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Revised 09/18/2018
Upon visiting the Tuberculosis Division he had founded at the Johns Hopkins Hospital, the philanthropist Henry Phipps asked William Welch, Dean of the Medical Faculty, whether there were any other projects he could sponsor. Welch gave Phipps a copy of Clifford Beers’ *A Mind That Found Itself*, and a month later, in June of 1905, the endowment of the Henry Phipps Psychiatric Clinic was publicly announced. Adolf Meyer was invited to develop a Department of Psychiatry at Johns Hopkins, and in April of 1913, the Henry Phipps Psychiatric Clinic was opened. Since then, the department has occupied a distinguished place in the history of psychiatry, with a continuous tradition of excellence in patient care, teaching, and research.

The Residency in Psychiatry and Behavioral Sciences at the Johns Hopkins University aims to provide a comprehensive and broad-based education in clinical psychiatric diagnosis and treatment. The didactic portion of the curriculum is organized to present the body of knowledge that comprises current thought in psychiatry. The clinical exercises and experiences are organized to provide clinical expertise in evaluation of the entire range of psychiatrically ill patients and competence in psychiatric treatment, using the fundamental modalities of therapy currently available. Recent graduates of our program have felt well-prepared for academic psychiatry, private practice psychiatry, or public sector psychiatry and have made outstanding contributions in all these areas following training with us. It is the mission of our program to produce excellent clinicians in all realms of psychiatry who are competent to face the challenges of psychiatry in the contemporary era.
APPLICATION PROCESS

Applications for ten PGY-I main residency positions, one pediatrics intern year position, and three PGY-II positions are accepted via ERAS (Electronic Residency Application Service, www.aamc.org/services/eras).

RESIDENT CONTRACT AND POLICIES

Information about resident contracts, benefits, and Johns Hopkins Graduate Medical Education Policies for Interns and Residents can be found on the Graduate Medical Education website. These policies also include our policy on criminal background checks. Links to all of the policies listed in the last page of the resident contract are included on the website, http://gme.med.jhmi.edu/fellows/gmec-contracts-policies/.

The Johns Hopkins University admits students of any race, color, sex, religion, national or ethnic origin, handicap or veteran status to all of the rights, privileges, programs, benefits and activities generally accorded to or made available to students at the University. It does not discriminate on the basis of race, color, sex, religion, homosexuality, national or ethnic origin, handicap or veteran status in any program or activity, including the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. Accordingly, the University does not take into consideration personal factors that are irrelevant to the program involved.

The Residency Program of the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine is accredited by the Accreditation Council on Graduate Medical Education’s Residency Review Committee for Psychiatry to provide four years of training.
The mission of the Johns Hopkins Psychiatry Residency is to foster trainees’ clinical excellence, leadership, and scholarship. Graduates of the program work in every clinical practice setting and lead clinical and research teams nationwide. We approach training systematically by combining closely-supervised intensive clinical experiences in multiple settings with a comprehensive didactic program. Experiences are aligned with the health care reform demands of the contemporary era in giving residents clinical responsibilities within an integrated continuum of progressive complexity on the wards and in the clinics. Mentorship and elective experiences beginning in the PGY1 year and continuing throughout training provide residents with the opportunity to explore specific areas for professional development and master a topic area more deeply.

Our ultimate goals are to open the field of psychiatry to our residents and to help them become both broad-minded and critical thinkers. In order to reach these goals, there are specific objectives for each year, from the PGY-I to PGY-IV year. This Prospectus outlines the objectives for each year of residency and the clinical and didactic curricula aimed to help residents reach those objectives.

**PGY-I YEAR: GOALS & OBJECTIVES**

The goals of the first year of residency are integrative and introductory: to provide a foundation in Internal Medicine and Neurology, as well as to provide supervised responsibility for assessing and treating a diverse population of psychiatric inpatients on a general service and a dual diagnosis service.

We expect that by the end of this year residents will:

- manage acute and subacute medical and neurological conditions in the inpatient setting
- apply methods of patient assessment and formulation
- understand broad categories of psychiatric illness and implications for treatment and prognosis for a variety of psychiatric patients
- appreciate the milieu concept of inpatient psychiatric services
- understand the responsibilities and roles of other mental health practitioners integrated in team treatment of patients
- understand at a basic level the multiple treatment modalities - psychological, pharmacological, physical, and rehabilitative - employed with psychiatric patients
PGY-II Year: Goals & Objectives

The goals of the second year are to build on the developed capacities of the first year and to introduce more advanced psychiatric knowledge and methods of assessment and treatment. These goals are achieved by close supervision of residents on a variety of inpatient and partial hospital services. Residents are introduced to the full continuum of care by beginning their own office-based outpatient practice under supervision. These broad, patient-centered experiences are amplified by a didactic program of lectures in psychiatric assessment, treatment, and research.

We expect that by the end of this year residents will have acquired:

- thorough competence in the assessment and formulation of psychiatric disorders along with a clear appreciation of the corroborative methods tied to psychological testing and laboratory measurement
- competence in treating the most seriously mentally ill patients, frequent complicating medical and surgical problems, and forensic issues that may affect treatment
- comprehensive understanding of the psychological, pharmacological, and physical treatments involved in the care of the seriously mentally ill
- capacity to assume a leadership role on the treatment team in an inpatient milieu
- experience with behaviorally oriented treatment plans for eating disorders and addictions
- introductory knowledge of subspecialty psychiatry gained through experience on specialty services such as affective disorders, geriatrics, child psychiatry, schizophrenia, chronic pain, substance abuse disorders, and eating disorders
- experience in assessing and managing the family’s role in patients’ illness and recovery
- experience providing both time-limited, symptom-focused and long-term, insight-oriented psychotherapy, under close supervision, in the residents’ ambulatory clinic
- understanding of the vertical integration of clinical practice, incorporating outpatient, partial hospital, and inpatient treatment settings

PGY-III Year: Goals & Objectives

The goal of this year is to promote residents’ development toward independence by providing intensive outpatient and general hospital experiences. In the outpatient setting, residents acquire competencies in more complex, subspecialty outpatient clinics where they are supervised by experts in the assessment and treatment of a variety of disorders, including chronic schizophrenia, affective disorders, anxiety disorders, drug and alcohol disorders, forensic issues, and sexual disorders. A significant exposure to community-based psychiatry is provided, including rehabilitative and outreach services.

In the general hospital psychiatry rotations, residents provide psychiatric consultation, both in the emergency department and general hospital inpatient wards. Residents often take the lead in communicating with those seeking consultation, and this role enhances residents’ confidence in assessment, stabilization, and referral of the most acutely ill, complex cases.
We expect that by the end of this year residents will have acquired:

- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings, specifically in affective, anxiety, schizophrenia, family, couples, and sex & gender clinics
- diagnostic skills in recognizing the psychiatric disorders that complicate medical and surgical conditions, as well as the capacity to provide this information in consultation to physicians in general hospital inpatient and outpatient services
- mastery of the role of liaison in the general hospital setting
- a firm grasp on the theoretical underpinnings and the practice pitfalls of outpatient psychotherapy both in time-limited symptom-focused and long-term insight-oriented treatment
- supervised experience in outpatient community clinics and our mobile outreach program
- a capacity to function as an effective member of a primary-care team in assessing and treating ambulatory medical patients
- supervised experience in forensic psychiatry evaluating defendants in the Baltimore court system and engaging in forensic psychiatry journal club

**PGY-IV Year: Goals & Objectives**

The goals of this year are those of completion and depth. Residents enhance mastery of providing a continuum of care by rotating in a community psychiatry intensive outpatient program and more advanced psychiatric specialty clinics. Residents also design and participate in a variety of elective experiences, the aims of which may include demonstrating how knowledge advances through research, leadership experience through sub-attending, and developing advanced clinical experience in a psychiatric subspecialty, among others. In addition, residents develop communication and teaching skills by presenting their elective work to co-residents and faculty. Finally, an appreciation for the more nuanced aspects of psychotherapy, health-care systems and policy, career building, and administrative psychiatry is achieved through a weekly year-long seminar which is led by the department director and other senior faculty.

We expect that by the end of this year residents will have acquired:

- thorough competence in child and family assessment
- advanced understanding of an elected subspecialty of psychiatry through close faculty mentoring and presentation of scholarly work in that subspecialty
- understanding of the changing health care environment and of the competencies necessary for success in clinical practice and in other professional leadership roles
- confidence in office-based psychiatric practice, including long-term psychotherapy
- appreciation of rational approaches to administrative decisions within a system of psychiatric services in the contemporary challenging era for health care
FOSTERING SCHOLARSHIP:

RESEARCH OPPORTUNITIES

While residents are not required to engage in formal clinical or bench research, we expect that by the end of their PGY-IV year our residents will have engaged in scholarship sufficient to give a 30-minute presentation to their peers. For those who are interested in pursuing more formal research, there are many opportunities: the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine has an international reputation for its outstanding research programs. Johns Hopkins Psychiatry faculty members are world leaders in many research areas. The department’s research programs are broad and diverse and universally encourage resident participation.

Areas of emphasis in clinical research include mood disorders, schizophrenia, anxiety disorders, eating disorders, chronic pain, substance abuse, geriatric, and neuropsychiatry. These are approached from multiple perspectives including psychiatric genetics, psychiatric epidemiology, neuroimaging, psychopharmacology, and outcomes research. Basic research programs in neurobiology, behavioral neuroscience, behavioral biology, genetics, substance abuse, and molecular psychiatry focus on understanding the multiplicity of biological and behavioral factors underlying psychiatric disorders.

A complete description of the ongoing research programs in the department can be found on the research website: [www.hopkinsmedicine.org/psychiatry/research](http://www.hopkinsmedicine.org/psychiatry/research)

TRACKS

For several years, the program directors and departmental leadership have recognized the need for guiding residents’ professional growth to meet the changing clinical, research, and leadership environments after residency. The new track system, inaugurated in July 2018, is intended to do just that: enrich academic training and opportunity across the residency through more formalized mentoring, focused didactics, and dedicated time for elective experiences. Much like undergraduate majors, in their first two years, residents may choose track activities from more than one track. By their PGY3 year, residents will be encouraged to choose a mentor from a particular track and focus on exploring a particular topic area in greater depth. The four tracks reflect the richness of resources for clinical care, training and research at Johns Hopkins: child & adolescent psychiatry, clinician-educator, public mental health track and research. The following is a summary of each of the tracks:

Child & Adolescent Psychiatry Track

The child & adolescent psychiatry (CAP) track is designed to enhance training for those residents who are interested in working with children, adolescents, and families. In addition to those residents planning to enter a CAP fellowship following general psychiatry training, this track is also intended for those who plan to work with adolescents and/or transitional-age youth and those who desire a better understanding of how early life experiences and developmental factors can contribute to lifelong psychopathology. Housed within the Division of Child & Adolescent Psychiatry, the first of its kind in the country, the program involves faculty members from Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Kennedy Krieger Institute, and Bloomberg School of Public Health. Directed by Dr. Esther Lee, Program Director for the Johns Hopkins Child and Adolescent Psychiatry fellowship, residents will have the opportunity to work closely with divisional...
factors, fellows, and staff members in areas such as mood disorders, early psychosis, childhood trauma, disruptive disorders, developmental neuroscience, autism spectrum disorders, pediatric psychopharmacology, genetics, neuroimaging, and school-based programs. The CAP track offers research, public health, and clinician-educator experiences beginning in the PGY1 year, with residents being paired with identified mentors in order to engage in a CAP-related experience designed to augment their clinical and professional development. After the PGY3 year, residents in the CAP track will have the option to either fast-track into a fellowship program or complete a PGY4 year.

Rotations:

- **PGY1 year**: Residents will be able to choose to spend a rotation block at the JHH/KKI and/or Bayview. The purpose of this rotation is to gain familiarity with the division’s faculty members, clinical services provided, as well as the division’s many research endeavors. This experience will allow each participating resident to consider which area(s) are of greatest interest. Each resident will attend divisional activities during their rotation, including weekly conferences and fellowship didactics, and meet with the track director to discuss potential projects and/or activities of interest.
- **PGY2/PGY3 years**: Residents can choose an emphasis in one of three areas: clinician-educator, research, or public health. With the guidance of the identified project mentor and track director, each resident will be able to identify clinical or research experiences that will make up their track experience.
- **PGY4 year**: Activities will be determined on a case-by-case basis for those residents who choose not to fast-track into a CAP fellowship.

Track Activities:

- **Didactics**: Residents will be assigned guided readings and will attend didactics with clinical fellows
- **Conferences**: Residents will have the opportunity to attend divisional conferences, journal clubs, research meetings, and department Grand Rounds
- **Scholarly activity** will be encouraged of each CAP track participant and will be coordinated with the identified mentor. Examples of scholarly work include:
  - Divisional presentation on a CAP-related
  - Poster presentation at a state/national conference
  - Publication in a peer-reviewed journal
  - Creation of a CAP-related curriculum
- **Mentoring** by faculty members and clinical fellows in such activities as clinical care, clinical research, laboratory research (including developmental neuroscience), educational research, and/or quality improvement projects

Track Goals:

- Greater familiarity with childhood psychopathology and psychopharmacology, normal development, developmental neurosciences, family and community systems, psychotherapy, and other nonpharmacological interventions
- Clinical experience interviewing and working with children, adolescents, and families
- Mentorship from an experienced project mentor and expert in the field
- Additional career guidance and advising from the track director and clinical fellows.
- Scholarly activity and career development in the CAP field.
Clinician-Educator Track

The focus of the clinician educator track is to develop advanced research and clinical skills so that residents can engage in scholarly work assessing the effectiveness of clinical programs, participate in clinical trials and other clinical research, develop and evaluate educational programs, and develop advanced clinical skills. Through mentored projects, residents will have the opportunity to work closely with faculty engaged in clinical research, quality assurance projects, educational research, and exemplary clinical care.

Rotations during the four years of residency will initially expose residents to the types of scholarly work in this area with the goal of identifying projects of interest in appropriate mentors. During the PGY-1 and PGY-2 years, there will be an emphasis on rotating with different groups of potential mentors so the residents have a sense of the scope of potential projects available. The PGY-3 year will have a focus of developing a specific project and set of rotations for the elective time during PGY-4 year.

The following are examples of potential projects:

- Assessment of a cognitive behavioral therapy intervention targeting insomnia at a residential substance abuse treatment program
- Assessment of quality initiatives to improve communication in the emergency department among residents and other staff
- Clinical interventions to improve outcomes in patients with Parkinson’s disease and comorbid psychiatric disorders
- Evaluation of effectiveness of a school-based depression education curriculum
- Assessment of effectiveness of ECT and TMS brain stimulation techniques
- A clinical trial to evaluate the effectiveness of thiamine in treatment of Wernicke-Korsakoff syndrome
- Comprehensive review of a clinical topic or treatment for a chapter or review paper
- Development and evaluation of educational curricula for medical students and residents
- Assessment of psychotherapy interventions and clinical outcomes
- Evaluating Feedback-Informed-Therapy among psychiatry residents, working with a multidisciplinary clinical and research team

In addition to scholarly work, many residents in this track will choose to do advanced clinical electives such as a sub attending rotation on one of the specialty units. These are routinely done on the eating disorders, geriatrics, mood disorders, and pain services. The goals of a sub attending rotation will include development of leadership skills as well as advanced clinical skills. Optimally, residents will combine advanced clinical training in an area of interest with a scholarly project related to their particular clinical interest.

Public Mental Health Track

The public mental health/mental health services track is designed to support and grow the interests of residents who see themselves eventually working in mental health services research, community and non-traditional settings (including integrated care), population health, and global mental health. Public mental health has historically been seen as focusing on community and institutional-based services for individuals with serious mental illness, but now encompasses a much larger area of work including the prevention of mental health
problems, the promotion of mental wellness, and the role of the mental health care system in addressing racial, ethnic, and gender disparities and injustice.

Faculty involved in the track represent both the Department of Psychiatry in the School of Medicine and the Department of Mental Health in the School of Public Health. A partial list with particular faculty interests is attached below.

The overall goal of the tracks is to increase time for “scholarly activity” within the resident’s area of interest. The definition of “scholarly” is broad (same as for faculty) and implies at least a) awareness of and use of the relevant literature; b) ways of contributing to generalizable knowledge relevant to the field (so including research on mechanisms or outcomes, issues in training, issues in the measurement and improvement of the quality of care).

Track activities might include:
- Didactics (guided readings, seminars, possibly attendance at courses or meetings)
- Exposure to particular clinical or related settings/activities (but aimed more at understanding how and why they work versus clinical service)
- Opportunities to be involved with scholarly activity
- Mentoring

This would evolve over four years with in the first year two 2-week “scholarship blocks” plus maybe one “rounds” a month (or could be journal club) plus meeting with track faculty. Residents committing to the track will also be able to participate in a multi-year series of guided readings and attendance at “lab” meetings and seminars. Topics include:
- Population versus clinical approaches to mental health
- Financing mental health care and the social safety net in the US
- The social determinants of mental health
- Some core concepts in health services research
- Organizational culture and climate
- The mental health workforce
- Integrated and collaborative care
- Systems of care and case management
- Support for families of children with serious mental disorders
- Support for adults with serious mental disorders
- A global mental health perspective
- Advocacy

In addition, a number of clinical and agency rotations will be possible, with an emphasis on gaining both clinical expertise and understanding the evidence base for the interventions provided, their role in the mental health care system, and key evaluation and research questions related to the service. Track residents will also have the opportunity to develop individual research or quality improvement projects and join existing projects. Guidance will be provided for those thinking about subsequent career steps and the pursuit of further training.
PROGRAM OVERVIEW

Research Track

Our new research track is designed to train future leaders of psychiatry research. The Directors are Christopher Ross MD PhD, Kellie Tamashiro PhD and Russell Margolis MD, all very experienced researchers and teachers. The program will integrate closely with programs at the Lieber Institute for Brain Development, Kennedy-Krieger Institute, Bloomberg School of Public Health, Solomon H. Snyder Department of Neuroscience, and other world-leading Institutes and Programs at Johns Hopkins. The program will also integrate closely with the Clinician-Educator track and the Public Health track. The program combines research experience at the emerging interface of neuroscience and psychiatry with focused didactic material.

Research Program

During the PGY-1 year, residents will meet prospective mentors, do background reading, and consider possible research rotations and research projects.

During the PGY-2 year, residents may do rotations in order to sample different kinds of research (or can begin a project with one mentor, if a research interest is already firmly established).

During the PGY-3 year, residents will write a brief proposal, guided by their research mentor, and present it during the Core Research Seminar (see below). Depending on the interests of the resident, this could be for basic science laboratory work, clinical research, data analysis, or other projects, and could be done in tandem with the Clinician-Educator track or the Public Health track. The expectation is that the proposal will include a focused research question, appropriate research methodology, and sufficient preliminary data to demonstrate that the resident could pursue a project likely to result in a publishable body of work.

During the PGY-4 year, the program will provide research residents the time, support, and mentorship to conduct a serious research project with publishable results. Research residents will present their work at the Core Research Seminar, and at the Psychiatry Department Research Pot-Pourri, providing an opportunity for them to receive faculty and peer critiques of their work. The expectation is that research residents will then present their work at national meetings, and ultimately publish their work as first authors. Drs. Ross, Margolis, and Tamashiro will coordinate the research rotations and projects. For residents doing their research at the Lieber Institute, Dr. Weinberger will also provide supervision.

As can be seen from the research interests of the faculty, residents can pursue a wide variety of projects. We believe we offer an outstanding set of mentors, each at the forefront of their respective areas of interest, and capable of fostering novel and creative research projects. Our concept of research is broad. It can include laboratory-bench-based experiments, brain imaging, genetic data analysis, clinical trials, or other kinds of clinical research (though public health, child or education-related topics would best be pursued as part of those tracks). Residents can join an ongoing project in a mentor’s program. Alternatively, residents will be encouraged to develop new topics with their mentors.

Didactics

The monthly Core Research Seminar is a combination of a content-based seminar, a presentation skills training opportunity, and ongoing instruction in Responsible Conduct of Research. It will include the PGY-2-4 research track residents, the T32 fellows, and other selected fellows, especially graduates of the residency program (who
are pursuing other fellowships or who are junior faculty members). It will occur on the fourth Friday of every month from 10 AM to noon. The Core Research Seminar will include a yearly presentation by each trainee of their work, with a critique by other trainees and R25/T32 faculty focused on both scientific content (including issues of RCR that pertain to high quality science) and presentation style. The new PGY-3 research track Neurobiology Seminar will focus on current research methods and results. It will occur at 9 AM monthly on Mondays during the academic year, as currently scheduled. It will be moderated by Drs. Ross, Margolis, Tamashiro, or one of the Core Mentors. The format will involve some didactic seminars, but primarily the residents’ reading, presenting and analyzing current key research papers, i.e., participation by residents themselves, with critical thinking and orientation towards future research possibilities. About once a month, the weekly Psychiatry Department Research Conference will cover a relevant topic for this course. Topics will evolve with the field and with trainee interests, and will address key methods in genetics and neurobiology research.

There are also courses in statistics and data analysis through the School of Public Health, which most research-track residents will be encouraged to take. Dr. Ross leads two graduate courses in Brain Diseases in the Department of Neuroscience. Many other didactic opportunities are available, depending on participant interest.

At the end of the program, graduates will have the opportunity to enter one of the T32 fellowship programs in the department, including the program co-directed by Dr. Ross and Dr. Weinberger. Support will also be available for K-award applications and other career development awards. The goal will be a seamless transition to a successful independent research career.

