctoral and postdoctoral research training in specified shortage areas.” The U-M Department of Psychiatry is the home to two types of T32 awards, described below. Faculty member and Professor of Psychiatry, Fred Blow, Ph.D., oversees these two fellowships.

The National Institute of Mental Health T32 Geriatric Post-Doctoral Fellowship provides two-year postdoctoral training program in geriatric mental health services research. Our department is part of a multi-site collaborative project that brings together expert faculty mentors from four leading centers of excellence in geriatric mental health services research: The University of Michigan; Dartmouth College; Cornell University; and the University of Washington.

The program seeks to increase the number of investigators by preparing trainees with the requisite skills to conduct mental health services research in age-relevant settings, populations, and service models and respond to the urgent need for research aimed at informing future systems of care to address the mental health needs of a rapidly growing older population.

The training program includes: mentored geriatric mental health services research training including the design and completion of a research project; seminars, research presentations, and training curriculum; and formal coursework including the opportunity for a master’s degree in public health or masters of science in evaluative health sciences and health services research.

Department mentors include faculty in the Addiction Center, Mental Health Innovations and Services and Outcomes, Program for Positive Aging and Geropsychiatry Program. Related research at U-M focuses on topics such as addiction in older adults, mental health services, mental disorder screening, diagnosis, and treatment for older adults, predictors and outcomes of comorbid mental illness and other psychiatric or medical illnesses, behavioral and pharmaceutical interventions in healthcare and community settings, and the use of healthcare claims data to inform policy.

National Institute on Alcohol Abuse and Alcoholism T32 Addiction Post-Doctoral Fellowship

Since 1990, a post-doctoral research training grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), has allowed a steady stream of creative and productive junior researchers to receive specialized training with the University of Michigan Addiction Center (UMAC). UMAC has an interdisciplinary research arm within the Department of Psychiatry, with projects addressing the etiology, prevention and treatment of hazardous drinking and alcohol use disorders among adolescents, emerging adults and adults.

Faculty from a variety of departments and institutes (e.g., psychiatry, psychology, statistics, human genetics, pharmacology, family medicine, emergency medicine, public health, social work, nursing, the Institute for Social Research, and Injury Center) provide a broad range of mentored research opportunities for post-doctoral fellows.

In addition to the primary emphasis on research development, fellows participate in a broad range of content-relevant coursework and workshops to develop their methodological expertise.

Program graduates have been successful in obtaining federal funding of their own to continue addiction-related research. In addition, more than 75 percent have gone on to pursue research and/or academic careers at other leading universities and institutes. Nearly one third have gone on to hold faculty positions within the University of Michigan Addiction Center or in affiliated university departments and institutes.

Photo: From L to R: Courtney Polenick, Ph.D. (NIMH T32), Meghan Martz, Ph.D. (NIAA T32), Aaron Dorlaskey, M.D., M.S. (NIAAA T32), Laura Drislane, Ph.D. (NIAA T32), Brooke Arterberry, Ph.D., (NIAAA T32). Not pictured: Rebecca Waller, Ph.D. (NIAAA T32) and Alan Davis, Ph.D. (NIAAA T32).
An Interview with Dinah Ross

I am grateful that I chose the Department of Psychiatry to begin and develop my career. I have met many interesting and compassionate faculty and staff whose friendship and caring nature touched me far more than I can express.” —DINAH ROSS

Dinah Ross began her career in the Department of Psychiatry in 1968, rising to the position of faculty affairs manager. Among her many roles, she was the administrative lead for the Departmental Appointment & Promotions Committee; oversaw the massive process of selecting and credentialing new faculty; coordinated the faculty promotion process; and was one of the department’s main points of contact with the Dean’s office. For faculty joining the department or transitioning out to new adventures, she was the cheerful, attentive face of Michigan Psychiatry, and for all of us, an integral member of the department. Though Dinah is now enjoying retirement, we sat down to learn more about her experiences over the years.