Mentorship

As with the other tracks, each resident will have two mentors – a “Career Development Mentor,” usually one of the Core Mentors, and a topic mentor for each research rotation and for the final project, who can be anyone from the list. The goal will be to provide both excellent ongoing research training and supervision, and also objective and long-term guidance and planning.
# JOHNS HOPKINS PSYCHIATRY ROTATIONS – 2018

<table>
<thead>
<tr>
<th>PGY I - Bayview (10 positions)</th>
<th>Johns Hopkins Bayview Medical Center</th>
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<tbody>
<tr>
<td>Internal Medicine (6 Months)</td>
<td>Neurology (2 Months) Inpatient and Consultation Services</td>
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<tr>
<td>4 months Inpatient Wards</td>
<td>Inpatient Psychiatry (3 Months) Community Psychiatry Service, Dual Diagnosis Service</td>
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<tr>
<td>2 weeks Cardiac Intensive Care Unit</td>
<td>Track Selectives (1 Month)</td>
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<tr>
<td>2 weeks Medical Intensive Care Unit</td>
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<tr>
<th>PGY I - Pediatrics (1 position)</th>
<th>Johns Hopkins Hospital</th>
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<tr>
<td>Pediatrics (10 Months)</td>
<td>Pediatric Neurology (1 Month) Inpatient Service</td>
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<tr>
<td>Wards, PICU, Adolescent Medicine</td>
<td>Adult Neurology (1 Month) Inpatient Service</td>
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## Johns Hopkins Hospital

<table>
<thead>
<tr>
<th>PGY II</th>
<th>Meyer 3 Inpatient (2 Months) Motivated Behaviors, Short-stay Community Psychiatry</th>
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<tbody>
<tr>
<td>Meyer 4 Inpatient (3 Months) Eating Disorders*, Adult Affective Disorders*, Young Adult &amp; Adolescent Affective Disorders*</td>
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</tr>
<tr>
<td>Meyer 5 Inpatient (3 Months) General Psychiatry Service, Schizophrenia Service</td>
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<tr>
<td>Meyer 6 Inpatient (2 Months) Geriatric Psychiatry, Chronic Pain Center*</td>
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Residents’ Outpatient Continuity Clinic (½ day per week)

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<thead>
<tr>
<th>PGY III</th>
<th>Emergency Psychiatry (1 Month) Consultation-Liaison (2 Months) Track Elective (1 Month) Outpatient Department Rotation (8 Months) Community Psychiatry Clinic, Family and Couples Therapy Clinic, Anxiety Clinic, Affective Disorders Clinic, Sex and Gender Clinic, Schizophrenia Clinic, Forensics, Psychodynamic Psychotherapy Supervision, HIV Psychiatry Clinic, Mobile Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Psychiatry Intensive Outpatient Program, Huntington’s Clinic, Neuropsychiatry/Geriatric Psychiatry Clinic</td>
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Residents’ Outpatient Continuity Clinic (½ day per week)

Longitudinal Track Activity (½ day per week)

<table>
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<tr>
<th>PGY IV</th>
<th>Outpatient Department Rotation (4 Months) Community Psychiatry Intensive Outpatient Program, Huntington’s Clinic, Neuropsychiatry/Geriatric Psychiatry Clinic</th>
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<tbody>
<tr>
<td>Child &amp; Adolescent Day Hospital (1 Month) Partial Hospital Service</td>
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Track Elective (7 Months) Mentored Scholarly, Clinical, Leadership Activities within Tracks Framework

Residents’ Outpatient Continuity Clinic (½ day per week)

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* Integrated inpatient and partial hospital service.
DEPARTMENT-WIDE DIDACTIC CURRICULUM

In concert with an extensive clinical curriculum, the Johns Hopkins Psychiatry residency program provides a comprehensive didactic curriculum for its residents. During residency, residents are offered a multitude of didactic learning opportunities made up of the three traditional teaching methods: lecture/demonstrations, tutorial/seminars, and recitations. In addition to a didactic lecture series specific to each residency year, an ongoing across-the-years department-wide educational program runs concurrently and consists of weekly Department Director’s Service Rounds, Teaching Rounds, Departmental Grand Rounds, as well as a regular Journal Club. All residents participate in considering principles of psychiatry during these didactic meetings. The resident seminar series is a coherent overview of the field of psychiatry presented by faculty who are experts on each of the topics presented.

- **DEPARTMENT DIRECTOR’S SERVICE ROUNDS**

  In this two-hour weekly didactic session, one resident presents a patient to the Psychiatry Department Director, who then interviews the patient while the residents observe. Residents are given an opportunity to ask questions after the interview, after which the patient is excused and the Department Director leads a discussion and highlights teaching points related to the case. During the intern year, weekly service rounds are also held at the Johns Hopkins Bayview Medical Center and are led by its Department Director.

- **TEACHING ROUNDS**

  During these rounds, a resident presents a patient to a faculty member from the subspecialty service. The patient is then interviewed by the faculty member who will lead a discussion of the diagnostic and therapeutic issues pertinent to the case. During the PGY-1 year, the residency directors, Drs. Graham Redgrave, Anne Ruble and John Lipsey, conduct teaching rounds with the interns on the Bayview campus. In the subsequent years, residents have the opportunity to attend several teaching rounds. Many subspecialty services conduct these rounds on a weekly basis including the Affective Disorders Service and the Schizophrenia Service.

- **PSYCHIATRY DEPARTMENTAL GRAND ROUNDS**

  During Grand Rounds, a patient is presented by one of the residents, interviewed by the Department Director, and then a faculty member gives a lecture related to the case under consideration. The Department Director then leads the discussion,
which is open to all members of the department. The presenting faculty member prepares minutes of the round. The topics covered for 2017-2018 are listed below, and for prior years in the Appendix.

### GRAND ROUNDS TOPICS FROM THE 2017-2018 ACADEMIC YEAR

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>What Should a Psychiatrist know about Genetics?</td>
<td>James Potash, MD, MPH</td>
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<tr>
<td>Causality in Clinical and Research Settings: from Precision to Global Psychiatry</td>
<td>Akira Sawa, MD, PhD</td>
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<tr>
<td>Delirium Management and Prevention</td>
<td>Karin Neufeld, MD, MPH</td>
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<tr>
<td>A Review of the Pharmacotherapy of Pediatric Disruptive Behavior Disorders and Dysfunctional Aggression</td>
<td>Robert Findling, MD, PhD</td>
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<td>Recent Onset Schizophrenia Dilemmas of Diagnosis and Treatment</td>
<td>Russell Margolis, MD</td>
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<tr>
<td>Relationship of the Sex and Gender Clinic to the Johns Hopkins Center for Transgender Health</td>
<td>Frederick Berlin, MD, PhD</td>
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<td>A Neurogenetic Approach to Major Mental Illness</td>
<td>Christopher Ross, MD, PhD</td>
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<td>The National Curriculum in Reproductive Psychiatry</td>
<td>Lauren Osborne, MD, PhD</td>
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<td>Harnessing the Electronic Medical Record in the Psychiatric Care and Education of Community patients: The Challenges and Potential</td>
<td>Vinay Parekh, MD</td>
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<td>Beyond the Band-Aid: Social Determinants as a Next Step in Integrated Care</td>
<td>Larry Wissow, MD, MPH</td>
</tr>
<tr>
<td>Positivity Resonates: Micro-moments of Positive Social Connections as Healing and Health Behaviors</td>
<td>Barbara Fredrickson, PhD</td>
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<tr>
<td>Mental Health Crisis in Youth with Autism Spectrum Disorder</td>
<td>Roma Vasa, MD</td>
</tr>
<tr>
<td>Accelerating Awareness: ADAP’s National Expansion</td>
<td>Karen Swartz, MD</td>
</tr>
<tr>
<td>Neuropsychiatric Symptoms across the Alzheimer’s Spectrum</td>
<td>Paul Rosenberg, MD, MD</td>
</tr>
<tr>
<td>Genetics of Bipolar Disorder and Schizophrenia</td>
<td>Daniel Ebert, MD, PhD</td>
</tr>
<tr>
<td>Aging Really Matters - New Directions in Understanding Late Life Neuropsychiatric Disorders</td>
<td>Kostas Lyketsos, MD, MD</td>
</tr>
<tr>
<td>Parent Guilt and Distress following Pediatric Burn Injuries</td>
<td>Carisa Katherine Perry-Parrish, MA, PhD</td>
</tr>
<tr>
<td>Imaging the Nicotinic Acetylcholine Receptor in Neuropsychiatric Disorders</td>
<td>Jennifer Coughlin, MD</td>
</tr>
<tr>
<td>Child Abuse, Psychopathology, and Recovery</td>
<td>Joan Kaufman, PhD</td>
</tr>
<tr>
<td>Burnout among Medical Trainees</td>
<td>Meg Chisolm, MD</td>
</tr>
<tr>
<td>Risk Factors, Correlates and Treatment of Depression after Traumatic Brain Injury</td>
<td>Durga Roy, MD, MS</td>
</tr>
<tr>
<td>Neuroscience, Memory, and the Law</td>
<td>Michael Kopelman, PhD</td>
</tr>
<tr>
<td>Treatment Outcomes and Eating Disorders: Time to Raise the Bar</td>
<td>Angela Guarda, MD</td>
</tr>
<tr>
<td>Large-scale Brain Circuit Abnormalities in Adolescent Substance use and Mood Disorders: Transdiagnostic Circuit-level Treatment Targets for Co-occurring Disorders</td>
<td>Christopher Hammond, MD</td>
</tr>
<tr>
<td>Safety of Psychiatric Medication in Pregnancy</td>
<td>Krista Huybrechts, MS, PhD</td>
</tr>
<tr>
<td>Alzheimer Disease Variations at Different Life Stages (in adulthood, mid-life, and later)</td>
<td>Chiadi Onyike, MD</td>
</tr>
<tr>
<td>The Importance of Relationship in Healing Placebos, Medicine, &amp; Psychotherapy</td>
<td>Bruce Wampold, MEd, PhD</td>
</tr>
<tr>
<td>Optimizing Mental Health and Cognitive Outcomes in Cancer Care</td>
<td>Tracy Vannorsdall, PhD, Phd</td>
</tr>
<tr>
<td>fMRI Biomarkers Define Novel Neuropsychiological Subtypes of Depression</td>
<td>Conor Liston, MD, PhD, Phd</td>
</tr>
<tr>
<td>Reconstituting Health: Integrating Behavioral Health Services in JMAP, Johns Hopkins ACO</td>
<td>Jin Hui Joo, MA, MD</td>
</tr>
<tr>
<td>Towards Mechanisms of Sleep Disruption Hypersalgesia</td>
<td>Michael Smith, PhD</td>
</tr>
<tr>
<td>Opioid Use Disorder: Where we were, where we are, where we need to go</td>
<td>Eric Strain, MD</td>
</tr>
</tbody>
</table>
Journal Club

Faculty members host residents in their home and lead a discussion on a journal article. Typically, the journal article selected is an original article written by the faculty member hosting. One of the residents presents the article, while the faculty member helps to lead the discussion. The aim of the seminar is to examine the author's methods, the strengths and weaknesses of the article, and the relevance of this work to clinical psychiatry. Residents become familiar with clinical research, statistical methods, and psychiatric epidemiology.

Mind the Gap

The Johns Hopkins Schizophrenia Center hosts a series of workshops designed to bring researchers and clinicians together. A psychiatry resident is paired up with a researcher to present on a topic of their choosing. Topics in the past have included psychiatric epidemiology, co-morbidity with psychiatric disorders, pregnancy and mental illness, and stigma in psychiatry. Both the resident and researcher meet with several faculty members together to discuss the topic prior to the workshop. The workshop is open to all faculty members, researchers, and clinicians.

Departmental Research Conference

This weekly lunchtime conference is held throughout the academic year. Investigators within the Johns Hopkins Hospital, as well as from outside institutions, present their latest research. Faculty, residents, and research fellows participate in this meeting. Residents are invited to meet with guest speakers prior to or following the conference. The topics covered during the 2017-2018 academic year are listed below.

Research Conference Topics from the 2017-2018 Academic Year

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build it and they will come? An Infrastructure for the Future of Research in Psychiatry</td>
<td>Peter Zandi, PhD</td>
</tr>
<tr>
<td>Modeling Binge Eating Disorder: Cognitive Consequences and Effects of Exercise</td>
<td>Timothy Moran, PhD</td>
</tr>
<tr>
<td>Opioid Use Disorder Treatment: Research and Future Directions</td>
<td>Kelly Dunn, PhD</td>
</tr>
<tr>
<td>Using Ecological Momentary Assessment to Investigate Young Adult Substance use in the Natural Environment</td>
<td>Johannes Thrul, PhD</td>
</tr>
<tr>
<td>Incentives, Ethics, and Tradeoffs in the Economics of Body Parts</td>
<td>Mario Macis, PhD</td>
</tr>
<tr>
<td>Role of Glucocorticoids in Psychiatry</td>
<td>Richard Lee, PhD</td>
</tr>
<tr>
<td>Research Update on the MIND at Home Studies for Improving Community-based Dementia Care: Early Learnings and Next Steps</td>
<td>Quincy Samus, PhD</td>
</tr>
<tr>
<td>Neuroimaging Approaches to Memory and Memory Impairment in Aging and Disease</td>
<td>Arnold Bakker, PhD</td>
</tr>
<tr>
<td>Novel Target of Cocaine Mediates Stimulant Effect via Autophagy</td>
<td>Maged M Harraz, MBBCh, MSc, PhD</td>
</tr>
<tr>
<td>Utility of Operant Conditioning to Address Poverty-Related Health Disparities</td>
<td>Kenneth Silverman, PhD</td>
</tr>
<tr>
<td>Psilocybin: History, Neuropsychopharmacology, and Clinical Applications</td>
<td>Roland Griffiths, PhD</td>
</tr>
<tr>
<td>Astrocyte Dysfunction and Psychiatric Disorders: a Research Program</td>
<td>Mikhail V Pletnikov, MD, PhD</td>
</tr>
<tr>
<td>Branch Chief, NIDA-IRP Topic: Tests of Two Key Predictions of the Hypothesis that Dopamine Transients Serve as a Cached-value Error-signaling System for Learning</td>
<td>Geoffrey Schoenbaum, MD, PhD</td>
</tr>
</tbody>
</table>
This monthly conference is held throughout the year for residents from the PGY-II through PGY-IV year. Topics discussed include suicide prevention, avoidance of seclusion, and prevention of medication errors. Several sessions are also dedicated to root cause analysis of specific cases.

**MD/RN Council**

This monthly conference is held throughout the year for residents working on the inpatient units in the PGY-II through PGY-IV years. The goal of the council is to foster interdisciplinary discussions to improve patient safety and outcomes.
GOALS & OBJECTIVES
The goals of the first year of residency are integrative and introductory: to provide a foundation in Internal Medicine and Neurology, as well as to provide supervised responsibility for assessing and treating a diverse population of psychiatric inpatients on a general psychiatry service.

We expect that by the end of this year residents will:

- manage acute and subacute medical and neurological conditions in the inpatient setting
- apply methods of patient assessment and formulation
- understand broad categories of psychiatric illness and implications for treatment and prognosis for a variety of psychiatric patients
- appreciate the milieu concept of inpatient psychiatric services
- understand the responsibilities and roles of other mental health practitioners integrated in team treatment of patients
- understand at a basic level the multiple treatment modalities - psychological, pharmacological, physical, and rehabilitative - employed with psychiatric patients
CLINICAL CURRICULUM

The internship year consists of six months in the Department of Medicine, four months in the Department of Psychiatry, and two months in the Department of Neurology.

- **PSYCHIATRY**

  The Department of Psychiatry at Bayview is an important component of the Johns Hopkins Residency Program. Dr. Durga Roy is the director of the internship year. Residents rotate on the 20-bed psychiatric inpatient unit, the Acute Psychiatric Unit (APU), which admits approximately 900 voluntary patients each year from all socioeconomic groups and diagnostic categories. Two to three interns are assigned to the unit, and each cares for approximately six patients under the supervision of an attending psychiatrist. Each intern spends three months on the inpatient service.

- **INTERNAL MEDICINE**

  The Department of Medicine at Bayview maintains an acute medical service, including coronary care and intensive care units, and has special interests in cardiopulmonary physiology, renal physiology, health care delivery systems, geriatric medicine, and occupational medicine. A full-time attending physician makes daily rounds with the interns and assistant residents on each team. Each intern has an average caseload of five to seven patients. There is also a night-float system where interns work with senior medical residents. The admitting medicine schedule follows a four-day cycle with two admitting days and two non-admitting patient care days. In addition to four and a half months of inpatient medicine, interns rotate, on average, for two weeks on the Medical Intensive Treatment Unit (MICU) and two weeks on the Cardiac Intensive Treatment Unit (CICU). Below is a daily schedule of didactics for interns while rotating on Internal Medicine. Didactics include daily Morning Report with all the medicine residents, individual team didactics, and lunch conference.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Medicine SCHEDULE</th>
<th>PGY-I Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-rounding occurs daily prior to 7:45 AM Morning Report.</td>
<td></td>
</tr>
<tr>
<td>Evening coverage by Night Float starts at 5:00 PM on non-admitting at 8:00 PM on admitting days.</td>
<td></td>
</tr>
<tr>
<td>Interns participate in patient care on the unit except during the activities listed below.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEKDAYS</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:45 am to 09:00 am</td>
<td>Morning Report Didactic</td>
<td></td>
</tr>
<tr>
<td>09:00 am to 01:00 pm</td>
<td>Medicine team didactics</td>
<td></td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Bedside Rounds with Dr. Hellman</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEDNESDAYS</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Intern Support Group (Thursdays)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEKENDS</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns cover either Saturday or Sunday with their team.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **NEUROLOGY**

  The Department of Neurology The Department of Neurology at Bayview is staffed by neurology residents from the Johns Hopkins Neurology program
and senior residents from the Medicine program at Bayview. The Department of Neurology has special interests in the areas of neuropsychology, seizure disorders, strokes, and movement disorders. The ward usually cares for 15 to 20 neurologic inpatients, including patients in the Neurology Critical Care (NCCU) so that each of the three house officers on the unit is responsible for five to seven inpatients under the supervision of the neurology chief resident and a full-time attending neurologist. In addition to the six weeks on the inpatient unit, interns rotate for two weeks on the neurology consultation team. Below is a daily schedule of didactics for interns while rotating on the inpatient neurology unit. Didactics include daily teaching from the chief resident and noon conference, as well as the Department of Neurology Grand Rounds.

**WEEKLY INPATIENT NEUROLOGY SCHEDULE**

<table>
<thead>
<tr>
<th>PGY-I Residents</th>
<th>08:00 am to 08:30 am</th>
<th>08:30 am to 10:00 am</th>
<th>12:00 pm to 01:00 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WEEKDAYS</strong></td>
<td>Neurology Chief Resident Didactic</td>
<td>Bedside team rounds</td>
<td>Neurology House Staff Seminar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Intern Support Group (Thursdays)</em></td>
</tr>
<tr>
<td><strong>THURSDAYS</strong></td>
<td>10:00 am to 12:00 pm</td>
<td>Neurology Grand Rounds</td>
<td></td>
</tr>
<tr>
<td><strong>WEEKENDS</strong></td>
<td>Interns help cover the service on either Saturday or Sunday of each week.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIDACTIC CURRICULUM**

Interns participate in weekly Service Rounds with the Director of Psychiatry at Johns Hopkins Bayview. During their psychiatry rotation, interns meet for three hours of didactics weekly, in addition to the one hour weekly that all psychiatry interns come together for a didactic regardless of rotation setting. They also participate in weekly Teaching Rounds with the residency directors, Drs. Graham Redgrave, Anne Ruble, and John Lipsey, or other faculty leaders. Below is the schedule during the inpatient psychiatry rotation on the Acute Psychiatric Unit at the Johns Hopkins Bayview Medical Center, followed by further explanation of the didactics during the inpatient psychiatry rotation.

**WEEKLY INPATIENT PSYCHIATRY SCHEDULE**

<table>
<thead>
<tr>
<th>PGY-I Residents</th>
<th>11:00 am to 12:30 pm</th>
<th>12:30 pm to 01:30 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONDAY</strong></td>
<td>Psychiatry Grand Rounds</td>
<td>Phenomenology Seminar</td>
</tr>
<tr>
<td><strong>TUESDAY</strong></td>
<td>12:00 pm to 01:00 pm</td>
<td>Service Rounds/Academic Psychiatry Seminar</td>
</tr>
<tr>
<td><strong>WEDNESDAY</strong></td>
<td>12:00 pm to 01:00 pm</td>
<td>Pharmacotherapy Seminar</td>
</tr>
<tr>
<td><strong>THURSDAY</strong></td>
<td>12:00 pm to 01:00 pm</td>
<td>Intern Support Group</td>
</tr>
<tr>
<td></td>
<td>01:00 pm to 02:00 pm</td>
<td>Teaching Rounds with Drs. Redgrave &amp; Lipsey</td>
</tr>
</tbody>
</table>
PHENOMENOLOGY
Seminars topics are listed below.

- Introduction to the Psychiatric Evaluation
- Mental Status Examination and Differential Diagnosis
- Psychotic Disorders
- Affective Disorders
- Anxiety and Somatoform Disorders
- Substance Abuse and Dependence
- Personality Traits and Disorders
- Suicide

PHARMACOTHERAPY
Seminars topics discussed are listed below.

- Emergency Treatments in Psychiatry
- Antipsychotic Drug Treatment of Schizophrenia and other Psychotic Disorders
- Management of Major Depression
- Management of Bipolar Disorder
- Treatment of Sleep Disorders
- Drug Treatment in Geriatric Psychiatry
- Early Treatment Engagement Principles for Substance Abuse
- Applications of landmark clinical trials studies

PSYCHOTHERAPY
Seminars topics are listed below.