Tell us about your career with the department.

I began working for the U-M Department of Psychiatry in the (old) North Outpatient Building in 1968. After a short time, I took a position with Dr. Phil Margolis who was hired to lead community psychiatry. I moved to Psychiatric Emergency Services in 1973 and then to a position in Adult Outpatient Psychiatry in the old Riverview building as supervisor and building manager. This led to my working for Psychiatry Hospital Administration when the department had both a hospital administrator and department administrator.

I had an opportunity to coordinate a new psychiatry hospital volunteer program. I introduced a foster grandparent program at the Child and Adolescent Psychiatric Hospital (CAPH) in the old building which was rewarding for both the foster grandparents and the children in the waiting room. After leaving that position, I was promoted to human resource manager in 1990. As the human resource manager for the department, I managed both staff and faculty affairs, reporting to the department administrator and the chair, Dr. John F. Greden and then Dr. Gregory W. Dalack.

What did you enjoy about working with the department?

I enjoyed interviewing candidates for a wide variety of staff positions, mentoring staff, and being their advocate. When I began to staff the Faculty Appointments & Promotions Committee I gained knowledge about the U-M Medical School’s faculty appointment and promotion process. I learned more and developed a liaison with the offices of faculty affairs, credentialing, human resources, and other campus offices. Outside of the department, I learned from my human resource mentors and developed other relationships with staff from other Medical School and campus units.

When the new University Hospital opened in 1986, it was an honor to be “ambassador” leading tours of the expansive new hospital.

What changes in the department did you see over time?

I’ve seen numerous changes throughout my career — building closures, major construction, managing some of the internal and external moves within the department, and seeing an increase in staff and faculty, especially more women choosing psychiatry for their residency and academic career. Another notable change was technology. Early in my career, I recall being surprised when a junior faculty member told me that soon everyone will have a computer on their desk.

What plans do you have for retirement?

Retirement is providing me more opportunity to visit family and grandchildren in California, Florida and Colorado. We love Ann Arbor for the variety of cultural events, music venues and independent movies at the Michigan Theater and soon the renovated State Theater so we have no plans to leave our home. We are looking forward to traveling abroad in the fall.
Dr. Giordani’s Global Reach: Fighting the Cognitive Effects of HIV and Malaria in Uganda

Bruno Giordani, Ph.D., professor with the department, and his colleague Michael Boivin, Ph.D., professor of psychiatry at Michigan State University and adjunct professor in the U-M Department of Psychiatry, have been collaborating for over 25 years all over the world. They have worked in the U.S., Africa, in southeast Asia, and beyond. They have addressed topics such as the effect of lead exposure in children; the role that the environment, nutrition, home setting, and intestinal parasites play in the development of behavior and cognitive abilities; as well as how to effectively measure these factors in cross-cultural and low resource settings, including the use of newer approaches such as eye tracking and hand held, portable EEG systems.

Their most recent work has been in Uganda, studying behavior and cognition of pediatric patients who are HIV positive as well as on those who have survived severe malaria. Uganda has one of the highest incidences of malaria and pediatric HIV infection worldwide, and cognitive and behavioral complications in more severe forms of these conditions are well documented across Africa. Drs. Boivin and Giordani also have found that successfully treating these viral and parasitic disorders does not necessarily improve cognitive or behavioral symptoms and many children have at least mild-moderate difficulties that can significantly impair their development and education.

The challenges of treating the behavioral and cognitive symptoms of these diseases are due to shortages and high cost of medications. Individual therapies and rehabilitation are often very labor intensive, expensive and rarely available, so they turned to new approaches for school-aged children, specifically using computer-based rehabilitation. Computer-based gaming (educational computer games, such as memory games) and learning methods have been shown to be reliable in improving cognitive and other aspects of behavior in western countries, are easier to administer, and multiple children can be trained simultaneously.