- Psychotherapy and the Perspectives of Psychiatry
- Continuum of Care
- History of Community and Public Health Services
- Crisis Intervention
- The Therapeutic Relationship and Boundaries
- Psychotherapy Supervision
- Personality and Psychotherapy
- Recovery and Consumer Empowerment
- Behavioral Health Integration
GOALS & OBJECTIVES

The goals of the second year are to build on the developed capacities of the first year and to introduce more advanced psychiatric knowledge and methods of assessment and treatment. These goals are achieved by close supervision of residents on a variety of inpatient and partial hospital services. Residents are introduced to the full continuum of care by beginning their own office-based outpatient practice under supervision. These broad, patient-centered experiences are amplified by a didactic program of lectures in psychiatric assessment, treatment, and research.

We expect that by the end of this year residents will have acquired:

- thorough competence in the assessment and formulation of psychiatric disorders along with a clear appreciation of the corroborative methods tied to psychological testing and laboratory measurement
- competence in treating the most seriously mentally ill patients, frequent complicating medical and surgical problems, and forensic issues that may affect treatment
- comprehensive understanding of the psychological, pharmacological, and physical treatments involved in the care of the seriously mentally ill
- capacity to assume a leadership role on the treatment team in an inpatient milieu
- experience with behaviorally oriented treatment plans for eating disorders and addictions
- introductory knowledge of subspecialty psychiatry gained through experience on specialty services such as affective disorders, geriatrics, schizophrenia, chronic pain, substance abuse disorders, eating disorders, and child and adolescent psychiatry
- experience providing both time-limited, symptom-focused and long-term, insight-oriented psychotherapy, under close supervision, in the residents’ ambulatory clinic
- understanding of the vertical integration of clinical practice, incorporating outpatient, partial hospital, and inpatient treatment settings
CLINICAL CURRICULUM
In this year, three new house officers who have completed at least a first postgraduate year are accepted into the program, making a total of 13 PGY-II residents. Although most clinical experience is gained on different inpatient units of the Henry Phipps Psychiatric Service of the Johns Hopkins Hospital or the child psychiatry unit of the Bloomberg Children’s Hospital, residents also begin to establish their own outpatient practice through the Residents’ Outpatient Continuity Clinic (ROCC).

**Outpatient Continuity Clinic**
This clinic, led by Drs. O. Joseph Bienvenu and Jennifer Payne, is designed to allow residents to see patients with various psychiatric conditions over the next three years. Residents are encouraged to manage both medications and psychotherapy for patients. Drs. Bienvenu and Payne provide instruction and guidance to residents regarding building a diverse outpatient practice and handling the logistics of such a practice, including billing, scheduling, and documentation. Residents also work with a clinic coordinator, who completes insurance authorization for outpatients within the ROCC. Each resident also has an assigned outpatient supervisor starting in the PGY-II year. Residents rotate supervisors every six months to help expose residents to a variety of outpatient management skills. Each resident will spend one hour per week with their outpatient supervisor.

Each week a resident sees an average of two outpatients during the PGY-II year and four outpatients during the PGY-III year and PGY-IV years. The residents typically follow a total of ten to twenty patients by their PGY-IV year.

**Henry Phipps Psychiatric Service**
Residents spend the majority of the PGY-II year providing care for patients on the psychiatry inpatient services. The Henry Phipps Psychiatric Inpatient Service has 85 beds distributed among ten autonomous units. Among the inpatient units are several specialty services including Eating Disorders, Affective Disorders, Young Adult, Schizophrenia, Geriatric Psychiatry, Chronic Pain, the Motivated Behaviors Unit, and the Intensive Treatment Unit. Other inpatient services include the General Psychiatry Service led by the chief resident and the Short Stay Community Psychiatry Service. There are also day hospitals associated with the inpatient units, including Affective Disorders, Eating Disorders, Geriatric Psychiatry, and Chronic Pain. Rotations through the various units provide exposure to all standard modalities of treatment, including individual and group psychotherapeutic, pharmacological, electroconvulsive, and behavioral therapies.

Each resident covers five to ten inpatients under the supervision of a psychiatry attending. The attending psychiatrist leads daily rounds with the residents and other staff as well as individual supervision of residents every afternoon. Additionally, all residents receive four-weeks of formal training in electroconvulsive therapy over the course of the year.
**CHILD PSYCHIATRY SERVICE**

PGY-II residents also spend one month rotating on the 15-bed child and adolescent inpatient psychiatry service of the Bloomberg Children’s Hospital at Johns Hopkins. During this introductory child psychiatry rotation they care for 3-4 inpatients with a range of psychiatric diagnoses including affective illnesses, anxiety disorders, and autism spectrum disorders, among others. Residents also spend time working with their patients’ families or guardians and play an important role in the multidisciplinary team. During this rotation residents are supervised by child and adolescent psychiatry fellows and attendings.

**DIDACTIC CURRICULUM**

During the second year of residency, the residents are engaged in several didactic sessions. Residents attend Psychiatry Department Grand Rounds and weekly Service Rounds as well as several other didactics. These didactics include the Summer Session Series, the PGY-II seminar with an advanced focus on phenomenology and psychopharmacology, Morbidity and Mortality Conference, Research Conference, and Mind the Gap. Below is the typical weekly schedule for the PGY-II residents.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Psychiatry SCHEDULE</th>
<th>PGY-II Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No pre-rounding prior to Multidisciplinary Team Rounds daily at 8:00 AM.</strong></td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>Evening coverage by the PGY-II resident starts at 5:00 PM.</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td>Residents participate in patient care on the unit except during the activities listed below.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>M O N D A Y S</strong></th>
<th><strong>T U E S D A Y S</strong></th>
<th><strong>W E D N E S D A Y S</strong></th>
<th><strong>T H U R S D A Y S</strong></th>
<th><strong>F R I D A Y S</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am to 12:30 am</td>
<td>12:00 pm to 01:00 pm</td>
<td>12:00 pm to 01:00 pm</td>
<td>12:00 pm to 01:00 pm</td>
<td>10:00 am to 12:00 pm</td>
</tr>
<tr>
<td>Psychiatry Grand Rounds</td>
<td>Research Conference (weekly) or Morbidity &amp; Mortality (monthly)</td>
<td>PGY-II Seminar</td>
<td>Outpatient Psychiatry Seminar</td>
<td>Service Rounds with Department Director</td>
</tr>
</tbody>
</table>

**W E E K E N D S & C A L L**

Residents take in-house weekday and weekend call, covering the inpatient units, on average every 13 days.

**PGY-II SEMINAR: INTRODUCTORY SUMMER SESSION**

During the summer of the PGY-II year, residents meet four times weekly for didactics before Departmental Grand Rounds and Research Conference begin in September. The summer session includes weekly discussions about Drs. Paul McHugh and Phillip Slavney’s book, *The Perspectives of Psychiatry*, as well as several lectures on electroconvulsive therapy, medical student teaching, pharmacotherapy, forensic psychiatry, and emergency treatments in psychiatry. Each topic and its presenter are listed below.

Discussion of *The Perspectives of Psychiatry*  
James Potash, MD, & others

Phipps History and Mental Status Exam  
Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD

21
Psychotherapy on Inpatient Services

Professionalism in Psychiatry Residency Training

Emergency Treatments in Psychiatry

Electroconvulsive Therapy

Introduction to Pharmacotherapy

Approaching the Psychiatric Literature

Forensic Psychiatry

Duty Hours and Sleep Deprivation

Medical School Education

Alcohol Detoxification

Opiate Detoxification

Community Psychiatry

PGY-II SEMINAR: ACADEMIC YEAR

During the academic year, PGY-II residents meet weekly for an advanced phenomenology and psychopharmacology course. Each topic and its presenter are listed below.

The Formulation
J. Raymond DePaulo, Jr., MD

Bipolar Disorder
Jennifer Payne, MD

Major Depression
Karen Swartz, MD

Medical School Teaching
Susan Lehmann, MD

Motivational Interviewing
Dean MacKinnon, MD & Heidi Hutton, PhD

Antidepressants
Karen Swartz, MD

Schizophrenia
Thomas Sedlak, MD, PhD

Neuroscience of Schizophrenia
Frederick Nucifora, DO, PhD

Sub-Threshold Affective Disorders
Fernando Goes, MD

Antipsychotics
Russell Margolis, MD

Psychometrics
David Schretlen, PhD

Mood Stabilizers
Fernando Goes, MD

Psychological Assessment
Jason Brandt, PhD

Alzheimer’s Disease
Paul Rosenberg, MD

Anxiety Disorders
O. Joseph Bienvenu, MD, PhD

Post-Traumatic Stress Disorder
James Fauerbach, PhD

Obsessive-Compulsive Disorder
Gerald Nestadt, MD

Substance Abuse
Eric Strain, MD & Jeffrey Hsu, MD

Geriatrics
Susan Lehmann, MD

Drug Withdrawal & Detoxification
Alan Romanowski, MD

Somatoform Disorder
Thomas W. Koenig, MD

Emergency Psychiatry
Vinay Parekh, MD

Eating Disorders
Graham Redgrave, MD

OUTPATIENT CARE SEMINAR

This seminar for all PGY-II residents covers the establishment of an outpatient practice, the nature of the therapeutic relationship, and the elements of supportive, psychodynamic, and cognitive-behavioral psychotherapeutic techniques. PGY-II residents meet with Dr. O. Joseph Bienvenu and Dr. Jennifer
Payne and other faculty every Thursday. Case-based discussions of psychotherapeutic opportunities and dilemmas are central to the seminar. Expert faculty members focus on the psychotherapeutic techniques most effective for specific diagnostic patient groups. Each topic and its presenter are listed below.

- **Getting Started with Outpatients**
  Jennifer Payne, MD & O. Joseph Bienvenu, MD, PhD
- **Financial Overview of Residents’ Clinic**
  Rita Cardim
- **Electronic Medical Record**
  Kim Courson-Antinone & Joyce Worchesky
- **Setting-Up Your Office**
  Karen Swartz, MD
- **Boundaries with Outpatients**
  Graham Redgrave, MD & John Lipsy, MD
- **Community Psychiatry**
  Bernadette Cullen, MBCh, MD
- **How to Meditate (For Yourself and Your Patients)**
  Nida Gould, PhD
- **Introduction to Group Therapy**
  Deborah Mendelson, LCSW
- **Supportive Psychotherapy**
  Milena Smith, MD
- **Mindfulness-Based Approaches in Psychotherapy**
  Tamar Mendelson, PhD
- **First Contact and Establishing Alliance**
  Jennifer Payne, MD
- **The Therapeutic Frame**
  Jennifer Payne, MD
- **Transference and Countertransference**
  Jennifer Payne, MD
- **Termination Issues**
  Jennifer Payne, MD
- **Making Lifestyle Changes**
  Milena Smith, MD
- **Cognitive Behavioral Therapy Basics**
  Courtney Keeton, PhD
- **Cognitive Behavioral Therapy for Depression**
  Courtney Keeton, PhD
- **Cognitive Behavioral Therapy for Anxiety**
  Courtney Keeton, PhD
- **Cognitive Behavioral Therapy for Schizophrenia**
  Krista Baker, LCPC
- **Dialectical Behavioral Therapy**
  Tamar Mendelson, PhD
- **Common Features in All Psychotherapies**
  Bernard Liberman, PhD
- **The Mood Disordered Outpatient**
  Denis Antoine, MD
- **The Outpatient with Substance Abuse**
  Karen Swartz, MD
- **O. Joseph Bienvenu, MD, PhD**
- **The Outpatient with Anxiety Disorders**
  Jennifer Payne, MD
- **The Female Outpatient**
  Jennifer Payne, MD
- **The Outpatient with Relationship Issues**
  Jennifer Payne, MD
- **The Outpatient with Obsessive-Compulsive Disorder**
  Gerald Nestadt, MBCH, MPH
- **The Outpatient with Chronic Pain**
  Glenn Treisman, MD, PhD
- **The Outpatient with an Eating Disorder**
  Graham Redgrave, MD
- **The Outpatient with Personality Disorders**
  Glenn Treisman, MD, PhD
- **The Geriatric Outpatient**
  Susan Lehmann, MD
- **Interpersonal Psychotherapy**
  Laurence Osborne, MD
- **The Outpatient with Schizophrenia**
  Russell Margolis, MD
- **The Outpatient with ADHD**
  Richard Lanham, PhD
- **PGY-IV Mentoring about Outpatients Series**
  PGY-IV residents
- **General Outpatient Supervision Series**
  Jennifer Payne, MD & O. Joseph Bienvenu, MD, PhD

**RESIDENTS’ LUNCH**

All residents, starting in the PGY-II year, gather weekly for lunch and a discussion led by the administrative chief resident. The discussion typically focuses on clinical and administrative issues relevant to the residency. The lunch also provides an opportunity for all residents to bring up suggestions or concerns. The residency directors, Drs. Redgrave and Lipsy, come to the meetings monthly to answer residents’ questions and to discuss any pertinent issues about the residency.
PGY-III YEAR

GOALS & OBJECTIVES
The goal of this year is to promote residents’ development toward independence by providing intensive outpatient and general hospital experiences. In the outpatient setting, residents acquire competencies in more complex, subspecialty outpatient clinics where they are supervised by experts in the assessment and treatment of a variety of disorders, including chronic schizophrenia, affective disorders, anxiety disorders, drug and alcohol disorders, forensic issues, and sexual disorders. A significant exposure to community-based psychiatry is provided, including rehabilitative and outreach services.

In the general hospital psychiatry rotations, residents provide psychiatric consultation, both in the emergency department and general hospital inpatient wards. Residents often take the lead in communicating with those seeking consultation, and this role enhances residents’ confidence in assessment, stabilization, and referral of the most acutely ill, complex cases.

We expect that by the end of this year residents will have acquired:

- mastery of skills in psychiatric assessment and treatment in subspecialty outpatient settings
- diagnostic skills in recognizing the psychiatric disorders that complicate medical and surgical conditions, as well as the capacity to provide this information in consultation to physicians in general hospital inpatient and outpatient services
- mastery of the role of liaison in the general hospital setting
- a firm grasp of the theoretical underpinnings and practice pitfalls of outpatient psychotherapy both in time-limited symptom-focused and long-term insight-oriented treatment
- competence in the assessment and management of psychiatric issues seen most commonly in outpatient settings, specifically affective, anxiety, family, marital, sexual, and addictive disorders clinics
- supervised experience in outpatient community clinics and our mobile outreach program
- a capacity to function as an effective member of a primary care team in assessing and treating ambulatory medical patients
The third postgraduate year has three components: the Consultation-Liaison Service, the Psychiatry Emergency Service, and the Outpatient Department. Half of the residents spend the first six months solely dedicated to outpatient care, while the other half rotates through Consultation-Liaison and Emergency Psychiatry Services, as well as two months of outpatient psychiatry. At the end of six months, the two groups switch.

**FIRST-HALF OF THE YEAR**

**CONSULTATION-LIAISON**

The Consultation-Liaison service is directed by Drs. O. Joseph Bienvenu and Dr. T. Avi Gerstenblith. Supervision and teaching are focused on helping residents develop the attitudes, knowledge, and skills needed to provide expert psychiatric consultation to non-psychiatric physicians for their medically and surgically ill patients with coexisting psychiatric disorders. Approximately 800 consultations with medically and surgically ill inpatients and outpatients are seen each year. Consultations are supervised by a full-time member of the faculty with two to three psychiatry residents on service together, as well as a neurology resident. For each consultation, the resident and attending psychiatrist evaluate and provide both psychotherapy and pharmacotherapy recommendations. Each resident is on the Consultation-Liaison Service for eight to ten weeks per year. Below is the daily schedule for those rotating on the Consultation-Liaison Service.

<table>
<thead>
<tr>
<th>WEEKLY Consultation-Liaison SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PGY-III Residents</strong></td>
</tr>
<tr>
<td>No pre-rounding prior to daily attending didactic sessions at 8:00 AM.</td>
</tr>
<tr>
<td>Evening coverage by the PGY-III resident starts at 5:00 PM.</td>
</tr>
<tr>
<td>Residents participate in patient care on the unit except during the activities listed below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEKDAYS</th>
<th>08:00 am to 09:00 am</th>
<th>Didactic session with attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MONDAYS</td>
<td>12:30 pm to 01:00 pm</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td>• WEDNESDAYS</td>
<td>12:00 pm to 01:00 pm</td>
<td>PGY-III Seminar</td>
</tr>
<tr>
<td>• THURSDAYS</td>
<td>08:00 am to 09:00 am</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 01:00 pm</td>
<td>Psychodynamics Seminar</td>
</tr>
<tr>
<td>WEEKENDS &amp; CALL</td>
<td>Residents cover the consultation pager 24-hours per day, seven days per week.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are no in-hospital clinical responsibilities. If necessary, any urgent consultations are performed by the on-call PGY-II resident.</td>
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</tr>
</tbody>
</table>

**EMERGENCY SERVICES**

The Psychiatry Emergency Service is situated in the main Johns Hopkins Hospital Emergency Department and is directed by Dr. Vinay Parekh. There are approximately 4,000 psychiatric emergency visits each year. On weekdays, the Psychiatry Emergency Service is staffed by two PGY-III residents, each of whom does a 12-hour shift five days per week. PGY-III residents rotate on this service for six to eight weeks per year. On weekends, both PGY-III and PGY-IV residents cover the Psychiatric Emergency Service, also in 12-hour shifts. Weekend coverage averages ten to twelve shifts per year.
The General Hospital Outpatient Department is organized into community clinics that provide general care to adults and specialty clinics that focus on the diagnosis and treatment of distinct problem areas. Each clinic is staffed by faculty members with particular expertise in their fields. In addition to Consultation-Liaison Service and Emergency Psychiatry, residents rotate for two months within the Outpatient Department in the following activities. Below is a daily schedule for the residents rotating in outpatient psychiatry during the PGY-III year as well as further descriptions of the outpatient rotations.

### WEEKLY Outpatient Psychiatry SCHEDULE

**PGY-III Residents, Months 1-6**

| MONDAYS | 11:00 am to 12:30 am | Psychiatry Grand Rounds |
| 12:30 pm to 01:00 pm | Residents Meeting |
| 01:00 pm to 05:00 pm | HIV Psychiatry (Bartlett Clinic) |
| TUESDAYS | 08:00 am to 12:00 pm | Mobile Treatment (ACT) |
| 12:00 pm to 01:00 pm | Research Conference (weekly) |
| 01:00 pm to 05:00 pm | Morbidity & Mortality (monthly) |
| WEDNESDAYS | 09:00 am to 12:00 pm | Forensic Psychiatry (Circuit Court) |
| 12:00 pm to 01:00 pm | PGY-III Seminar |
| 01:00 pm to 05:00 pm | Schizophrenia Clinic |
| OR Mobile Treatment (ACT) |
| THURSDAYS | 08:00 am to 09:00 am | General Hospital Psychiatry Seminar |
| 09:00 am to 12:00 pm | Coverage in Emergency Department * |
| FRIDAYS | 09:00 am to 12:00 pm | Forensic Psychiatry (Circuit Court) |
| WEEKENDS & CALL | Residents cover the Psychiatry Emergency Department in 12-hour shifts, approximately once per month. |

*Residents cover the PGY-III resident in the emergency department in order for the PGY-III to see his/her outpatients from the Continuity Clinic.

### MOBILE TREATMENT

The Community Psychiatry Program (CPP) offers a range of ambulatory services, including a community psychiatry outpatient clinic, an intensive outpatient program (IOP), and a mobile treatment unit via assertive community treatment (ACT). ACT operates on a 24/7 basis to provide at-home and in the community services to those with the most serious and persistent mental illnesses. Residents rotate for two half-days per week with ACT, supervised by Dr. Stanislav Spivak. Residents lead several home visits per week with case managers, social workers, nurses, addiction experts, vocational specialists, or peer-support counselors.
SCHIZOPHRENIA CLINIC
This clinic, directed by Dr. Thomas Sedlak, focuses on the systematic evaluation and treatment of patients with schizophrenia. Residents rotate through this one half-day clinic per week, evaluating new referrals and consultations.

HIV PSYCHIATRY/BARTLETT CLINIC
This clinic, led by Drs. Glenn Treisman and Andrew Angelino, meets one half-day per week for the evaluation and treatment of patients with HIV and psychiatric comorbidity. This clinic works collaboratively with the Division of Infectious Disease to treat patients with psychiatric disorders that complicate HIV infection.

FORENSIC PSYCHIATRY PROGRAM
This two-month experience, which meets for two half-days per week, is supervised by Dr. Jeffrey Janofsky. Residents participate in twice weekly teaching conferences at the Circuit Court for Baltimore City. Under the supervision of forensic fellows from the University of Maryland School of Medicine and Dr. Janofsky, residents are also responsible for evaluating defendants for competency and criminal responsibility and persons referred for evaluation of civil forensic issues.

*SECOND-HALF OF THE YEAR*

**OUTPATIENT DEPARTMENT**

During six months of PGY-III year, half of the residents rotate together in several clinics. These residents also receive additional didactics, such as Anxiety Disorders Seminar, Mood Disorders Seminar, and Schizophrenia Seminar, during which relevant clinical articles are presented and discussed. Below is a daily schedule for the residents rotating in outpatient psychiatry for six months during the PGY-III year as well as further descriptions of the outpatient rotations.

### WEEKLY Outpatient Psychiatry SCHEDULE
PGY-III Residents, Months 7-12

<table>
<thead>
<tr>
<th>MONDAYS</th>
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</thead>
<tbody>
<tr>
<td>10:00 am to 11:00 am</td>
<td>Anxiety Disorders Seminar</td>
<td></td>
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<tr>
<td>11:00 am to 12:30 am</td>
<td>Psychiatry Grand Rounds</td>
<td></td>
</tr>
<tr>
<td>12:30 pm to 01:00 pm</td>
<td>Residents' Meeting</td>
<td></td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Psychodynamics Seminar</td>
<td></td>
</tr>
<tr>
<td>02:15 pm to 04:15 pm</td>
<td>Psychodynamics Techniques and Supervision</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TUESDAYS</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>10:00 am to 11:00 am</td>
<td>Mood Disorders Seminar</td>
<td></td>
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<tr>
<td>11:00 am to 12:00 pm</td>
<td>Schizophrenia Seminar</td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>Research Conference (weekly)</td>
<td></td>
</tr>
<tr>
<td>01:00 pm to 02:00 pm</td>
<td>Morbidity &amp; Mortality (monthly)</td>
<td></td>
</tr>
<tr>
<td>02:00 pm to 03:00 pm</td>
<td>Anxiety Disorders Didactic</td>
<td></td>
</tr>
<tr>
<td>03:00 pm to 05:00 pm</td>
<td>Anxiety Disorders Supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anxiety Clinic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEDNESDAYS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Community Psychiatry Clinic</td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 01:00 pm</td>
<td>PGY-III Seminar</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THURSDAYS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 am to 09:00 am</td>
<td>General Hospital Psychiatry Seminar</td>
<td></td>
</tr>
<tr>
<td>09:00 am to 12:00 pm</td>
<td>Couples &amp; Family Therapy</td>
<td></td>
</tr>
</tbody>
</table>
COMMUNITY PSYCHIATRY PROGRAM
This program, directed by Dr. Bernadette Cullen, offers a range of ambulatory services, including a community mental health center-oriented outpatient clinic (CPP). Residents rotate for one-half day per week in this outpatient clinic, during which they are paired with a therapist. The resident and therapist see outpatients together, after which the resident discusses the case with an attending physician in the Community Psychiatry Program.

ANXIETY CLINIC
This clinic is directed by Drs. Paul Nestadt, Amy Huberman, O. Joseph Bienvenu, and Gerald Nestadt. This clinic evaluates patients who suffer primarily from anxiety disorders such as panic disorder, phobia, obsessive-compulsive disorder, and generalized anxiety disorder. Residents participate in evaluations and subsequent treatment of patients. Weekly seminars, case conferences, and training in Cognitive-Behavioral Therapy are also integral to the clinic. Drs. Nestadt and Huberman also provide ongoing group supervision for Cognitive-Behavioral Therapy for residents weekly.

FAMILY AND COUPLES THERAPY CLINIC
This clinic, directed by Dr. Ruble and Rawn Martin, LCSW-C, offer treatment to couples and families. The clinic meets weekly. The goals of the clinic are to provide instruction in family development issues and training in short-term strategic family therapy techniques. The clinic sees a couple or family, with supervision provided in a combined seminar and one-way mirror format.

WOMEN’S MOOD DISORDERS CLINIC
This weekly, half-a-day clinic is led by Drs. Jennifer Payne and Lauren Osborne and focuses on women with affective disorders and reproductive psychiatry consultations. Residents see both intakes and follow-up appointments, all of which are then discussed with Drs. Payne and Osborne and the other residents.

SEX AND GENDER CLINIC
This one-half day per week clinic is directed by Drs. Frederick Berlin and Christopher Kraft. Consultation is offered for a broad range of sexual problems including arousal disorders, marital and family difficulties related to sexual dissatisfaction or incompatibilities, gender dysphoria, and paraphilias. Residents participate in the evaluation of patients, their significant others, and family members. Supervision is
provided through a one-way mirror format. Residents also attend a weekly seminars on sexual disorders.

**Didactic Curriculum**

During the third year of residency, the residents are engaged in several didactic sessions. PGY-III residents attend Psychiatry Department Grand Rounds and Service Rounds, as well as two year-long seminars: the PGY-III seminar and the General Hospital Psychiatry Seminar. There are several seminars that run twice throughout the year, once for each half of the year. These seminars include the Psychodynamics Seminar, Anxiety Disorders Seminar, Mood Disorders Seminar, Schizophrenia Seminar, and the Sexual Behaviors Consultation Unit Seminar. Listed below are descriptions of each seminar in the PGY-III year.

**PGY-III Seminar: Academic Year**

This seminar runs throughout the academic year. During the first half of the year, the focus is on diagnosing dimensional disorders, better understanding personality theory, and combining psychotherapy with pharmacotherapy in the treatment of several psychiatric conditions. The second half of the year is structured in mini-blocks, including Ethics, Forensic Psychiatry, and Community Psychiatry. Each topic and its presenter are listed below.

Personality Disorders Series  
Personality Assessment  
The Five-Factor Model of Personality  
Major Depression  
Bipolar Disorder  
Anxiety Disorders  
The Developmental Perspective Series

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality Disorders Series</td>
<td>O. Joseph Bienvenu, MD, PhD &amp; Gerald Nestadt, MD</td>
</tr>
<tr>
<td>Personality Assessment</td>
<td>David Schretlen, PhD</td>
</tr>
<tr>
<td>The Five-Factor Model of Personality</td>
<td>Paul Costa, MD</td>
</tr>
<tr>
<td>Major Depression</td>
<td>John Lipsey, MD</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Karen Swartz, MD</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>O. Joseph Bienvenu, MD, PhD</td>
</tr>
<tr>
<td>The Developmental Perspective</td>
<td>James Harris, MD</td>
</tr>
<tr>
<td>Forensic Psychiatry Series</td>
<td>Jeffrey Janofsky, MD</td>
</tr>
<tr>
<td>Community Psychiatry Series</td>
<td>Bernadette Cullen, MBCh</td>
</tr>
<tr>
<td>Ethics in Psychiatry Series</td>
<td>Jeffrey Janofsky, MD</td>
</tr>
<tr>
<td>Medical Student Education</td>
<td>Susan Lehmann, MD</td>
</tr>
<tr>
<td>Religion and Spirituality in Psychiatry</td>
<td>John Lipsey, MD</td>
</tr>
<tr>
<td>Cross-Cultural Psychiatry</td>
<td>Thomas Koenig, MD</td>
</tr>
<tr>
<td>Psychiatry Disorders in Women</td>
<td>Karen Swartz, MD</td>
</tr>
</tbody>
</table>

**The General Hospital Psychiatry Seminar**

The General Hospital Psychiatry Seminar is a weekly morning seminar for all PGY-III residents. This seminar provides an overview of the epidemiology, diagnosis, and treatment and management of psychiatric disorders found in nontraditional psychiatric sites, such as general hospital wards, emergency departments, and primary care clinics. The roles of the psychiatrist as consultant and liaison are examined in detail. The seminars, listed below, provides didactic coherence for the multitude of clinical experiences found during the consultation-liaison and emergency department rotations.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Use Disorders</td>
<td>Alan Romanowski, MD</td>
</tr>
<tr>
<td>Post-ICU Distress and Delirium</td>
<td>O. Joseph Bienvenu, MD, PhD</td>
</tr>
<tr>
<td>Mood Disorders in Women Series</td>
<td>Karen Swartz, MD</td>
</tr>
<tr>
<td>Management of Medication Sexual Side Effects</td>
<td>Karen Swartz, MD</td>
</tr>
<tr>
<td>Dementia</td>
<td>Chiadi Onyike, MD, MHS</td>
</tr>
<tr>
<td>Human Grief and Loss Series</td>
<td>Shep Jeffreys, PhD</td>
</tr>
</tbody>
</table>
PSYCHODYNAMICS SEMINAR
This one-to-two hour weekly seminar, led by Dr. Julie Newman-Toker, runs for six months during the Outpatient Department block of PGY-III year. The topics discussed are listed below.

- When Do You Use Psychodynamic Psychotherapy?
- The Spectrum of Therapies and Character Disorder
- Freud’s Topographic Theory
- Freud’s Structural Theory
- Ego Psychology as Derived from Freud’s Structural Theory
- Anna Freud and the Defenses of the Ego
- Object Relations and Attachment Theory
- The Self-Psychology of Hans Kohut
- Freud’s Psychosexual Development Model
- Erikson’s Developmental Stages
- Depressive Personality Style
- Masochistic Personality Style
- Histrionic Personality Style
- Obsessive Personality Style
- Narcissistic Personality Style

PSYCHODYNAMICS TECHNIQUES SEMINAR AND SUPERVISION
This two-hour weekly seminar, led by Dr. Everett Siegel, runs for six months during the Outpatient Department block of PGY-III Year. In addition to teaching specific techniques of psychodynamic psychiatry in evaluation and treatment, he also exposes residents to Intensive Short-Term Dynamic Therapy (ISDTP). Within the two-hour seminar, one hour is devoted to supervision of residents’ outpatients with Dr. Siegel and Dr. Newman-Toker.
ANXIETY DISORDER SEMINAR
This weekly one-hour seminar, organized by Dr. O. Joseph Bienvenu, runs for six months during the Outpatient Department block of PGY-III Year. During this seminar, residents present and discuss relevant research articles related to anxiety disorders. There are also several topics discussed that are related to anxiety disorders, such as insomnia, as well as treatment methods, such as group therapy.

Anxiety Disorders: An Introduction  O. Joseph Bienvenu, MD, PhD
Personality and Anxiety Disorders  O. Joseph Bienvenu, MD, PhD
Diagnostic and Therapeutic Review  O. Joseph Bienvenu, MD, PhD
Panic Disorder and Agoraphobia  O. Joseph Bienvenu, MD, PhD
Posttraumatic Stress Disorder  O. Joseph Bienvenu, MD, PhD
“Neurosis”  O. Joseph Bienvenu, MD, PhD
Obsessive-Compulsive Disorder  Gerald Nestadt, MBBCH, MPH
Generalized Anxiety Disorder  O. Joseph Bienvenu, MD, PhD
Attention-Deficit/Hyperactivity Disorder  Andrew Feinberg, MD
Social Anxiety Disorder  O. Joseph Bienvenu, MD, PhD
Acceptance and Commitment Therapy  Amy Huberman, MD
Paradoxical Treatment of Anxiety Disorders  Amy Huberman, MD
Group Psychotherapy Series  Bernard Liberman, PhD
Dialectic Behavioral Therapy  Amy Huberman, MD
Mental Health Care Delivery & Financing System  Lee McCabe, PhD
Behavioral Medicine and Physical Illnesses  H. Richard Waranch, PhD

MOOD DISORDERS SEMINAR
This weekly one-hour seminar, organized by Dr. Karen Swartz, runs for six months during the Outpatient Department block of PGY-III Year. During this seminar, residents present and discuss relevant research articles related to mood disorders. This seminar is led by Drs. J. Raymond DePaulo, Jr., Kay Redfield Jamison, Fernando Goes, and Karen Swartz. Topics discussed are listed below.

Psychopathology & Classification
Mania
Mixed States
Schizoaffective Disorder
Suicidality
Epidemiology
Antidepressants
Lithium
Anticonvulsants
Antipsychotics
Medication Adherence
Electroconvulsive Therapy
Transcranial Magnetic Stimulation and Deep Brain Stimulation
Psychotherapy
The STAR*D Trial
Primary Care Treatment of Mood Disorders
Community Education
Etiology I: Family Studies
Etiology II: Genetic Studies
Etiology III: Epigenetics
Etiology IV: Hormones and Stress
SCHIZOPHRENIA SEMINAR

This weekly one-hour seminar, organized by Dr. Russell Margolis, runs for six months during the Outpatient Department block of PGY-III Year. During this seminar, residents present and discuss relevant research articles related to schizophrenia, review methods of assessment, and examine some of the classic literature on the phenomenology of schizophrenia. Participating faculty members from the Schizophrenia Center, the Mood disorders group, the Lieber Institute, the Department of Radiology, the Institute of Genetic Medicine, Medical Psychology, and Division of Neurobiology assist in guiding the seminars. Typical topics include:

- Kraepelin, Bleuler, Schneider and the limits of Phenomenology
- Longitudinal Course
- Novel Approaches to Schizophrenia Nosology
- Rating Scales for Schizophrenia
- Violence in Schizophrenic Patients
- Cognitive Changes in Schizophrenia
- Schizophrenia Epidemiology
- Cross-Cultural Aspects of Schizophrenia
- Risk factors of Schizophrenia
- Infection and Immunology in the biology of Schizophrenia
- Genetics of Schizophrenia
- Marijuana Abuse and Schizophrenia
- Brain Imaging of Schizophrenia
- Neuropathologic approaches to the pathogenesis of schizophrenia
- Psychosocial Rehabilitation Treatment of Schizophrenia
- Pharmacological Treatment of Schizophrenia
- Tardive Dyskinesia and the AIMS Ratings Scale
- Metabolic Complications of Neuroleptic Treatment

SEX & GENDER CLINIC SEMINAR

This weekly seminar is held one hour prior to the Sexual & Gender Clinic. The seminar is led by Drs. Frederick Berlin, Christopher Kraft, Kate Thomas, Thomas Wise, and Chester Schmidt with multiple lecturers from Surgery, Gynecology, Plastic Surgery, and Medicine:

- Introduction to the Sex and Gender Unit
- History of Sexuality and Medicine
- Sex Research
- Perspectives on Gender Dysphoria
- Child and Adolescent Endocrinology: Treatment for Gender Dysphoria
- Gender Dysphoria: Evaluation and Management
- Origins of Sexual and Gender Disorders
- Transvestic Fetishism
- Gender Dysphoria in Childhood
- Pornography and Sexual Addiction
- Multiplex Paraphilia
- Hormonal Treatment of Gender Dysphoria
- Gender Affirming Surgery
- Evaluation of Paraphilic Disorders and Those Who Sexually Offend
- Treatment of Paraphilic Disorders and Those Who Sexually Offend
- Forensic Issues Related to Sexuality and Gender
- Sexual Pain Disorders
- Male and Female Sexual Dysfunctions: Descriptions and Case Studies
Male and Female Sexual Dysfunctions: Pharmacotherapy and Sex Therapy
Erectile Disorders: Current Research and Treatment
Sexuality and Aging
PGY-IV YEAR

GOALS & OBJECTIVES
The goals of this year are those of completion and depth. Residents enhance mastery of providing a continuum of care by rotating in a community psychiatry intensive outpatient program and more advanced specialty clinics. Residents, through mentorship by faculty, use elective experience to develop advanced experience in a psychiatric subspecialty and to demonstrate how knowledge advances through research and close study. Residents develop communication and teaching skills by presenting their elective work to co-residents and faculty. Finally, an appreciation of psychiatric administration is provided to residents through a weekly meeting with the Department Director where discussions review the rationale behind past and present responses of the department to the demands of healthcare reform, managed care, and hospital needs.

We expect that by the end of this year residents will have acquired:

- advanced understanding of an elected subspecialty of psychiatry through close faculty mentoring and presentation of scholarly work in that subspecialty
- understanding of the changing health care environment and of the competencies necessary for success in clinical practice and in other professional leadership roles
- confidence in office-based psychiatric practice, including long-term psychotherapy
- appreciation of rational approaches to administrative decisions within a system of psychiatric services in the current health care era
**Clinical Curriculum**

PGY-IV residents spend four months in the Outpatient Department, one month on the child & adolescent day hospital and the remaining seven months of the year reserved for electives. During the last year of residency, four residents are chosen by the Department Director to serve as chief residents. The chief residents help with the administrative aspects of the residency and also spend three months as sub-attendings on the General Psychiatry Service.

**Outpatient Department**

During the four months in the Outpatient Department, PGY-IV residents rotate in the Intensive Outpatient Program of the Community Psychiatry Program as well as two specialty clinics: Huntington’s Disease Clinic and Neuropsychiatry/Geriatric Psychiatry Clinic. During this four-month rotation, in addition to ongoing weekly outpatient supervision, residents also receive individual supervision from faculty in the specialty clinics. Residents rotate in the following clinics:

**Intensive Outpatient Program**

This clinic, directed by Dr. Bernadette Cullen, provides intensive, three-time per week follow-up for patients in the Community Psychiatry Program who have recently been discharged from our inpatient services or have a worsening clinical course which is likely to fail treatment in traditional outpatient settings. Group treatment is a focus of this program.

**Huntington’s Clinic**

This clinic, directed by Dr. Christopher Ross, meets weekly for the evaluation and treatment of patients with Huntington’s Disease. Clinical evaluation, including a systematic neurological evaluation, psychiatric treatment, and genetic testing and counseling are the major responsibilities of the residents in this clinic.

**Neuropsychiatry and Geriatric Psychiatry Clinic**

This clinic, directed by Dr. Susan Lehmann, meets weekly for the evaluation and treatment of patients with neuropsychiatric disorders, including dementias, other cognitive disorders, traumatic brain injury, stroke, and Parkinson’s Disease. Patients are also assessed for a wide variety of psychiatric disorders of old age not associated with dementia or coarse brain injury.

<table>
<thead>
<tr>
<th><strong>Weekly Outpatient Psychiatry Schedule</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PGY-IV Residents</strong></td>
</tr>
</tbody>
</table>

During times where outpatient clinics or didactics are not listed, residents are either seeing outpatients in their Outpatient Continuity Clinic or engaging in scholarly work, such as research with faculty.

<table>
<thead>
<tr>
<th><strong>Mondays</strong></th>
<th><strong>Intensive Outpatient Treatment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 am to 11:00 am</td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>11:00 am to 12:30 am</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td>12:30 pm to 1:00 pm</td>
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</tr>
</tbody>
</table>

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### Electives

The goal of the elective semester is to enable residents to develop clinical, educational, administrative and/or research expertise on one or more issues of particular interest to them. Electives must be sponsored by a member of the Johns Hopkins faculty and approved by the Director for Residency Education. Within these considerations, residents can design clinical, research and/or administrative experiences of great diversity. The majority of residents choose to combine a specialty clinical experience with an independent research project.

During electives, residents continue to attend Grand Rounds, Service Rounds, PGY-IV Seminars, and the Department Director’s Lunch with PGY-IV residents. The only clinical requirement is for residents to continue to follow their longitudinal patients in the Residents’ Outpatient Continuity Clinic.

### Didactic Curriculum

During the fourth year of residency, the residents continue to attend the Psychiatry Departmental Grand Rounds, Research Conference, Morbidity and Mortality Conference, and Service Rounds with the Department Director. Specific PGY-IV seminars include the Department Director’s Lunch and the Career Development Seminar. Listed below are descriptions of each of these seminars.

#### Department Director’s Lunch

Approximately once a week, either the PGY-2, PGY-3 or PGY-4 residents meet with the Department Director, or other senior faculty, for lunch to discuss professional development, administrative psychiatry, and advanced areas of psychotherapy. These discussions focus on the changing clinical, academic, and research environments and the competencies necessary for success in each, including professional leadership roles.
CAREER DEVELOPMENT SEMINAR
Over the course of the year, different full-time and part-time faculty members, as well as past graduates, come to speak with the PGY-IV residents about career development, ranging from academic careers to private practice.