Additionally, these computer-based approaches are scalable and practical to implement in varied settings, including very rural ones, and are usually enjoyable and highly motivating, especially when specifically adapted to the African setting through music and pictures. After a series of smaller-scale proof-of-concept studies funded by global health units at U-M and MSU, Drs. Giordani and Boivin were able to secure several National Institute of Health (NIH) larger grants to carry their work further. This work has already shown important and lasting improvement in the neuropsychological functioning of children, including longer term effects on children with HIV and improvements of up to one year in cognition and behavior in pediatric survivors of severe malaria.

In his other work as associate director of U-M’s new NIH-funded Alzheimer’s Center, Dr. Giordani’s work also has an emphasis on dementias other than Alzheimer’s. Dr. Giordani, along with Dr. Boivin and Dr. Amara Ezeamama from MSU, are working to investigate the relationship of aging in HIV and cognitive impairment now that the increased use of combined anti-retroviral therapy (CART) has dramatically increased survival and reduced HIV-associated dementia. As HIV patients now can live into their older years, the toll of HIV on the body, physically, psychologically, and immunologically, may be leading to a more rapid appearance of other age-associated neurodegenerative diseases, such as Alzheimer’s or Parkinson’s diseases. Hospitals and health services in Africa are not prepared for such new demands.
Tell us about your background.

I am the oldest of three children, a Michigan native, and grew up primarily in Ann Arbor. I was fortunate to be raised in a very close family. Both my father Phillip Bowman, Ph.D. and mother, Jacqueline Bowman, Ph.D. attended the University of Michigan (U-M) for graduate school and earned their doctorate degrees. I have many fond memories as a young child living on U-M’s north campus in student-family housing. Subsequently, both my parents worked for many years at U-M and Ann Arbor was a terrific place for me to grow up. My parents raised my siblings and me to have integrity, encouraged us to be positive and compassionate toward others, and emphasized that we do well academically.

I graduated from Pioneer High School and pursued my undergraduate work at the University of Illinois where I majored in pre-medicine and psychology. I also played varsity basketball at Illinois and participated on a Final Four team in 1989. Playing Big Ten basketball was very challenging and I learned a lot about teamwork, dealing with adversity, and that success requires hard work and sacrifice. After completing my bachelor’s degree, I pursued a master’s degree in public health (MPH) at U-M. My focus during my master’s program was on social and behavioral factors associated with health status and the promotion of health and prevention of disease in the population. My experience during public health training was very influential and valuable in terms of shaping my perspective on health care and the important role that physicians can play as healers and leaders. After completing my MPH, I was very excited about pursuing medicine as a profession and even more thrilled to be attending medical school at the U-M Medical Center.

What did you focus on during residency?

I truly enjoyed my psychiatry residency at the U-M hospital. My training was fantastic and the opportunities to gain exposure and experience in both clinical and research areas were outstanding. My clinical training in psychiatry at U-M has been the most important part of my foundation and has been an inspirational force in my career development. I learned so much about how to provide high quality and compassionate care to patients. The clinical knowledge and skill that I acquired while collaboratively working on complex cases with fellow U-M residents, faculty, and mentors has been invaluable. I have a long list of people within the U-M Department of Psychiatry that I would like to thank for contributing to my early career development and always encouraging me to reach my potential.

In addition to my clinical training, I also pursued research interests as a resident and was awarded the Depression Center’s first Rachel Upjohn Clinical Scholar Award. As a result, I had the opportunity to participate in collaborative research projects with colleagues from the U-M School of Social Work, the U-M School of Public Health, and the U-M Institute of Social Research. My main area of research focused on stress, resiliency, environmental factors and how they interact to have an impact on people suffering from depression.

How did you decide to go into psychiatry?