Introduction to Psychiatric Careers Karen Swartz, MD
Clinician and Educator Careers in Academics Karen Swartz, MD
Launching an Academic Career Gregory Pontone, MD
Deciding to Pursue Fellowship Denis Antoine, MD
Outpatient Practice and Academics Todd Cox, MD
Launching an Academic Career Jennifer Coughlin, MD
Careers at the FDA Pamela Horn, MD
Student Mental Health on College Campuses Margaret Chisolm, MD
How Does One “Choose” a Career John Lipsy, MD
NIMH Fellowship Opportunities Joyce Chung, MD
Careers in Medical Education Susan Lehmann, MD
Fellowships at the NIMH Jennifer Payne, MD
Basic Science Research Careers in Psychiatry Paul Kim, MD, PhD
Careers in Clinical Leadership Karin Neufeld, MD
Private Practice Outside of Baltimore Christopher Pagnani, MD
Juggling Basic Science Research and Clinical Care Frederick Nuciifora Jr., DO, MPH, PhD
Careers in Residency Education Graham Redgrave, MD
Establishing “Focus” in an Academic Career Peter Rabins, MD, MPH
Careers in Research Tim Moran, PhD
Establishing a Private Practice David Mu, MD
Careers in Forensic Psychiatry Jeffrey Janofsky, MD
Psychiatry Careers in the VA System Sarah Reading, MD
Experiences in Community Hospital Psychiatry Ashley Bone, MD
Careers in Women’s Mental Health Lauren Osborne, MD
Careers in Substance Abuse Rehabilitation J. Gregory Hobelmann, MD
Careers in Private Practice A.J. Drobnick, MD
Adapting to Change in a Clinical and Academic Environment Deidre Johnston, MD
CURRENT & PAST RESIDENTS

CURRENT & PAST RESIDENTS

2017-2018 RESIDENTS

PGY-I Interns

James Aluri, MD, MA  \textit{Johns Hopkins University School of Medicine}
Helen Bradshaw, MD  \textit{Johns Hopkins University School of Medicine}
Sarah Collica, MD  \textit{Johns Hopkins University School of Medicine}
Evan Einstein, MD, MPH  \textit{New York Medical College}
Andrew Flagg, MD  \textit{Johns Hopkins University School of Medicine}
Allison Greene, MD  \textit{Johns Hopkins University School of Medicine}
Kevin Li, MD  \textit{Sidney Kimmel Medical College}
Surinder Moonga, MD  \textit{Stony Brook University}
Julia Ross, MD  \textit{Virginia Tech Carillon}

PGY-II Residents

Lisa Chen, MD  \textit{Johns Hopkins University School of Medicine}
Evan Fletcher, MD  \textit{Drexel University College of Medicine}
William Hall, MD  \textit{Virginia Commonwealth University School of Medicine}
Cynthia Jackson, MD  \textit{State University of New York Upstate Medical University}
Nelson Katindo, MD  \textit{Howard University College of Medicine}
Alicia Marhefka, MD  \textit{State University of New York Upstate Medical University}
Adam Rossano, MD, PhD  \textit{University of Texas School of Medicine at San Antonio}
Daniel Stevens, MD, PhD  \textit{Johns Hopkins University School of Medicine}
Ugochi Goldson, MD  \textit{Duke University School of Medicine}
Cody Weston, MD, PhD  \textit{Pennsylvania State University College of Medicine}

PGY-III Residents

Alexandra Blaes, MD  \textit{University of Maryland School of Medicine}
Jonathan Brigham, MD  \textit{Sidney Kimmel Medical College at Thomas Jefferson University}
Julie Brownley, MD, PhD  \textit{University of Maryland School of Medicine}
Mariel Cataldi, MD  \textit{Florida International University Herbert Wertheim College of Medicine}
Carol Chan, MBBC  \textit{University College Dublin School of Medicine & Medical Science}
Zachary Cordner, MD, PhD  \textit{Johns Hopkins University School of Medicine}
Elizabeth Gerber, MD, PhD  \textit{Johns Hopkins University School of Medicine}
Jilliane Grayson, MD  \textit{Florida State University College of Medicine}
## CURRENT & PAST RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie Kohler, MD</td>
<td>University of Colorado School of Medicine</td>
</tr>
<tr>
<td>Caitlin McFarland, MD</td>
<td>University of Vermont College of Medicine</td>
</tr>
<tr>
<td>Sandeep Nayak, MD</td>
<td>The Warren Alpert Medical School of Brown University</td>
</tr>
<tr>
<td>Maxine Pottenger, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Julia Riddle, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Heather Bellis- Jones, MD</td>
<td>University of Louisville School of Medicine</td>
</tr>
<tr>
<td>Natalie Gukasyan, MD</td>
<td>Tulane School of Medicine</td>
</tr>
<tr>
<td>Lin Gyi, MD</td>
<td>New York Medical College</td>
</tr>
<tr>
<td>James Harrison, MD</td>
<td>Perelman School of Medicine at the University of Pennsylvania</td>
</tr>
<tr>
<td>Prashant Sharma, DO</td>
<td>New York Institute of Technology College of Osteopathic Medicine</td>
</tr>
<tr>
<td>*Melissa Shepard, MD</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>*Kevin Strouse, MD</td>
<td>Sackler School of Medicine</td>
</tr>
<tr>
<td>Jason Wexler, MD</td>
<td>University of Arizona College of Medicine</td>
</tr>
<tr>
<td>Edgar Woznica, MD</td>
<td>The Warren Alpert Medical School of Brown University</td>
</tr>
<tr>
<td>*Jeffrey Zabinski, MD</td>
<td>Wright State University Boonshoft School of Medicine</td>
</tr>
<tr>
<td>*Claire Zachik, MD</td>
<td>Johns Hopkins University School of Medicine</td>
</tr>
<tr>
<td>Nadia Zaim, MD</td>
<td>Wright State University Boonshoft School of Medicine</td>
</tr>
<tr>
<td>Ran Zhao, MD</td>
<td>University of Connecticut School of Medicine</td>
</tr>
<tr>
<td>* Chief Resident</td>
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</tbody>
</table>

## PGY-IV Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>Steven Asbaghi, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
</tr>
<tr>
<td>Natalie Beaty, MD</td>
<td>Adult Psychiatrist and Private Practice</td>
</tr>
<tr>
<td>Michael Bushey, MD, PhD</td>
<td>Adult Psychiatrist</td>
</tr>
<tr>
<td>Scott Dewhirst, MD</td>
<td>Adult Psychiatrist</td>
</tr>
<tr>
<td>Travis Klein, MD</td>
<td>Forensic Psychiatry Fellow</td>
</tr>
<tr>
<td>Idris Leppla, MD</td>
<td>Consult Liaison Fellow</td>
</tr>
<tr>
<td>Bharat Narapareddy, MD</td>
<td>Neuropsychiatry Fellow</td>
</tr>
<tr>
<td>Kichul Pak, MD</td>
<td>Adult Psychiatrist</td>
</tr>
<tr>
<td>Crystal Salcido, MD</td>
<td>Interdisciplinary Training Fellowship in Psychiatry and Neuroscience at Lieber Institute for Brain Development</td>
</tr>
<tr>
<td>Lindsay Standeven, MD</td>
<td>Schweizer Fellow</td>
</tr>
<tr>
<td>Amy Tao, MD</td>
<td>Attending Psychiatrist</td>
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</table>

## PAST PHIPPS RESIDENTS

### CLASS OF 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Asbaghi, MD</td>
<td>New York Presbyterian Hospital – Columbia/Cornell, New York, New York</td>
</tr>
<tr>
<td>Natalie Beaty, MD</td>
<td>The Johns Hopkins Hospital, Baltimore, MD</td>
</tr>
<tr>
<td>Michael Bushey, MD, PhD</td>
<td>Indiana University School of Medicine, Indianapolis, IN</td>
</tr>
<tr>
<td>Scott Dewhirst, MD</td>
<td>Sansum Clinic, Santa Barbara, CA</td>
</tr>
<tr>
<td>Travis Klein, MD</td>
<td>University of Maryland Medical Center</td>
</tr>
<tr>
<td>Idris Leppla, MD</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Bharat Narapareddy, MD</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Kichul Pak, MD</td>
<td>Institute of Living, Hartford, CT</td>
</tr>
<tr>
<td>Crystal Salcido, MD</td>
<td>Schweizer Fellow</td>
</tr>
<tr>
<td>Lindsay Standeven, MD</td>
<td>Advanced Specialty Training Program in Reproductive Psychiatry at the Johns Hopkins Women's Mood Disorders Center</td>
</tr>
<tr>
<td>Amy Tao, MD</td>
<td></td>
</tr>
</tbody>
</table>
CURRENT & PAST RESIDENTS

Anne Walsh, MD
Research Clinician Educator Fellow
Advanced Specialty Training Program in Psychiatry
Intermountain Healthcare, Ogden, UT
Anne Walsh, MD
Interim Deputy Director of Education at Johns Hopkins Bayview Medical Center, Baltimore, MD
*Nadia Zaim
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital
*Nadia Zaim
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

CLASS OF 2017

Reena Ardeshna, MD
Adult Psychiatrist
MidStar Harbor Hospital, Baltimore, MD
Doug D’Agati, MD
Schweizer Fellow
Johns Hopkins Mood Disorders’ Clinic
Margaret Heine, MD
Locum Tenens Psychiatrist
Good Samaritan Regional Medical Center, Portland, OR
Cindy Huang, MD
Clinical Associate
Johns Hopkins Women’s Mood Disorder Center
Nadimire Jules-Dole, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital
Janet Lee, MD, JD
Private Practice
Ellicott City, MD
Nicole Leistikow, MD
Instructor
University of Maryland School of Medicine
Sumit Naig, MD, PhD
Adult Psychiatrist
Happier Living at the Genen Group, West Hollywood, CA
Virginia Pearson, MD
Medical Director of Admissions
Fairmount Behavioral Health, Philadelphia, PA
Elizabeth Prince, DO
Fellowship, Psychosomatic Medicine
University of Maryland School of Medicine
Stephanie Solazzo, MD
T32 Postdoctoral Fellowship, Addiction Research
Behavioral Pharmacology Research Unit, Johns Hopkins Bayview
*Steven Woods, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

CLASS OF 2016

Michael Brown, MD
Adult Psychiatrist
People Encouraging People, Baltimore County, Maryland
Ky Dorsey, MD
Adult Psychiatrist
McKay Dee Hospital, Ogden, Utah
*Caitlin Engelhard, MD, PhD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University
Alexis Hammond, MD, PhD
T32 Postdoctoral Fellowship, Addiction Research
Behavioral Pharmacology Research Unit, Johns Hopkins Bayview
J. Gregory Hobelmann, MD, MPH
Staff Psychiatrist
Ashley Addiction Treatment, Havre de Grace, Maryland
Katherine McEvoy, MBBC
Fellowship, Women’s Reproductive Psychiatry
The Johns Hopkins University
David Mu, MD
Private Practice
Towson, Maryland
Zina Meriden, MD
Adult Psychiatrist

*Short-tracked into Child and Adolescent Psychiatry
CURRENT & PAST RESIDENTS

Northwestern University
Margo Nathan, MD Fellowship, Women’s Mental Health Brigham and Women’s Hospital
Jerry Sayers, MD Fellowship, Neuropsychiatry Johns Hopkins Bayview
*A Nathalie Szilagyi, MD Fellowship, Child & Adolescent Psychiatry Yale Solnit Integrated Training Program
Jacob Taylor, MD, MPH Postdoctoral Fellow Brigham and Women’s Hospital, Stanley Center for Psychiatric Research of the Broad Institute
Matthew Taylor, MD Fellowship, Child & Adolescent Psychiatry The Johns Hopkins University
Elizabeth Wise, MD Fellowship, Geriatric Psychiatry The Johns Hopkins University
Stelios Vantelas, MD Locum Tenens Psychiatrist Hawaii State Hospital, Kaneohe, Hawaii

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2015

Joseph Andrews, MD Private Practice Portland, Oregon
Sarah Ramsay Andrews, MD Fellowship, Addiction Psychiatry Oregon Health Sciences University
Arkaprava Deb, MD, MPH Residency, Pediatrics University of Wisconsin
John Dougherty, DO Addiction Psychiatry Fellowship Philadelphia, PA
Jean Gauvin, MD, PhD Private Practice Baltimore, MD
Yelena Gimelsheyn, MD Private Practice Baltimore, MD
Jill Kelly, MD, PhD Private Practice Baltimore, MD
Paul Kim, MD, PhD Faculty, Psychiatry The Johns Hopkins University
Brian Lerner, MD Fellowship, Addiction Psychiatry University of Maryland
Rachnanjali Lal, MD Group Practice San Francisco, CA
Paul Nestadt, MD Fellowship, Psychiatric Epidemiology Johns Hopkins Bloomberg School of Public Health
Matthew Peters, MD Fellowship, Neuropsychiatry Johns Hopkins Bayview
Traci Speed, MD, PhD Fellowship, Sleep/Mood/Pain Johns Hopkins Bayview

CLASS OF 2014

Charles Arthur, III, MD Clinical Associate, Electroconvulsive Therapy The Johns Hopkins University
Helen Bellete, MD, MPH Attending, DC Veterans Administration Washington D.C.
CURRENT & PAST RESIDENTS

Teresa Foley, MD  
Attending  
Rochester, Minnesota

Jessica Merkel-Keller, MD, MSc  
Attending  
McKee Samaritan Hospital in Baltimore, Maryland

Geneva Osteen, MD  
Attending  
Gallup Indian Medical Center in Gallup, New Mexico

Minkyoung Park, MD  
Fellowship, Clinical Research  
National Institute of Mental Health

Joanna Pearson, MD  
Clinical Associate  
HRC Behavioral Health & Psychiatry in Chapel Hill, North Carolina

Daniel Ruthven, MD  
Clinical Associate, Eating Disorders  
The Johns Hopkins Hospital

Michael Silverberg, MD  
Medical Director  
Brandywine Hospital in Coatesville, Pennsylvania

CLASS OF 2013

Yuval Asner, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

*John Michael Cruz, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

Ryan Greytak, MD  
Fellowship, Geriatric Psychiatry  
University of California San Diego Medical Center

*Chinedu Onyedike, MD, MPH  
Fellowship, Child & Adolescent Psychiatry  
Columbia University-New York Presbyterian

Sean Heffernan, MD  
Fellowship, Psychosomatic Medicine  
Massachusetts General Hospital

Jamie Hom, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

Vicki Kalira, MD  
Fellowship, Addiction Psychiatry  
New York University Langone Medical Center

Rachel Morano, MD  
Attending  
Bon Secours Hospital in Baltimore, Maryland

Olga Rafaelian, MD  
Fellowship, Forensic Psychiatry  
University of Maryland School of Medicine

*Alma Spaniardi, MD  
Fellowship, Child & Adolescent Psychiatry  
Columbia University-New York Presbyterian

Lee Spencer, MD  
Fellowship, Addiction Psychiatry  
University of Texas Southwestern

*Cassie Yu, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2012

Rebecca Birnbaum, MD  
Fellowship, Neurobiology  
The Johns Hopkins University, The Lieber Institute

*Shin-Bey Chang, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

Caitlin Costello, MD  
Fellowship, Child & Adolescent Psychiatry  
Columbia University-New York Presbyterian

Laura Ebner, MD  
Attending, Emergency Psychiatry  
Baltimore, Maryland
### Current & Past Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Institution</th>
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<tbody>
<tr>
<td>*Megan Gaare, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Meghann Hennelly, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Mary Kimmel, MD</td>
<td>Fellowship, Mood Disorders</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Christopher Pagnani, MD</td>
<td>Private Practice</td>
<td>Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>*Smitta Patel, MD, MPH</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of California Los Angeles</td>
</tr>
<tr>
<td>Savitha Puttaiah, MBBS</td>
<td>Attending</td>
<td>Sinai Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Erica Richards, MD, PhD</td>
<td>Fellowship, Mood Disorders</td>
<td>National Institute of Mental Health</td>
</tr>
<tr>
<td>Ryan Stagg, MD</td>
<td>Attending</td>
<td>Healthcare for the Homeless in Baltimore, Maryland</td>
</tr>
<tr>
<td>*Grace Thammasuvimol, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>*Short-tracked into Child and Adolescent Psychiatry</td>
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</tbody>
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### Class of 2011

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Institution</th>
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<tbody>
<tr>
<td>*Allan Anderson, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>*Matthew Burkey, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Mirnova Ceide, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>SUNY Downstate</td>
</tr>
<tr>
<td>James Disney, MD</td>
<td>Attending</td>
<td>Greenville Health System in North Carolina</td>
</tr>
<tr>
<td>Sasikanth Doddapaneni, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>University of Hawaii</td>
</tr>
<tr>
<td>*Nicole Edmond, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The University of Florida</td>
</tr>
<tr>
<td>Joel Mack, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>Oregon Health Science University</td>
</tr>
<tr>
<td>Daniel Matthews, MD</td>
<td>Fellowship, Psychopharmacology</td>
<td>National Institute of Mental Health</td>
</tr>
<tr>
<td>*Megan Mroczkowski, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Vinay Parekh, MD</td>
<td>Assistant Professor</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Leon Que, MD</td>
<td>Attending</td>
<td>The Guerra Fisher Institute in Boulder, Colorado</td>
</tr>
<tr>
<td>José Rios-Robles, MD</td>
<td>Private Practice Psychiatrist</td>
<td>San Juan, Puerto Rico</td>
</tr>
<tr>
<td>Anne Ruble, MD, MPH</td>
<td>Fellowship, Mood Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Sina Saidi, MD</td>
<td>Attending</td>
<td>Mount Sinai Hospital in New York, New York</td>
</tr>
<tr>
<td>Sarah Tighe, MD</td>
<td>Fellowship, Neuropsychiatry</td>
<td>The Johns Hopkins Bayview Medical Center</td>
</tr>
</tbody>
</table>
CURRENT & PAST RESIDENTS

Jason Williams, MD  Fellowship, Psychosomatic Medicine
George Washington University

James Yi, MD, PhD  Fellowship, Child & Adolescent Psychiatry
The Children’s Hospital of Pennsylvania

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2010

Denis Antoine, MD  Fellowship, Substance Abuse
The Johns Hopkins Bayview Medical Center

Crystal Clark, MD  Fellowship, Women’s Health
Baylor College of Medicine

Jennifer Coughlin, MD  Fellowship, Psychiatric Neuroimaging
The Johns Hopkins Hospital

*Mary Cutler, MD  Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

Steven Galati, MD  Attending
Drexel University, Coatsville VA Hospital

Pamela Horn, MD  Medical Officer, Center for Drug Evaluation
Federal Drug Administration

Frederik Houts, MD  Fellowship, Forensic Psychiatry
University of Maryland School of Medicine

Amy Huberman, MD  Clinical Associate, University Mental Health
The Johns Hopkins University

Margaret Seide, MD  Clinical Associate, Eating Disorders
The Johns Hopkins Hospital

Punit Vaidya, MD  Assistant Professor, Brain Stimulation Program
The Johns Hopkins Hospital

Elizabeth Winter, MD  Private Practice
Baltimore, Maryland

Savitha Puttaiah, MBBS  Attending
Sinai Hospital in Baltimore, Maryland

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2009

Eric L Anderson, MD  Attending, Consultation Emergency Psychiatry
Anne Arundel Medical Center in Annapolis, Maryland

Paul Boulware, MD  Private Practice
Phoenix, Arizona

Rupali Chadha, MD  Fellowship, Forensics
University of California Los Angeles

Amanda S. Dorn, MD  Faculty, Women’s Mood Disorders
University of North Carolina

*Deirdre Foster, MD  Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

Gregory Foster, MD, JD  Fellowship, Neuropsychiatry
Baylor College of Medicine

Christina S. Hines, MD, PhD  Fellowship, Neuroimaging
National Institute of Mental Health

Katherine Jou, MD  Fellowship, Forensic Psychiatry
University of Maryland School of Medicine
## Current & Past Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Institution</th>
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<tbody>
<tr>
<td>Erika Olander, MD</td>
<td>Attending Sheppard Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Michael I. Polo, MD</td>
<td>Private and Hospital-Based Practice Psychiatrist Santa Barbara, California</td>
</tr>
<tr>
<td>*Marsha Austin, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Ashley D. Bone, MD</td>
<td>Clinical Associate, Consultation-Liaison Psychiatry The Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>*Candyce J. DeLoatch, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry The Johns Hopkins University</td>
</tr>
<tr>
<td>*Patrick M. Kelly, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry The Johns Hopkins University</td>
</tr>
<tr>
<td>S. Shane Kondrad, MD</td>
<td>Fellowship, Forensic Psychiatry Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Jennifer M. Meuchel, MD</td>
<td>Clinical Associate, Community Psychiatry Program The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Mireille M. Meyerhoefer, MD, PhD</td>
<td>Attending Psychiatrist, Neuropsychiatry Program Lehigh Valley Hospital in Bethlehem, Pennsylvania</td>
</tr>
<tr>
<td>Patricia S. Roy, MD</td>
<td>Instructor, Mood Disorders The Johns Hopkins University</td>
</tr>
<tr>
<td>Stanislav Spivak, MD</td>
<td>Fellowship, Psychiatric Epidemiology The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>D. Andrew Tompkins, MD</td>
<td>Fellowship, Substance Abuse The Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Antoinette M. Valenti, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry The Johns Hopkins University</td>
</tr>
<tr>
<td>Crystal C. Watkins, MD, PhD</td>
<td>Fellowship, Neuroimaging &amp; Mood Disorders University of Maryland School of Medicine</td>
</tr>
<tr>
<td>*Joseph M. Cocozzella, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry The Johns Hopkins University</td>
</tr>
<tr>
<td>Terri K. Crimmins-Tubb, MD</td>
<td>Fellowship, Geriatric Psychiatry (to begin 2008)</td>
</tr>
<tr>
<td>Molly K. Cummings-Gavin, MD</td>
<td>Private Practice Baltimore, Maryland</td>
</tr>
<tr>
<td>Ryan C.W. Hall, MD</td>
<td>Fellowship, Forensic Psychiatry Case Western Reserve University</td>
</tr>
</tbody>
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## Class of 2008

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason H. Addison, MD</td>
<td>Attending Sheppard Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Brian S. Appleby, MD</td>
<td>Fellowship, Geriatric Psychiatry The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Emily A. Bost-Baxter, MD</td>
<td>Fellowship, Affective Disorders The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Mina Brandes, MD</td>
<td>Attending Sheppard Pratt Hospital in Frederick, Maryland</td>
</tr>
<tr>
<td>*Joseph M. Cocozzella, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry The Johns Hopkins University</td>
</tr>
<tr>
<td>Terri K. Crimmins-Tubb, MD</td>
<td>Fellowship, Geriatric Psychiatry (to begin 2008)</td>
</tr>
<tr>
<td>Molly K. Cummings-Gavin, MD</td>
<td>Private Practice Baltimore, Maryland</td>
</tr>
<tr>
<td>Ryan C.W. Hall, MD</td>
<td>Fellowship, Forensic Psychiatry Case Western Reserve University</td>
</tr>
</tbody>
</table>
CURRENT & PAST RESIDENTS

Edward L. Kaftarian, MD
Fellowship, Forensic Psychiatry
University of California at Davis

Cindy M.T. Le, MD
Faculty
University of California San Francisco

Abby H. Morris, MD
Medical Director, Threshold Services

Frederick Nucifora, DO, PhD
Fellowship, Neurobiology
The Johns Hopkins Hospital

Bradley J. Sadler, MD
Medical Director, Sexual Medicine Consultation Service
Sheppard Pratt Hospital in Baltimore, Maryland

*Charles T. Sweet, MD
Fellowship, Child & Adolescent Psychiatry
Austin Medical Education Programs

*Arman Taghizadeh, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

Jennifer S. Teitelbaum, MD
Fellowship, Affective Disorders
The Johns Hopkins Hospital

*Cindy Y.K. Thygeson, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins University