Medical school was very rewarding and I enjoyed all my third and fourth year clinical rotations. I considered pursuing areas of specialization in cardiology, orthopedic surgery, and pediatrics. However, it was during my psychiatry rotation that I encountered my true professional passion and my career path became clear. My psychology background positioned me to better understand the biopsychosocial approach to psychiatric care and I was very excited by clinical advances that were occurring at the time, as well as the future applications of neuroscience breakthroughs. In addition, I found it very satisfying to provide compassionate care to patients with mental health issues and help them restore their sense of well-being and reconnect to their lives.

How did your education at Michigan impact/affect your career?

My residency education at U-M established a solid foundation for me to pursue a career path in many different areas. After completion of my residency, I wanted additional research training and I was accepted as a member of the Robert Wood Johnson
Tell us about your career in private practice.

I started my private practice as a solo practitioner in Los Angeles and quickly experienced how mental health care delivery can be difficult to access and somewhat disjointed. As a result, I wanted to provide more integrated outpatient psychiatric services offering evidence based and cutting-edge treatments. Also, I was interested in providing care that would be more collaborative and efficiently coordinated for patients in the private sector. About ten years ago I started Bowman Medical Group, an integrative medical practice that is focused on bringing health care providers together to deliver collaborative, coordinated, accessible, and high-quality health care. Our psychiatric group practice has grown over the years and I am currently the CEO and Medical Director.

Bowman Medical Group consists of three psychiatrists, a nurse practitioner, a physician’s assistant, psychotherapists, and one clinical nutritionist. Our multidisciplinary approach allows the team to effectively integrate biological, psychological, social, and environmental factors in the assessment, diagnosis, and treatment of mental health disorders. Bowman Medical Group specializes in delivering psychotherapy, neuromodulation, neuropsychological assessment, nutrition, genomic testing, and pharmacotherapy to patients who suffer from a wide range of mental health disorders. We also provide care for a broad range of patients including child and adolescent, adult, and geriatric populations.

Over the past several years, Bowman Medical Group has been successfully utilizing novel treatments like Transcranial Magnetic Stimulation (TMS) for patients who have Major Depressive Disorder (MDD). In addition, our group focuses on individualized treatment strategies and for many patients that may involve combining clinical modalities such as TMS, cognitive-behavioral therapy, pharmacotherapy, exercise, and nutrition for better clinical outcomes. Also, we have recently implemented cost-effective genomic testing protocols for patients who have had an inadequate response or tolerability issues to two or more pharmacologic agents. Based on our preliminary experience, the pharmacokinetic and pharmacodynamic information acquired by the genomic testing has been helpful in terms of reducing adverse side effects, drug-to-drug interactions, and medication trials. Also, we are finding that medication dosing strategies can be guided in a more personalized manner to improve treatment effects.

As CEO and Medical Director, I have learned a tremendous amount about managing a medical group, the changing trends in the health care industry, effective business strategies in health care, leadership, and proactively implementing clinical protocols. I have enjoyed the challenges thus far and look forward to continuing to grow professionally and finding innovative ways for our medical group to have a positive impact on the lives of others.

Any future directions for your Medical Group?

Our group has already begun to collect and analyze outcomes data associated with our TMS program. We will focus on response and remission data using the MADRS and PHQ-9 for patients with MDD. In addition, we are interested in assessing efficacy outcomes for patients receiving TMS alone compared to patients receiving TMS and anti-depressant medication or CBT. Also, the psychiatrists in our group plan to engage in clinical trial research projects focusing on novel medication treatments for mood and anxiety disorders. We are excited about working on these collaborative research projects and hope to find innovative treatments that help patients suffering from mental health disorders. As our group practice continues to evolve and better understand the ongoing unmet needs in mental health, we are hoping to find effective ways to expand the scope of our service delivery to include partnerships with community based programs, local schools, churches, and mental health organizations. Furthermore, I believe it is part of our mission to increase psychoeducation, promote advocacy, and reduce stigma regarding mental illness.

My clinical training in psychiatry at U-M has been the most important part of my foundation and has been an inspirational force in my career development.” —PHILLIP BOWMAN
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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. During this exciting time, 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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