*Jason R. Yanofski, MD
Fellowship, Child & Adolescent Psychiatry
University of Texas-Southwestern

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2006

Vinay Arya, MD
Private and Hospital-Based Practice
Monmouth, New Jersey

Heather Bruce, MD
Fellowship, Neuroscience Research
The Johns Hopkins Hospital

Sara M. Calvert, MD
Fellowship, Child & Adolescent Psychiatry
Columbia University-New York Presbyterian

Dimitry S. Davydow, MD
Faculty, Psychosomatic Medicine
The Johns Hopkins Hospital

Eve S. Fields, MD
Faculty
George Washington University

Fernando S. Goes, MD
Fellowship, Affective Disorders & Genetics
The Johns Hopkins Hospital

Jennifer A. Hanner, MD
Fellowship, Addiction Psychiatry
Columbia University-New York Presbyterian

Willis H. Hoyt, D.O.
Attending
Fort Leonard Wood, Missouri

Andrew R. Newberg, MD
Fellowship, Mood & Anxiety Disorders
National Institute of Mental Health

Gregory M. Pontone, MD
Fellowship, Geriatric Psychiatry
The Johns Hopkins Hospital

Alexander W. Thompson, MD, MBA
Fellowship, Primary Care-Psychiatry
University of Washington

CLASS OF 2005

Katherine P. Buchowski, MD, MPH
Fellowship, Geriatric Psychiatry
St. Louis University
CURRENT & PAST RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andy P. Casimir, MD</td>
<td>Attending, New York Presbyterian Hospital in Westchester, New York</td>
</tr>
<tr>
<td>Ana N. Cervantes, MD</td>
<td>Fellowship, Forensic Psychiatry, University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Niccolo D. Della Penna, MD</td>
<td>Faculty, Consultation-Liaison Psychiatry, University of Chicago</td>
</tr>
<tr>
<td>Lawrence H. Dubester, MD, MBA</td>
<td>Attending, Franklin Square Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Christopher J. Dull, MD, JD</td>
<td>Attending Psychiatrist, Private Practice and Centerstone, Nashville, Tennessee</td>
</tr>
<tr>
<td>Jess G. Fiedorowicz, MD</td>
<td>Fellowship, Mental Health Clinical Research, University of Iowa</td>
</tr>
<tr>
<td>*Elana Harris, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry, The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>*Vanessa C. Howells, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry, The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Lucas P. Kempf, MD</td>
<td>Fellowship, Genes &amp; Cognition &amp; Psychosis, National Institute of Mental Health</td>
</tr>
<tr>
<td>Denise Leung, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry, Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Phillip D. Kronstein, MD</td>
<td>Fellowship, Mood &amp; Anxiety Disorders, National Institute of Mental Health</td>
</tr>
<tr>
<td>Milena H. Smith, MD, PhD</td>
<td>Private Practice, Annapolis, Maryland</td>
</tr>
<tr>
<td>Stacey V. M. Thompson, MD</td>
<td>Medical Director, University Counseling Services in Baltimore, Maryland</td>
</tr>
</tbody>
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CLASS OF 2004

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
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<tbody>
<tr>
<td>Steven K. Chao, MD, PhD</td>
<td>Private Practice, Bethesda, Maryland</td>
</tr>
<tr>
<td>Michelle M. Chuen, MD</td>
<td>Fellowship, Psychosomatic Medicine, University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Anisa D. Cott, MD</td>
<td>Attending, Sinai Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Kenneth J. Garcia, MD</td>
<td>Attending, Samaritan Medical Center in Watertown, New York</td>
</tr>
<tr>
<td>Evelyn E. Hazlett, MD</td>
<td>Associate Chief of Psychiatry, Kaiser Permanent in Fremont, California</td>
</tr>
<tr>
<td>Scott A. Humphreys, MD</td>
<td>Fellowship, Forensic Psychiatry, University of Colorado</td>
</tr>
<tr>
<td>Evan L. Jacobson, MD</td>
<td>Private Practice, Northern Virginia</td>
</tr>
<tr>
<td>Cheryl L. Person, MD</td>
<td>Fellowship, Psychiatric Epidemiology, The Johns Hopkins School of Public Health</td>
</tr>
<tr>
<td>Eric A. Samstad, MD</td>
<td>Private Practice, Bethesda, Maryland</td>
</tr>
<tr>
<td>Nicholas J. Schor, MD</td>
<td>Private Practice, Bethesda, Maryland</td>
</tr>
<tr>
<td>Matthew A. Schreiber, MD, PhD</td>
<td>Fellowship, Animal Models of Anxiety Disorders, University of California San Francisco</td>
</tr>
</tbody>
</table>
### Current & Past Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
</table>
| Anthony C. Tamburello, MD  | Fellowship, Forensic Psychiatry  
|                           | University of Maryland School of Medicine                                   |
| Kathleen M. Young, MD      | Fellowship, Child & Adolescent Psychiatry  
|                           | Columbia University-New York Presbyterian                                    |
| Jerry R. Ainsworth, MD, PhD| Fellowship, Forensic Psychiatry  
|                           | University of California Los Angeles                                          |
| Kamal H. Artin, MD         | Faculty                                                                       |
|                           | University of Southern California                                            |
| R. Robert Auger, MD        | Fellowship, Sleep Disorders  
|                           | Mayo Clinic                                                                   |
| Azin E. Bekhrad, MD        | Fellowship, Child & Adolescent Psychiatry  
|                           | The Johns Hopkins Hospital                                                    |
| Christopher P. Carroll, MD | Fellowship, Addictions Psychiatry  
|                           | The Johns Hopkins Bayview Medical Center                                      |
| Melva I. Green, MD         | Fellowship, Health Policy  
|                           | W.K. Kellogg Foundation                                                       |
| William E. Kulka, MD       | Private Practice                                                              |
|                           | San Francisco, California                                                     |
| Michelle R. Lofwall, MD    | Fellowship, Addictions Psychiatry  
|                           | The Johns Hopkins Bayview Medical Center                                      |
| Evaristus A. Nwulia, MD    | Fellowship, Psychiatric Genetics  
|                           | The Johns Hopkins Hospital                                                    |
| Graham Redgrave, MD        | Faculty, Eating Disorders  
|                           | The Johns Hopkins Hospital                                                    |
| Thomas W. Sedlak, MD, PhD  | Fellowship, Neuroscience  
|                           | The Johns Hopkins Hospital                                                    |
| Boglarka Szabo, MD         | Fellowship, Affective Disorders  
|                           | The Johns Hopkins Hospital                                                    |
| Patrick T. Triplett, MD    | Fellowship, Geriatric Psychiatry  
|                           | The Johns Hopkins Hospital                                                    |

### Class of 2003

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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</table>
| Rachel Becker, MD         | Private Practice  
|                           | Baltimore-Washington Psychoanalytic Institute  
|                           | Baltimore, Maryland                                                           |
| Michael Bunzel, MD        | Faculty                                                                       |
|                           | Tel Hashomer / Sheba Hospital in Israel                                        |
| Paul Cannistraro, MD      | Fellowship, Anxiety Disorders  
|                           | Massachusetts General Hospital                                                |
| Maciej Chodynicki, MD     | Fellowship, Psychiatric Epidemiology  
|                           | The Johns Hopkins Hospital                                                    |
| Jillian Evans, MD         | Fellowship, Consultation-Liaison  
|                           | Fairfax/INOVA Hospital                                                         |
| James Gallagher, MD, JD   | Private Practice                                                              |
|                           | Lynchburg, Virginia                                                           |
| Allesa P. Jackson, MD     | Faculty, The Community Psychiatry Program  
|                           | The Johns Hopkins Hospital                                                    |
| Diane A. Klein, MD        | Fellowship, Eating Disorders  
|                           | Columbia University-New York Presbyterian                                      |

### Class of 2002
CURRENT & PAST RESIDENTS

Ellen Li, MD  
Fellowship, Geriatric Psychiatry  
University of Washington

Tara C. Patterson, MD  
Fellowship, Addictions Psychiatry  
University of Maryland School of Medicine

Fabian M. Saleh, MD  
Fellowship, Forensic Psychiatry  
University of Massachusetts

Stephen L. Shopbell, MD  
Private Practice  
Oshkosh, Wisconsin

CLASS OF 2001

Saadia Alizai, MD  
Fellowship, Forensic Psychiatry  
University of Maryland School of Medicine

David Blass, MD  
Fellowship, Geriatric Psychiatry  
The Johns Hopkins Hospital

Susan Hobbs, MD  
Private Practice  
Baltimore, Maryland

Edward Kurz, MD  
Private Practice  
Ridgeway, Pennsylvania

Alan Langlieb, MD, MPH  
Faculty, Mental Health Service  
The Johns Hopkins Hospital

Ho-Chang Lee, MD  
Fellowship, Epidemiology  
The Johns Hopkins Hospital

Cynthia Major, MD  
Attending  
National Health Service Corps in Maryland

Jennifer Payne, MD  
Fellowship, Affective Disorders  
National Institute of Mental Health

Nicola Sater, MD  
Private Practice  
Baltimore, Maryland

Lisa Seyfried, MD  
Fellowship, Affective Disorders  
The Johns Hopkins Hospital

Thomas Sixbey, MD  
Private Practice  
Annapolis, Maryland

Ajay Wasan, MD  
Fellowship, Anesthesia & Chronic Pain  
Brigham and Women’s Hospital

CLASS OF 2000

Peter Betz, MD  
Fellowship, Geriatric Psychiatry  
The Johns Hopkins Hospital

Thomas Brashers-Krug, MD  
Faculty, Schizophrenia & Neuroimaging  
The Johns Hopkins Hospital

James Ethier, MD  
Fellowship, Substance Abuse  
The Johns Hopkins Hospital & University of Maryland School of Medicine

Adam Kaplin, MD, PhD  
Fellowship, Neuroscience  
The Johns Hopkins Hospital

Chiadi Onyike, MD, MHS  
Fellowship, Epidemiology  
The Johns Hopkins Hospital

Sarah Reading, MD  
Fellowship, Neuroimaging  
The Johns Hopkins Hospital

Daniel Sussman, MD, MBA  
Attending, Public Psychiatry  
Kentucky
### CURRENT & PAST RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>*Rex Taber, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Carol Lynn Trippitelli, MD</td>
<td>Faculty, Eating Disorders</td>
<td>St. Joseph's Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Leslie Walker, MD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Nancy Younan, MD</td>
<td>Private Practice</td>
<td>Washington D.C.</td>
</tr>
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### CLASS OF 1999

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Nicola Cascella, MD</td>
<td>Faculty, Community Psychiatry &amp; Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Todd Cox, MD</td>
<td>Faculty, Associate Residency Director</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Jerrold Gray, MD</td>
<td>Private Practice</td>
<td>Columbus, Ohio</td>
</tr>
<tr>
<td>Jeffrey Hsu, MD</td>
<td>Faculty, Motivated Behaviors &amp; Adolescent Addictions</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Gary Lebendiger, MD</td>
<td>Private Practice</td>
<td>Atlanta, Georgia</td>
</tr>
<tr>
<td>Paul Molinar, MD, JD</td>
<td>Faculty</td>
<td>Sheppard and Enoch Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Tahir Rahman, MD</td>
<td>Private Practice</td>
<td>Kansas City, Missouri</td>
</tr>
<tr>
<td>Vani Rao, MD, MBBS</td>
<td>Fellowship, Neuropsychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Irving Reti, MBBS</td>
<td>Fellowship, Neuroscience Research</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Vell Rives, MD</td>
<td>Private Practice</td>
<td>Washington D.C.</td>
</tr>
<tr>
<td>Priscilla Cost, MD, PhD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
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</table>

### CLASS OF 1998

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Bailey, MD</td>
<td>Attending, National Health Corps</td>
<td>Maine</td>
</tr>
<tr>
<td>Alisa Busch, MD</td>
<td>Fellowship, Psychiatry Public Policy</td>
<td>Harvard University</td>
</tr>
<tr>
<td>Jill Carlson, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Anthony Drobnick, MD</td>
<td>Faculty, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Caroline DuPont, MD</td>
<td>Private Practice</td>
<td>Washington D.C.</td>
</tr>
<tr>
<td>David Gotlib, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Benita Handa, MD</td>
<td>Faculty</td>
<td>Sheppard and Enoch Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Sharon Handel, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
</tbody>
</table>

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CURRENT & PAST RESIDENTS

Angela Kim, MD
Fellowship, Forensic Psychiatry
University of Maryland School of Medicine

Lisa Kim, MD
Faculty, Geriatric Psychiatry
The Johns Hopkins Bayview Medical Center

James Potash, MD, MPH
Faculty, Affective Disorders & Emergency Psychiatry
The Johns Hopkins Hospital

CLASS OF 1997

Andrew Angelino, MD
Faculty
University of Colorado

William Belfar, MD
Fellowship, Forensic Psychiatry
Albert Einstein College of Medicine

Gregory Creager, MD
Private Practice
Texas, Houston

Leigh Ellison, MD
Faculty, Eating Disorders
The Johns Hopkins Hospital

Phillip Grob, MD
Fellowship, Geriatric Psychiatry
University of Maryland School of Medicine

Elizabeth Kastelic, MD
Fellowship, Child & Adolescent Psychiatry
University of Pittsburgh

Young Lee, MD
Private Practice
Northern Virginia

Robert Morrison, MD, PhD
Private Practice
Baltimore, Maryland

Paul Rivkin, MD
Fellowship, Neuroimaging
The Johns Hopkins Hospital

Aliya Sayeed, MD
Fellowship, Public Psychiatry
Columbia University-New York Presbyterian

Michael Shepherd, MD
Fellowship, Geriatric Psychiatry
University of Virginia

Mark Winfrey, MD
Attending
Colorado State Hospital
THE JOHNS HOPKINS HOSPITAL

THE JOHNS HOPKINS HOSPITAL
THE HISTORY OF JOHNS HOPKINS

The Johns Hopkins Hospital was founded in 1889, the gift of Quaker merchant Johns Hopkins, who made his fortune in Baltimore and whose vision it was to unite in a single enterprise a threefold mission: to produce superior physicians, to seek new knowledge for the advancement of medicine, and to administer the finest patient care. William Osler held the appointment as the first physician-in-chief of the Hospital. In addition, William S. Halsted was appointed as surgeon-in-chief, William H. Welch as the first professor of pathology, and Howard A. Kelly as professor of obstetrics and gynecology. These were “The Four Doctors” immortalized in Sir John Singer Sargent’s famous painting, and together they ushered in the modern era of medical education, research, and comprehensive patient care.

The “Hopkins Experiment,” moving students and residents from the laboratory and the lecture hall to the patient’s bedside, changed the pattern of medical education in the United States and had a tremendously positive impact on patient care. Within two decades, the Hospital and the School of Medicine, the latter which was established in 1893, were models of medical and surgical care for the nation. This distinction remains intact after over 100 years. The Johns Hopkins Hospital and the Johns Hopkins School of Medicine are the founding institutions of modern American medicine and the birthplace of numerous traditions including “rounds,” “residents,” and “house staff.”

Two of the most far-reaching advances in medicine during the last 20 years were made at Hopkins. The Nobel Prize-winning discovery of restriction enzymes gave birth to the genetic engineering industry and can be compared, some say, to the first splitting of an atom. In addition, the discovery of the brain’s natural opiates has triggered an explosion of interest in neurotransmitter pathways and functions. Other significant accomplishments include the discovery of Vitamin D, the identification of the three types of polio virus, the development of closed-chest heart massage, and the first “blue baby” operation, which opened the way to modern heart surgery. Hopkins was the birthplace of many medical specialties, including neurosurgery, urology, endocrinology, pediatrics, academic psychiatry, and child psychiatry.

Today the Johns Hopkins Medical Institutions include state-of-the-art inpatient and outpatient facilities and research laboratories. The Johns Hopkins Hospital has over 1,000 beds, of which over 100 belong to the Adult and Child Psychiatric Services. The Department of Psychiatry provides general and subspecialty psychiatric care in its home, the Meyer Building, as well as throughout the general hospital and clinics.
THE DEPARTMENT OF PSYCHIATRY
After reading Clifford Beers’s description of his own mental illness, *A Mind that Found Itself*, William Henry Welch, Dean of the Johns Hopkins medical faculty, ordered the creation of a Hopkins-affiliated psychiatric institute in 1908. Through the endowment of the philanthropist Henry Phipps, the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital was founded in 1908, the first academic psychiatry department in America. Hopkins psychiatry residents are known as the “Phipps Residents,” in honor of the department’s original benefactor. Adolf Meyer was the first professor of psychiatry at the Johns Hopkins Hospital and is considered the father of American psychiatry. The subspecialty of Child Psychiatry was founded at Johns Hopkins by Dr. Leo Kanner, the author of the first textbook in the field and the first to describe autism.

DEPARTMENT RANKINGS
In U.S. News and World Report rankings of psychiatry departments, the Johns Hopkins Department of Psychiatry has been consistently among the top five. The department also consistently ranks nationally among the top departments in psychiatry research federal funding by the National Institutes of Health.

FELLOWSHIPS
Fellowship opportunities in the department include Child and Adolescent Psychiatry, Geriatric Psychiatry, Neuropsychiatry, Neuroimaging, Affective Disorders, Substance Abuse, Public and Community Psychiatry, and Psychosomatic Medicine, as well as numerous research fellowships. Our department has a strong relationship with the Maryland Forensic Psychiatry Program. Additional fellowship options exist through the School of Public Health and Hygiene, particularly in the Department of Mental Health.

A detailed description of these fellowships can be found on the departmental website:
www.hopkinsmedicine.org/psychiatry/education/fellowships/index.html

THE FACULTY
There are over 180 full-time faculty within the Department of Psychiatry, 84 MDs and 96 PhDs. Many faculty members have joint appointments in the School of Public Health or in other departments at the Johns Hopkins Hospital, including Medicine, Neurology, and Pediatrics. In addition to full-time faculty, there are over 170 part-time faculty with the Department of Psychiatry who are available to serve as additional supervisors and mentors for residents. All full-time MDs are involved in clinical work and research. The MD faculty members attend for part of the year on the inpatient wards.

SALARY & BENEFITS
- Annual house staff salary for the 2017-2018 Academic Year:
  - PGY I $53,600
  - PGY II $55,860
  - PGY III $58,550
  - PGY IV $61,000
Vacations:
- PGY I: Two two-week vacations
- PGY II: Four one-week vacations
- PGY III-IV: Four weeks of vacation, up to two weeks at a time

Hospital-wide benefits include health insurance, disability insurance, dental insurance, life insurance, white coats and scrubs, retirement fund contributions, and meals on-call.

- Maryland medical license fees and renewals are paid for by the department.
- Residents receive a yearly book budget.
- Lunch is provided four to five times per week for residents.

More information about resident contracts and benefits can be found at:

http://gme.med.jhmi.edu/fellows/gmec-contracts-policies/
Baltimore offers a unique blend of historic charm, ethnic heritage, and urban vitality. From the dynamic Inner Harbor to the rolling estates on the edges of the city, Baltimore is a community for people of all backgrounds and interests. The Inner Harbor is the centerpiece of the city’s renaissance featuring a variety of shops, food stands, and restaurants. The National Aquarium, the Maryland Science Center, the U.S.F. Constellation, Camden Yards, and the Baltimore Maritime Museum are but a few of the numerous Inner Harbor attractions available for tourists and locals alike. Fort McHenry, birthplace of “The Star Spangled Banner,” offers a glimpse of Baltimore’s past, as do the B&O Museum (celebrating the inception of the railroad), the Maryland Historical Society, the Peale Museum, and Carroll Mansion. Visits to the homes of Edgar Allen Poe, Babe Ruth, and H.L. Mencken provide a look into the lives of some of Baltimore’s most famous citizens.

Baltimore offers a diverse and lively cultural scene. The Meyerhoff Symphony Hall is home of the world renowned Baltimore Symphony Orchestra. The elegant Lyric Opera House, the Peabody Conservatory, and the outdoor stages of Merriweather Post Pavilion, Pier 6, and Oregon Ridge play host to every musical taste from classical and jazz to country and rock. Theater-lovers are blessed with numerous outlets including the Hippodrome Theater, Centre Stage, Theater Project, and Everyman Theater. The Walters Art Gallery and the Baltimore Museum of Art offer remarkable permanent collections and host prominent traveling exhibits.

Sports fans will find the Baltimore-Washington area an exciting place to call home. The Baltimore Orioles and Ravens serve as the backbone of a proud sports’ tradition, which also includes professional soccer and lacrosse. College sports also thrive in the “Charm City” and include powerhouses such as Hopkins lacrosse and Maryland basketball. The entire Baltimore community looks forward to annual sporting events such as the Governor’s Cup yacht race and the Preakness, the second jewel in the Triple Crown of horse racing.

Baltimore Neighborhoods
Part of Baltimore’s charm is the “small town” atmosphere found in its diverse neighborhoods. The following outlines the most popular locations our residents call home.

Fell’s Point
Fell’s Point is a historic waterfront area, home to over 350 original colonial period buildings, including the oldest house in Baltimore, which is now a museum. The area remains an attraction for all ages, with numerous restaurants, pubs, boutiques, and antique shops. Fell’s Point is approximately one and a half miles south of the Johns Hopkins Hospital.
CANTON
Canton is a recently developed waterfront area adjacent to Fell’s Point with numerous shops, clubs, bars, restaurants, and dessert spots. It is an area that attracts young professionals for exciting nightlife and relaxing Sunday brunches. Canton is approximately two miles southeast of the Johns Hopkins Hospital.

MOUNT VERNON
Mount Vernon is the geographic and cultural center of the city with fine galleries, relaxing parks, fountains, statues, and gardens. The 178-foot Washington Monument dominates this area. Fashionable apartments and ornate townhomes make it a popular place to live. Mount Vernon is about two miles west of the Johns Hopkins Hospital and has a direct shuttle to the Hospital.

FEDERAL HILL
Federal Hill is an area near the Inner Harbor that is growing rapidly. Part of it remains an old-town colonial community with elegant row houses. Growing along the harbor are condominiums and townhomes. With historic and charming restaurants, bars, and shops, the area is perfect for an afternoon ramble. The bustling nightlife attracts young professionals and sports fans to the area. Cross Street Market is a centrally-located place for sports fans, seafood lovers, and friendly neighbors to gather. Federal Hill is approximately three miles southwest of the Johns Hopkins Hospital.

BOLTON HILL
Bolton Hill is a quaint, beautiful residential neighborhood with historic townhomes and brick sidewalks, and home to the Maryland Institute College of Art. Bolton Hill is approximately three miles northwest of the Johns Hopkins Hospital.

CHARLES VILLAGE
Charles Village is residential neighborhood adjacent to the Johns Hopkins University undergraduate campus and the Baltimore Zoo. Charles Village is approximately four miles northwest of the Johns Hopkins Hospital.

HAMPDEN
Hampden has an eclectic and artistic ambience and a wide range of restaurants, vintage clothing stores, thrift shops, and used furniture stores. Hampden is approximately five miles northwest of the Johns Hopkins Hospital.

MOUNT WASHINGTON
Mount Washington has a quaint, suburban feel. There are lush natural surroundings with many trees, greenery and parks. Young and retired professionals enjoy the coffee shops, wine markets, and fine restaurants. Mount Washington is approximately eight miles northwest of the Johns Hopkins Hospital.

SURROUNDING BALTIMORE
Baltimore enjoys a central position on the East Coast. AMTRAK services in Baltimore are available at the newly renovated Penn Station, two miles from the Johns Hopkins Hospital. There is frequent service to Washington D.C. (30 minute trip), Philadelphia (90 minute trip), and New York City (three hour trip). The
BALTIMORE

Baltimore-Washington International Airport (BWI) is 12 miles from the city and offers a full range of national and international flights daily.

WASHINGTON D.C.

Washington D.C., with its myriad of historical and cultural attractions, is about a 45-minute drive from Baltimore. In addition to the Smithsonian, including the Air and Space Museum, the Museum of American History, and the National Gallery of Art, Washington D.C. offers a wide variety of restaurants, specialty shops, and bookstores.

ANNEAPOLIS

Historic Annapolis, the state capital and home of the United States Naval Academy, is a town for architecture buffs, boaters, and seafood lovers. Only a 30-minute drive from Baltimore, it offers beautifully preserved 18th-century mansions and historic landmarks along with harbor cruises, sailing schools, antique shops, and restaurants.

WATERS

The Chesapeake Bay, bountiful with seafood including Baltimore’s favorite oysters and blue crabs, offers swimming, sailing, motor boating, and fishing. Along the Eastern Shore, flat terrain dotted with country towns and fishing villages, makes for great bicycling and sightseeing. The beaches of Ocean City, Maryland and Rehoboth, Delaware are easy day trips from Baltimore.

PARKS

Maryland’s state parks systems covers more than 471,000 acres of mountains, woods, lakes, and rivers for hiking, camping, boating, fishing, and hunting. In particular, the mountains of Western Maryland, between the Blue Ridge and Allegheny Mountains, are an excellent spot for hikers and campers. Deep Creek Lake, a year-round resort, offers a variety of water sports in the summer and skiing in winter. Canoeing and rafting are especially popular along the canal and on the white waters of the Potomac and Youghiogheny rivers.
APPENDIX

GRAND ROUNDS TOPICS

GRAND ROUNDS TOPICS FROM THE 2017-2018 ACADEMIC YEAR

James Potash, MD, MPH  What Should a Psychiatrist know about Genetics?
Akira Sawa, MD, PhD  Causality in Clinical and Research Settings: from Precision to Global Psychiatry
Karin Neufeld, MD, MPH  Delirium Management and Prevention
Robert Findling, MD, PhD  A Review of the Pharmacotherapy of Pediatric Disruptive Behavior Disorders and Dysfunctional Aggression
Russell Margolis, MD  Recent Onset Schizophrenia: Dilemmas of Diagnosis and Treatment
Frederick Berlin, MD, PhD  Relationship of the Sex and Gender Clinic to the Johns Hopkins Center for Transgender Health
Christopher Ross, MD, PhD  A Neurogenetic Approach to Major Mental Illness
Lauren Osborne, MD  The National Curriculum in Reproductive Psychiatry
Vinay Parekh, MD  Harnessing the Electronic Medical Record in the Psychiatric Care and Education of Community patients: The Challenges and Potential
Larry Wissow, MD, MPH  Beyond the Band-Aid: Social Determinants as a Next Step in Integrated Care
Barbara Fredrickson, PhD  Positivity Resonates: Micro-moments of Positive Social Connections as Healing and Health Behaviors
Roma Vasa, MD  Mental Health Crisis in Youth with Autism Spectrum Disorder
Karen Swartz, MD  Accelerating Awareness: ADAP's National Expansion
Paul Rosenberg, MD  Neuropsychiatric Symptoms across the Alzheimer’s Spectrum
Daniel Ebert, MD, PhD  Genetics of Bipolar Disorder and Schizophrenia
Kostas Lyketsos, MD  Aging Really Matters - New Directions in Understanding Late Life Neuropsychiatric Disorders
Carisa Katherine Perry-Parrish, MA, PhD  Parent Guilt and Distress following Pediatric Burn Injuries
Jennifer Coughlin, MD  Imaging the Nicotinic Acetylcholine Receptor in Neuropsychiatric Disorders
Joan Kaufman, PhD  Child Abuse, Psychopathology, and Recovery
Meg Chisolm, MD  Burnout among Medical Trainees
Durga Roy, MD, MS  Risk Factors, Correlates and Treatment of Depression after Traumatic Brain Injury
Michael Kopelman, PhD  Neuroscience, Memory, and the Law
Angela Guarda, MD  Treatment Outcomes and Eating Disorders: Time to Raise the Bar
Christopher Hammond, MD  Large-scale Brain Circuit Abnormalities in Adolescent Substance use and Mood Disorders: Transdiagnostic Circuit-level Treatment Targets for Co-occurring Disorders
Krista Huybrechts, MS, PhD  Safety of Psychiatric Medication in Pregnancy
Chiadi Onyike, MD  Alzheimer Disease Variations at Different Life Stages (in adulthood, mid-life, and later)
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Bruce Wampold, ME, PhD  The Importance of Relationship in Healing: Placebos, Medicine, & Psychotherapy
Tracy Vannorsdall, PhD  Optimizing Mental Health and Cognitive Outcomes in Cancer Care
Conor Liston, MD, PhD  fMRI Biomarkers Define Novel Neuropsychological Subtypes of Depression
Jin Hui Joo, MA, MD  Reconstituting Health: Integrating Behavioral Health Services in JMAP, Johns Hopkins ACO
Michael Smith, PhD  Towards Mechanisms of Sleep Disruption Hypersalgesia
Eric Strain, MD  Opioid Use Disorder: Where we were, where we are, where we need to go

GRAND ROUNDS TOPICS FROM THE 2016-2017 ACADEMIC YEAR

Kostas Lyketsos, MD  At the Dawn of Precision Psychiatry
Akira Sawa, MD, PhD  Brain of No-more Brain: Paradox of Psychiatry
Jason Brandt, PhD  The Amazing Memory Man
Karen Swartz, MD  Suicide in Physicians
Glenn Treisman, MD  The Opiate Epidemic in the U.S.
Michael Clark, MD  Preventing Chronic Pain OR Alternatives to Chronic Opioid Therapy
Patrick Finan, PhD  Mechanisms of Resilience in Chronic Pain: A Focus on Positive Affect
Daniel Ebert, MD, PhD  Rett Syndrome: Implications for Epigenomics of Psychiatric Disorders
George Bigelow, PhD  Addictions: Behavioral Pharmacological Developments
Lauren Osborne, MD  The Role of the Immune System in Perinatal Psychiatric Illness
Chiadi Onyike, MD  Utility of Psychometric Tests for Capturing Change in the Frontotemporal Dementias
Graham Redgrave, MD  Eating Disorders in Older Adults
Eric Storch, PhD  Randomized Controlled Trial of D-Cycloserine versus Placebo Augmentation of Cognitive Behavioral Therapy for Pediatric Obsessive-Compulsive Disorder
Elizabeth Reynolds, PhD  Implementation of Positive Behavioral Interventions and Supports (PBIS) on the JHH Child and Adolescent Psychiatric Inpatient Service
Eric Strain, MD  The Behavioral Perspective: First Among Equals
Jennifer Coughlin, MD  Understanding Sports-Related TBI Through Imaging
Denis Antoine, MD  The Cornerstone at Helping Mission Clinic: Perspectives from an Embedded Practice
John Lipsey, MD  Insight in Clinical Psychiatry
Priyanthy Weerasekera, MD  The McMaster Psychotherapy Program: An Evidence-Based Approach to Training
Jessica Peirce, PhD  PTSD and Drug Use: Links in the Chain
James Griffith, PhD  Samuel Novey Lecture in Psychological Medicine
Michael Smith, PhD  Cognitive Behavior Therapy for Insomnia
Karin Neufeld, MD, MPH  Wernicke’s Encephalopathy: An Important Cause of Delirium in the Acute Inpatient Setting
Christopher Hammond, MD  Neurobiological Predictors and Mechanisms of Treatment Response for Adolescent Substance Use Disorders: Towards a Developmentally-Informed Recovery Model
Meg Chisolm, MD  Bedside Education in the Art of Medicine
Vidya Kamath, PhD  Abnormal Eating Behaviors in Frontotemporal Dementia
Robert Freeman, MD  Allene Rubin Memorial Lecture
Angela Guarda, MD  Eating Disorders
Rheanna Platt, MD  Pediatric Integrated Care
GRAND ROUNDS TOPICS FROM THE 2015-2016 ACADEMIC YEAR

J. Raymond DePaulo, Jr., MD  Educational Foundation of Medical Practice
Eric Strain, MD  Opioid Dependence and Its Treatment
Geetha Jayaram, MD  The use of Rapid Response Teams in Psychiatry
Fred Nucifora, PhD, DO, MHS  Early Phases of Clozapine Clinic
Claudia Campbell, PhD  Disparities in pain: Ethnic differences in pain perception
Jennifer Payne, MD  Antidepressant Use in Pregnancy: The Myths, The Realities, The Stigma
Graham Redgrave, MD  Reducing Harm Reduction in Severe and Enduring Anorexia Nervosa
Jennifer Haythornthwaite, PhD  Women’s Careers in Academic Medicine and the Importance of Mentoring
Karen Swartz, MD  Guilt
Carisa Perry-Parrish, MD  Child and parent coping with medical stress: an emotion regulation perspective
Karen Seymour, PhD  Emotion Regulation in ADHD
Akira Sawa, MD, PhD  Psychosis in transcultural psychiatry
Quincy Samus, PhD  Advancing Family-Centered Dementia Care Models: the MIND at Home studies
Constantine Lyketsos, MD, MHS  Deep Brain Stimulation for Alzheimer’s Disease?
Susan Lehmann, MD  Geriatric Psychiatry
Angela Guarda, MD  Eating Disorders
Lynn Taylor, MD  The significance of Psychotic Symptoms in Children and Adolescents
Jin Hui Joo, MA, MD  Engaging Older Adults in Depression Care: An Innovative Model Using Peer Mentors
John Lipsey, MD  Why we need large, diverse, and specialty focused inpatient units
Michelle Horner, DO  Developmental Perspectives: Early Risk Factors for Substance Use Disorder
Mg Chisholm, MD  Alternative metrics for measuring scholarly impact: What academic psychiatrists need to know
Jason Brandt, PhD  Update in Neuropsychology
Vani Rao, MD, MBBS  Neuropsychiatry of The Traumatized Brain
Kelly Dunn, PhD  The Opioid Withdrawal Syndrome and Detoxification Strategies
Christopher Ross, MD, PhD  Neuropsychiatric Disorders

GRAND ROUNDS TOPICS FROM THE 2014-2015 ACADEMIC YEAR

J. Raymond DePaulo, Jr., MD  The DSM, RDos, and the Perspectives: Where do they all fit?
Karen Swartz, MD  The Role of the Attending: Leading the Multidisciplinary Inpatient Treatment Team
Jason Brandt, PhD  The Neuropsychologically Impaired Physician
Robert Findling, MD, PhD  Lithium in Pediatric Psychopharmacology
Gerald Nestadt, MD  OCD & doubt
Glenn Treisman, MD  What is the Eugene Meyer III Professor of Psychiatry supposed to do?
Daniel Weinberger, MD  The Simple Truth about the Genetic Complexity of Schizophrenia
Christopher Ross, MD, PhD  Neuropsychiatric disorders: from models to medicines
Thomas Sedlak, MD, PhD  What’s new in GLU - Oxidative stress and Glutamate pathways in Psychiatry
Louis Hagopian, PhD  Subtypes of self-injurious behavior in autism and intellectual disabilities
Elizabeth Winter, MD Caring for Outpatients with Terminal Medical Conditions
Dean MacKinnon, MD Perspectives across the Genes to Society curriculum
Meg Chisolm, MD Addiction Medicine Education
Mark Mahone, MA, PhD Primary Complex Motor Stereotypies in Children: Pathophysiology, Phenotypes, and Treatment
Akira Sawa, MD, PhD Attenuated psychosis syndrome: DSM, RDoC, and our perspectives
Irving Reti, MD Electroconvulsive Therapy Review
Gregory Pontone, MD Cognition and Emotional Processing in Parkinson’s disease
Bernadette Cullen, MD Performing Research in the Out-patient Clinic Setting
John Lipsey, MD Patient Suicides—the Impact on Psychiatrists
Mikhail Pletnikov, MD Gene-environment interactions in psychiatric disorders: a basic research perspective
Andrew Angelino, MD “Population Health” in Howard County
Rebecca Landa, MD Development in infants at heightened risk for autism spectrum disorders
Chiadi Onyike, MD Familial Frontotemporal Degeneration
Jennifer Coughlin, MD Sports-related mild traumatic brain injury
Michael Clark, MD Chronic Pain
Graham Redgrave, MD A perspectives-based approach to tough cases
Elizabeth Kastelic, MD Mental Health Concerns of Students in University Settings
David Schretlen, MD The use of tDCS as an adjunctive treatment for schizophrenia
Peter Zandi, PhD Pharmacogenetics of Psychotropics
Michael Smith, MD Mechanisms, Implications for Prevention and Management
Pat Triplett, MD Suicide Screening, Assessment and Documentation
Fernando Goes, MD What’s New in Genetics of Bipolar Disorder
Peter Rabins, MD Aging with Autism Spectrum Disorder

GRAND ROUNDS TOPICS FROM THE 2013-2014 ACADEMIC YEAR

J. Raymond DePaulo, Jr., MD Patient and Family-Centered Care
O. Joseph Bienvenu, MD, PhD Personality Traits and Anxiety Disorders
Akira Sawa, MD, PhD Metabolic Problems in Schizophrenia
Glenn Treisman, MD, PhD Hepatitis C, HIV, and Psychiatry: Closing the Loop on Comorbidity
Michael Kidolf, MD, M.D. A Novel Community Support Intervention for Substance Abuse
Susan Lehmann, MD Geriatric Bipolar Disorder
David Schretten, PhD Neural Substrates of Intact Cognition in Schizophrenia
Holly Wilcox, MD Suicide Risk
Irving Reti, MBBS Electroconvulsive Therapy: Mechanism of Action and Implications for Treatment
Cynthia P. Munro, PhD Why Does the Diagnosis of Alcohol Dementia Persist?
Margaret S. Chisolm, MD Social Media Use for Professional Development
Gregory Pontone, MD Parkinson’s Dementia
Karin Neufeld, MD, MPH The Use of EEG in Delirium Detection
Kellie Tamashiro, MD Developmental Origins of Health and Disease
Eric Strain, MD Is There Harm in Harm Reduction?
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Karen Swartz, MD  Why We Still Love Lithium
Michael Clark, MD  Chronic Pain
Russell Margolis, MD  Acute Management of Agitation in the Severely Mentally Ill
Jennifer Payne, MD  Postpartum Depression
Paul Rosenberg, MD  Prevention of Alzheimer’s Disease
Jeffrey Janofsky, MD  Suicide Risk Assessment and Prevention
Peter Rabins, MD, MPH  Very Late Onset Dementia
Graham Redgrave, MD  Safety and Effectiveness of Rapid Refeeding in Anorexia Nervosa
Kenneth Stoller, MD  Collaborative Care in the Treatment of Substance Use Disorders
Roma Vasa, MD  Anxiety in Youth with Autism Spectrum Disorders
Geetha Jayaram, MD  Global Mental Health: Community Psychiatry in Rural India
Constantine Lyketsos, MD, MHS  Behavioral Health Care Integration at Hopkins: Challenges and Progress
Elaine Tierney, MD  Cholesterol in Autism Spectrum Disorder
Christopher Ross, MD, PhD  Neuropsychiatric Disorders: From Models to Medicines
Karen Swartz, MD  The Adolescent Depression Awareness Program’s Expansion: Nationwide and Beyond the Classroom

GRAND ROUNDS TOPICS FROM THE 2012-2013 ACADEMIC YEAR

J. Raymond DePaulo, Jr., MD  Meyer to McHugh: The Patient Examination and Formulation
Glenn Treisman, MD, PhD  Doctor, Lawyer, Indian, Chief: What Do We Want To Be When We Grow Up
O. Joseph Bienvenu, MD, PhD  Post-ICU Syndrome: What Is It and What Can We Do About It?
Andrew Tompkins, MD  Understanding the Complicated Relationship of Pain and Addiction: A Humble Beginning
Golda Ginsburg, PhD  Pediatric Anxiety Disorders: Treatment Response, Remission, and Durability
Michael Clark, MD, MPH, MBA  Chronic Pain
Geetha Jayaram, MBBS, MBA  Safe Care is Cheaper Care: Performance Improvement Initiatives
Adam Kaplin, MD, PhD  Of Mice and Men: SCUBA, Suicide and Serotonin.
Russell Margolis, MD  Choice of Antipsychotics
Vani Rao, MD, MBBS  State of the Science on Traumatic Brain Injury
Jason Brandt, PhD, ABPP  Neuropsychological Testing and Assessment
Matt W. Specht, PhD  Non-Pharmacological Treatment of Tourette’s Disorder
Peter Rabins, MD, MPH  Hippocampal sclerosis: A New Type of Dementia?
Andrew Angelino, MD  PKU Psychiatry: What We’ve Learned from 30 Years of Healthcare Integration In HIV
Patrick Carroll, MD  Opioids: What We Don’t Know Can Hurt Us
Michael Smith, PhD  Cognitive-Behavioral Treatment for Insomnia
Constantine G. Lyketsos, MD  Maintaining Independence at Home.
Frank Mondimore, MD  TMS for Beginners
Jeffrey Hsu, MD  Substance Abuse
Angela Guarda, MD  Eating Disorders
Fernando Goes, MD  Genome Sequencing in Research and in the Clinic
Appendix

Robert Findling, MD, PhD  Diagnostic Considerations in Pediatric Bipolar Disorder
Louis Hagopian, MS, PhD  Behavioral Assessment and Treatment of Severe Problem Behavior in Autism and Intellectual Disabilities
Paul McHugh, MD  Beyond the Perspectives of Psychiatry
Gerald Nestadt, MBBCH, MPH  Obsessive-Compulsive Disorder
Vinay Parekh, MD  Integrating Phipps psychiatry in the community: lessons from EBMC
John Lipsey, MD  Catatonia
Anita Everett, MD  Behavioral Health and Health Behavior in J-CHiP: Strategies for Better Health, Better Care, and Healthcare Cost Trend Bending
Eric Strain, MD  Substance Abuse

Grand Rounds Topics from the 2011-2012 Academic Year

J. Raymond DePaulo, Jr., MD  Psychiatry and Behavioral Sciences in the Patient-Centered Medical Home
Glenn Treisman, MD, PhD  Borderline Personality Disorder Reduc
Vani Rao, MD, MBBBS  Psychiatric Aspects Of TBI: No Longer the Silent Epidemic
Cynthia Munro, PhD  What Can We Learn from Sex Differences in Psychiatric Disorders?
Graham Redgrave, MD  Functional Connectivity in Anorexia Nervosa
Frank Mondimore, MD  What Is the Real Cost of Mental Illness?
Kenneth Stoller, MD  Using Systems to Maximize Addiction Treatment Outcome
Marco Grados, MD, MPH  Pediatric Obsessive-Compulsive Disorder with Tourette and ADHD: One Basal Ganglia Disorder?
Peter Rabin, MD, MPH  Life Course of Autism Spectrum Disorder
Eric Strain, MD  Medications for the Treatment of Alcohol Dependence
Christopher Ross, MD, PhD  Stem Cell and Imaging Biomarkers of Neuropsychiatric Disorders
Gregory Pontone, MD  ADHD, Reading, and the Fourth Grade Slump: Lessons Learned from Brain Mapping and Neurobehavioral Assessment
Karen Swartz, MD  The Role of Antidepressants in the Treatment of Bipolar Depression
Jason Brandt, PhD  Amnesia
Paul Rosenberg, MD  New Approaches to Alzheimer’s Treatment
Jennifer Payne, MD  Premenstrual Symptoms in Mood Disorders
Angela Guarda, MD  Anorexia Nervosa and Treatment: Motivated…to Feel Good or to Get Better?
Karin Neufeld, MD, MPH  Delirium among Elders Following General Anesthesia
Thomas Sedlak, MD, PhD  Beyond the Smoke and Mirrors: Marijuana in the Brain
Adam Kaplin, MD, PhD  Through A Glass, Darkly: Coming Face to Face with the Mind-Brain Schism
Chidi Onyike, MD, MHS  Genetics and Phenomenology
Akira Sawa, MD, PhD  Is Schizophrenia a Systemic Disease? A Clue for Novel Drug Discovery
Russell Margolis, MD  Use and Misuse of Antipsychotics
Gerald Nestadt, MBBCH, MPH  Obsessive-Compulsive Disorder
Paul McHugh, MD  The Perspectives of Psychiatry and the DSM
O. Joseph Bienvenu, MD, PhD  Anxiety Disorders
Jennifer Haythornthwaite, PhD  Does Inflammation Mediate the Effects of Psychological Factors on Pain and Disability?
Susan Lehmann, MD  Geriatric Mood Disorders
Bernadette Cullen, MBBCh  Aspects of Service Delivery in Community Psychiatry
APPENDIX

Una McCann, MD  The Obsessive-Compulsive Disorder Epidemic in Baltimore
Pat Triplett, MD  Emergency Psychiatry
Elizabeth Kastelic, MD  Challenges of Diagnosing and Treating Psychiatric Conditions in College Students

RESEARCH CONFERENCE TOPICS

RESEARCH CONFERENCE TOPICS FROM THE 2017-2018 ACADEMIC YEAR

Peter Zandi, PhD  Build it and they will come? An Infrastructure for the Future of Research in Psychiatry
Timothy Moran, PhD  Modeling Binge Eating Disorder: Cognitive Consequences and Effects of Exercise
Kelly Dunn, PhD  Opioid Use Disorder Treatment: Research and Future Directions
Johannes Thurl, PhD  Using Ecological Momentary Assessment to Investigate Young Adult Substance use in the Natural Environment
Mario Macis, PhD  Incentives, Ethics, and Tradeoffs in the Economics of Body Parts
Richard Lee, PhD  Role of Glucocorticoids in Psychiatry
Quincy Samus PhD  Research Update on the MIND at Home Studies for Improving Community-based Dementia Care: Early Learnings and Next Steps
Arnold Bakker, PhD  Neuroimaging Approaches to Memory and Memory Impairment in Aging and Disease
Maged M Harraz, MBCh, MSc, PhD  Novel Target of Cocaine Mediates Stimulant Effect via Autophagy
Kenneth Silverman, PhD  Utility of Operant Conditioning to Address Poverty-Related Health Disparities
Roland Griffiths, PhD  Psilocybin: History, Neuropsychopharmacology, and Clinical Applications
Mikhail V Pletnikov, MD, PhD  Astrocyte Dysfunction and Psychiatric Disorders: a Research Program
Geoffrey Schoenbaum, MD, PhD  Branch Chief, NIDA-IRP Topic: Tests of Two Key Predictions of the Hypothesis that Dopamine Transients Serve as a Cached-value Error-signaling System for Learning
Stewart H Mostofsky, MD  Moving to Improve Behavioral Control in Children with ADHD: Findings from a Preliminary Study of Mindful Movement
Mary A Fristad, PhD, ABPP  Non-Pharmacologic Interventions for Childhood Mood Disorders
Joyce Chang, PhD  Adaptive Clinical Trials
Jonah March, PhD  The Prechter Cohort: a Longitudinal Study of the Etiology and Course of Bipolar Disorder
Francesca Mastroeni, PhD  Pain Catastrophizing and Virtual Reality tx
Chiadikaobi Onyike, MBBS, MD  Cerebellar Correlates of Cognitive and Motor Dysfunctions in the Cerebellar Ataxias
Alan Anticevic, PhD  Computational Psychiatry: Characterizing Mechanisms Through Convergence of Neuropharmacology, Neuroimaging and Biophysical Modeling
Thomas Gould, PhD  Neuropsychological and Psychosocial Correlates of Reward Processing in Adolescent The Impact of Developmental Nicotine Exposure on Learning and Hippocampal Function
Jessica Peirce, PhD  Treating Post Traumatic Stress Disorder in Substance Use Disordered Patients
Gianluca Ursini, MD, PhD  Schizophrenia Risk – Who, When, and Where
Trang Nguyen, PhD  
Mediation Analyses  
Attention-to-Reward within HIV+ & Drug-Addicted Individuals

Cherie Lynn Marvel, PhD  
Attention to Reward within HIV+ & Drug-Addicted Individuals

Martin Franklin, PhD  
Exposure-based treatments for pediatric OCD

Kellie L. K. Tamashiro, PhD  
Anorexia Nervosa: Behavioral and Neurobiological Insights Using Animal Models

Gail Daumit, MD, MHS  
Interventions to Decrease Cardiovascular Risk in Serious Mental Illness

Vikram Chib, PhD  
Computational Characterization of Motivated Performance

Daniel R Weinberger, MD  
Genes to Drugs in Psychiatry: Rumpelstiltskin or Bust

Susan Carnell, PhD  
Appetite and Body Weight in Children and Adults: Behavioral and Neuroimaging Studies

Andrew Holmes, PhD  
Neural Circuits underlying Fear and Anxiety

RESEARCH CONFERENCE TOPICS FROM THE 2016-2017 ACADEMIC YEAR

Karin J. Neufeld, MD, MPH  
Delirium Research at Johns Hopkins

Jin Hui Joo, MA, MD  
What Do Peers Say to Patients? Communication Strategies Used by Peer Mentors to Relieve Depressive Symptoms

O. Joseph Bienvenu, III, MD, PhD  
Psychological Distress Phenomena After Acute Respiratory Distress Syndrome – A 5-Year Longitudinal Study

Alan “Lanny” Berman, PhD  
Rethinking Suicide Risk Assessment: A Data-Informed Approach

Elizabeth A. Stuart, PhD  
Why Should We Care About Who Enrolls in a Randomized Trial? Assessing and Enhancing the Generalizability of Trials to Target Populations

Adam P. Spira, PhD  
Is Disturbed Sleep a Risk Factor for Dementia?

Charles W. Bradberry, PhD  
Contrasting Roles of Orbitofrontal and Anterior Cingulate Cortices in Models of Cocaine Dependence

Gregory Pontone, MD  
Cognitive Impairment in Parkinson's Disease

Irving M. Reti, MBBS, MD  
Neuromodulation for Intractable Self-Injurious Behavior Associated with Autism Spectrum Disorder: A Translational Study

Marco A. Grados, MD, MPH  
Research in the Pediatric OCD Phenotype: Clinical and Research Implications

Kafui Dzirasa, MD, PhD  
Driving Emergent Networks to Promote Resilience

Kamal Sharma, PhD  
Genetics of Neuropsychiatric Disorders: A Perspective on Synthetic Failure

Jennifer L. Payne, MD  
A Double-Blind, Placebo Controlled Trial of Valacyclovir in Cognitive Impairment Associated with Bipolar Disorder and HSV-1

Andrew E. Jaffe, PhD  
Developmental and Genetic Regulation of the Human Frontal Cortex Epigenome and Transcriptome in Schizophrenia

Kyrana Tsapkini, PhD  
Transcranial Direct Current Stimulation in Primary Progressive Aphasia

Paul B. Rosenberg, MD  
Neuropsychiatric Symptoms in Preclinical Alzheimer’s Disease

Jennifer A. Haythornthwaite, PhD  
The Role of Pain Catastrophizing in the Development and Maintenance of Chronic Pain

Glenn J. Treisman, MD, PhD  
Interstitial Psychiatry

Jonathan Flint, MD  
The Genetic Basis of Depression

Deborah Gross, DNSc, RN, FAAN  
Young Children’s Behavioral Health: Why We Need to Invest in School-based Parenting Interventions

Michael S. Kidorf, PhD  
Community Support Intervention for Opioid Users

Steven Siegel, MD, PhD  
G-Wiz: Genome-Wide Zeitgeist: Moving from Etiology to Pathophysiology-based Animal Models of Schizophrenia

Christopher J. Hammond, MD  
Neurophysiological and Psychosocial Correlates of Reward Processing in Adolescent Cannabis and Tobacco Users and Healthy Controls
Mark Olfson, MD, MPH  
Self-Harm in the Emergency Department: A Missed Opportunity for Suicide Prevention

Jason C. Ong, PhD  
Sleep Wars: The Force Awakens

Daniel R. Weinberger, MD  
Pychosis ver 2017

Katherine P. Rankin, PhD  
Neural Networks Underlying Empathy in Health and Neurogenerative Disease

John Geddes, MD, FRCPsych  
Rediscovering Drug Discovery in Bipolar Disorder

Kellie L. K. Tamashiro, PhD  
Anorexia Nervosa: Behavioral and Neurobiological Insights Using Animal Models

Catherine Stanger, PhD  
Using Incentives to Motivate Abstinence Among Substance-Using Teens: A Family-Based Approach

Mary M. Sweeney, PhD  
The Buzz on Caffeine: Energy Drinks, Alcohol, and Caffeine Use Disorder

Kaj Blennow, Docent  
Ossoff Lecture

Scott D. Halpern, MD, PhD, M.Bioethics  
Paying Patients for Research Participation and Organ Donation: Undue, Unjust, or Unclear?

Sharon L. Larson, PhD  
A New Bag of Tricks for Delivering Behavioral Health Care: Translating Our Work in a Learning Health System

Rochelle E. Tractenberg, PhD, MPH, PStat, FASA  
On the Obsolescence of Group Means for Clinical Trials in Psychiatry

RESEARCH CONFERENCE TOPICS FROM THE 2015-2016 ACADEMIC YEAR

Daniel H. Ebert, MD, PhD  
Activity-Dependent Phosphorylation of MeCP2 and Rett Syndrome

Raye Z. Litten, PhD  
Strategies to Increase the Efficiency and Effectiveness of NIAAA’s Medications Development Program

Jonathan P. Ling, PhD  
TDP-43 Represses Cryptic Exons in FTD: Therapeutic and Diagnostic Potentials

Fred Nucifora, Jr. DO, MHS, PhD  
Ubiquitination as a Signal for Protein Aggregation and a Link Between Neurodegenerative and Psychiatric Disorders

Nicole Avena, PhD  
Empirical Evidence of Addiction to Highly-Palatable Foods

Rashelle J. Musci, PhD  
Decomposing Internalizing Symptoms Across Adolescence: Implications for Genetics and the Environment

Dinesh Bhugra, MBBS, PhD  
Role of Culture in Mental Illness

Colleen Barry PhD, MPP  
Communication Research to Inform Stigma Reduction

Jeremy Veenstra-VanderWeele, MD  
Pathways to New Treatments in Autism Spectrum Disorder

Edward Huey, MD  
What Can Patients With Brain Injury and Neurodegenerative Illness Teach Us About Psychiatry?

John Kelsoe, MD  
Genetic Networks for Bipolar Disorder and Lithium Response

Joel Kleinman, MD, PhD  
Genetic Variation and Alternative Transcripts in Human Brain Development and Schizophrenia

Kimberly M. Christian, PhD  
Integrating Animal Models and Human iPSCs to Study Psychiatric Disorders

Dror Ben-Zeev PhD  
Mobile Health (mHealth) for Serious Mental Illness
APPENDIX

Ryan Vandrey, PhD  
Breaking Developments in Research: Randomized Trial of Reduced-Nicotine Standards for Cigarettes

Hashimoto-Torii Kazue, PhD  
The Molecular Defense Mechanisms Deployed by the Developing Brain Against Environmental Stress

Matthew W. Johnson, PhD  
Combining Behavioral Economics and Behavioral Pharmacology to Understand the Link Between Cocaine use and HIV Sexual Risk Behavior

Tania Gendron, PhD  
Molecular Mechanisms of Neuronegeneration Associated with the C9ORF72 Mutation

Marc G. Caron, PhD  
Functional Selectivity of GPCR Signaling: Physiological Implications and Therapeutic Potentials

Ellen Leibenluft, MD  
Diagnosis and Pathophysiology of Bipolar Disorder and Severe Irritability in Youth

Michelle C. Carlson, PhD  
Development of a Mobile Activity Platform to Integrate Patients’ Daily Physical, Social and Cognitive Functions in Real Time

Suzanne Haber, PhD  
From Primate Anatomy to Human Neuroimaging: Linking Circuits to Psychiatric Disease and Neurotherapeutic Targets

Susan Carnell, PhD  
Obsesity in Children and Adults: A Biobehavioral Approach

Alexander J. Shackman, PhD  
The Neurobiological Bases of Dispositional Anxiety

Stacey Sigmon, PhD  
Developing and Evaluating Novel Treatments for Opioid Dependence

Gil Rabinovici, MD  
Clinical Utility of Amyloid and Tau PET Imaging

BJ Carey, PhD  
Treating the Developing Versus Developed Brain: Translating Preclinical Mouse and Human Imaging Studies

Matthew W. State MD, PhD  
Exploring Space and Time in Autism Spectrum Disorder

William Carlezon, PhD  
Roles for Kappa-Opioid Receptors in Stress

Lori Raney MD  
Integrating Behavioral Health and Primary Care

Zul Merali, PhD  
Worldwide Impact of Depression: National and Global Approaches

Ellen Leibenluft, MD  
Irritability: Lessons Learned and New Directions

Daniel Pine, MD  
Using Neuroscience to Inform Clinical Thinking: Applications in Pediatric Anxiety

Evelyn Bromet, PhD  
Update on First Episode Psychosis Study

Kathleen Ries Merikangas, PhD  
Endophenotypes in Psychiatry: Deconstructing Bipolar Disorder

RESEARCH CONFERENCE TOPICS FROM THE 2014-2015 ACADEMIC YEAR

David Schretlen, PhD  
The Ubiquity of Cognitive Dysfunction in Medicine & Global Neuropsychology in the 21st Century

Shin-ichi Kano, MD, PhD  
Emerging tools and ideas in biological understanding of mental illness: from human cell biology to immune mechanisms

Adam Kaplin, MD, PhD  
Johns Hopkins Esketamine Trial for Acute Suicidality in Depressed Patients

Sarven Sabunciyian, PhD  
Brain Expression of Repetitive Element Loci in Schizophrenia, Bipolar Disorder and Major Depression

Frederick Barrett, PhD  
Brain Networks Involved in Strong Experiences with Music

Scott J. Russo, PhD  
Glutamatergic Circuit Plasticity in Stress-Related Disorders
Katherine Sharkey, MD, PhD  Circadian Rhythm Disruption and Perinatal Mood Disorders: Why Sleeping Like a Baby isn’t Good for New Mothers

Elizabeth Stuart, PhD  Applying propensity score methods in psychiatry and psychology: Case study of suicide prevention using Danish registry data

Dani Fallin, PhD  It all Starts with Epi! The Integration of Epidemiology, Genetic Epidemiology, and Epigenetics in Mental Health

Cassandra Gipson, PhD  Rapid, Transient Plasticity in Cocaine and Nicotine Relapse: New Directions for Pharmacotherapeutic Intervention

Flavio P. Kapczinski, MD  Inflammatory changes in bipolar disorder: current findings and future perspectives

Elise Weerts, PhD  Medications Development Using an Animal Model of Alcohol Drinking and Cue Reactivity

Michele Ybarra, PhD, MPH  Drawing upon successes in other fields to inform opportunities for technology-based mental health promotion

Eric Strain, MD  Buprenorphine: The Science of Its Development to Clinical Use

Lisa Dixon, MD, MPH  Considering the Science of Recovery from SMI

Mary Barber, MD  LGBT Mental Health Research, past, present and future

Michael F. Green, PhD  Parsing the Social Brain in Schizophrenia

Anika Alvanzo, MD, MS  Sex and Race/Ethnicity Differences in Development of Alcohol Dependence and Alcohol-related Service Utilization.

Sarah M. Horwitz, PhD  Children’s Mental Health Services Use: the LAMS Study

Hazine Joffe, MD, MSc  Biology of Perimenopausal Depression

Robert Stevens, MD  Neural Basis of Delirium: Insights from Neuroradiology

Michael Thase, MD  Do antidepressants really work? A review of the recent controversy

Vidyulata Kamath, PhD  Olfactory processing in schizophrenia, non-ill first-degree family members, and young people at-risk for psychosis

Maxine Stitzer, PhD  NIDA’s Drug Abuse Treatment Clinical Trials Network: Research and Relevance

Andrew H. Miller, MD  Cytokines Sing the Blues: Mechanisms, Mediators and Translational Implications

Renato D. Alarcon, MD  Science and Humanism in contemporary American Psychiatry

Ramin Mojtabai, MD, MPH, PhD  National Trends in Psychological Distress, Depression, and Mental Health Treatment Seeking

Deborah Kim, MD  The Use of Transcranial Magnetic Stimulation for Antenatal Depression

Francis J. McMahon, MD  Integrative Genomics of Bipolar Disorder

Sandra Comer, PhD  Pain and Opioid Abuse: A Tangled Tale

Brady Maher, PhD  Functional analysis of the Schizophrenia and Autism gene TCF4 in the developing neocortex

RESEARCH CONFERENCE TOPICS FROM THE 2013-2014 ACADEMIC YEAR

Kristen Brennand, PhD  In-Vitro Modelling of Predisposition to Schizophrenia

Kenneth Kendler, MD  Psychiatric Genetic Epidemiology: A Current Perspective

Evaristus Nwulia, MD  Using Olfactory Neuroepithelium as a Dynamic Marker of Lithium Response

Declan Barry, PhD  Co-occurring Chronic Pain and Opioid Addiction

Jean Lud Cadet, MD  Epigenetic Mechanisms of Methamphetamine’s Regulation of Striatal Glutamate Receptors

Zachary Stowe, MD  Maternal Mental Illness: The First Adverse Life Event

Rebecca Corwin, PhD  You are HOW you Eat: Predilection Evidence that Binge Eating Affects the Brain

Courtney Keeton, PhD  Pediatric Anxiety and the Family Context
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#### RESEARCH CONFERENCE TOPICS FROM THE 2012-2013 ACADEMIC YEAR

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Francis S. Y. Lee, MD, PhD  Role of Neurotrophins in Fear-Related Learning Across Development
David Schretlen, PhD  Can Transcranial Direct Current Stimulation Improve Cognitive Functioning in Schizophrenia
Tomas R. Guilarte, PhD  Vaccines & Genes: Gene-Environment Interactions in Schizophrenia
Rita Valentino, PhD  Sex Biased Stress Signaling
Donna Strobino, PhD  Maternal Depressive Symptoms and Young Children’s Growth
Gail Daumit, MD, MHS  Effectiveness of a Behavioral Weight Loss Intervention in Persons with Serious Mental illness: Results of the ACHIEVE Trial
Frederick Lenz MD  Analysis of Circuits Subserving Fear and Anxiety as Studied by Neuronal Activity in Humans
Annie Umbricht, MD  Topiramate for Cocaine Dependence in Methadone Maintenance
Robert Randolph Edwards, PhD  The Biopsychosocial Model of Pain in Action: Risk Factors for Misuse of Prescription Opioids among Chronic Pain Patients
Samer Hattar, PhD  Aberrant Light Exposure Directly Impairs Mood and Learning through Atypical Retinal Photoreceptors
Wayne Katon MD  A Multicondition Collaborative Care Intervention: Meeting the Triple Aim of Health Reform
John Bridges PhD  Measuring the Priorities and Treatment Preferences of Parents with a Child Diagnosed with ADHD using Best-Worst Scaling
Guo-li Ming, MD, PhD  Regulation of Neural Development by Risk Genes for Mental Disorders
Marian Tanofsky-Kraff, PhD  Obesity and Disinhibited Eating Behaviors in Youth
Kelly Posner, PhD  On the Road to Prevention: The Columbia-Suicide Severity Rating Scale
Bruce Turetsky, MD  Olfactory Dysfunction in Schizophrenia: A Model System to Investigate Developmental Neuropathology
Keri Martinowich, PhD  Interaction between BDNF and Social Environment in Brain Physiology and Behavior
Monique Ernst, MD, PhD  Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder
Katherine Phillips, MD  Sleep and Memory: The Cellular and Molecular Impact of Sleep Deprivation on Hippocampal Function
Ted Abel, PhD  Body Dysmorphic Disorder: Understanding and Treating
Samantha E Meltzer-Brody, MD  Genetic and Biomarker Insights into Postpartum Depression
Clifford B. Saper, MD, PhD  Hypothalamic Regulation of Sleep and Circadian Rhythms
John M. Oldham, MD  Personality Disorders and DSM-5
James Knierim, PhD  Memory Formation in the Rat Hippocampal Formation
Colin Cunningham, PhD  Can We Make Animal Models of Delirium?

RESERCH CONFERENCE TOPICS FROM THE 2011-2012 ACADEMIC YEAR

Solang Brown, MD, PhD  Deciphering the Functional Organization Of Cortical Circuits Through Cell-Type Identity
Karen Swartz, MD  Delirium in Older Persons: A Research Update
Sharon Inouye, MD, MPH  The Adolescent Depression Awareness Program (ADAP): Moving from Program Development to Evaluation
Tom Hyde, MD, PhD  GABA Signaling Elements, Brain Development, and Schizophrenia
O. Joseph Bienvenu, MD, PhD  Is Obsessive-Compulsive Disorder an Anxiety Disorder, and What, If Any, Are Obsessive-
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