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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 PGY1 main residency positions, one pediatrics intern year position, and up to three PGY2 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.
PROGRAM OVERVIEW

RESIDENCY IN PSYCHIATRY AT THE JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

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 PGY1 to PGY4 year. This Prospectus outlines the objectives for each year of residency and the clinical and didactic curricula aimed to help residents reach those objectives.

PGY1 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
PGY2 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

PGY3 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.
PROGRAM OVERVIEW

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

PGY4 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
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, and Dr. Hal Kronsberg, residents will have the opportunity to work closely with divisional faculty, 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:
  o Divisional presentation on a CAP-related
  o Poster presentation at a state/national conference
  o Publication in a peer-reviewed journal
  o 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 PGY1 and PGY2 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 PGY3 year will have a focus of developing a specific project and set of rotations for the elective time during PGY4 year.

The following are examples of potential projects:
• Assessment of a cognitive behavioral therapy intervention targeting insomnia at a residential substance abuse treatment program
**Program Overview**

- 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.

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
PROGRAM OVERVIEW

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.

Research Track

Research at Johns Hopkins

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.
Research Track

Our new research track is designed to train future leaders of psychiatry research. The Directors are 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.

Track Activities

During the PGY1 year, residents will meet prospective mentors, do background reading, and consider possible research rotations and research projects.

During the PGY2 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 PGY3 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 PGY4 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 Potpourri, 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 PGY2-4 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 faculty focused on both scientific content (including issues of responsible conduct of research that pertain to high quality science) and presentation style.

At the end of the program, graduates will have the option 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

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. 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 – 2021-2022**

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<thead>
<tr>
<th>PGY I - Bayview (10 positions)</th>
<th>Johns Hopkins Bayview Medical Center</th>
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<tr>
<td></td>
<td>Internal Medicine (6 Months)</td>
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<td></td>
<td>4 months Inpatient Wards</td>
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<td></td>
<td>2 weeks Cardiac Intensive Care Unit</td>
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<td></td>
<td>2 weeks Medical Intensive Care Unit</td>
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<td></td>
<td>Neurology (2 Months)</td>
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<td>Inpatient and Consultation Services</td>
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<td>Inpatient Psychiatry (3 Months)</td>
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<tr>
<td></td>
<td>Community Psychiatry Service, Dual Diagnosis Service</td>
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<td>Track Selectives (2 x 2-Week Blocks)</td>
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<tr>
<th>PGY I - Pediatrics (1 position)</th>
<th>Johns Hopkins Hospital</th>
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<tr>
<td></td>
<td>Pediatrics (10 Months)</td>
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<td>Wards, PICU, Adolescent Medicine</td>
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<td>Pediatric Neurology (1 Month)</td>
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<td>Inpatient Service</td>
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<td>Adult Neurology (1 Month)</td>
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<td>Inpatient Service</td>
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<thead>
<tr>
<th>PGY II</th>
<th>Meyer 3 Inpatient (2 Months) Motivated Behaviors (dual diagnosis), Acute Psychiatry Service</th>
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<tbody>
<tr>
<td></td>
<td>Meyer 4 Inpatient (3 Months) Eating Disorders*, Adult Affective Disorders, Young Adult &amp; Adolescent Affective Disorders</td>
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<td></td>
<td>Meyer 5 Inpatient (3 Months) General Psychiatry Service, Schizophrenia Service</td>
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<td></td>
<td>Meyer 6 Inpatient (2 Months) Geriatric Psychiatry, Chronic Pain Center*</td>
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<td>Child &amp; Adolescent (1 Month)</td>
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<td></td>
<td>Track Electives (2 x 1-Month Blocks)</td>
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Residents’ Outpatient Continuity Clinic (½ day per week)

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

<table>
<thead>
<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></td>
<td>Child &amp; Adolescent Day Hospital (1 Month) Partial Hospital Service</td>
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<td>Track Elective (7 Months) Mentored Scholarly, Clinical, Leadership Activities within Tracks Framework</td>
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Residents’ Outpatient Continuity Clinic (½ day per week)
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 PGY1 year, the residency directors, Drs. Graham Redgrave and Anne Ruble, 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 2020-2021 are listed below, and for prior years in the Appendix.

GRAND ROUNDS TOPICS FROM THE 2020-2021 ACADEMIC YEAR

Jimmy Potash, MD  Distressed or Depressed?
Andy Angelino, MD  Love in the Time of COVID-19
Karen Swartz, MD  What is COVID-Depression?
Lauren Osborne, MD  Neuroactive Steroids and Perinatal Anxiety and Depression
Peter Zandi, PhD  A Learning Health System for “Extreme” Depression: Foundations for the Genetics of ECT Study
Denis Antoine, MD  Stigma and Engagement in Underserved Populations: Meeting Mental Health and Substance Disorders Needs in the Community
Paul Rosenberg, MD  Predicting and Preventing Alzheimer’s Disease: Focus on Neuropsychiatric Symptoms and Blood-Based Biomarker
Altha Stewart MD  176 Years of Structural Racism in American Psychiatry: Looking Back to Inform Our Future
Joe McGuire, PhD  Innovations in the Assessment and Management of Tourette’s Disorder
Chiadi Onyike, MD  Acute Psychological, Neuropsychiatric and Functional Complications in Elders of COVID-19: Presentations, Mechanisms and Clinical Care
Matt Peters, MD  Disseminating Hopkins Psychiatry: The Balance Employee Health Engagement Program
Bernadette Cullen, MBCh, MD  A Review of Telepsychiatry
Roberto Lewis, MD  Culture, Diagnosis, and Engagement in Mental Health Care
Liisa Hantsoo, PhD  Premenstrual Dysphoric Disorder: Diagnosis, Treatment, and the Role of Hormones
Karin Neufeld, MD  An Update on Delirium Prevention and Treatment
Kostas Lyketsos, MD  The trap of meaning redux: a public health challenge
Roma Vasa MD  Suicidality in Individuals with Autism Spectrum Disorder
Cynthia Lewis, MD  “Insanity”: Rethinking State Hospitalization
Jennifer Coughlin, MD  Imaging Dementia
Jin Joo, MD  Rethinking depression care for underserved older adults: Bridging the community-clinic divide
Anita Everett, MD  Community Psychiatry in 2021: Dynamic, Divergent or Dead?
Alexis Hammond, MD, PhD  Helping Perinatal Women Remain in SUD Treatment: The Role of Community Support
Elizabeth Reynolds, PhD  Adapting Psychological Interventions to Inpatient Settings: Review of Dialectical Behavior Therapy
Bob Roca, MD  Doing good and doing well: Quality and business development at Hopkins
Meg Chisolm, MD  The Role of the Arts and Humanities in Medical Education
Paul Nestadt, MD  Suicide and the Pandemic
Fernando Goes, MD  Revisiting the Genes and Memes of Bipolar Disorder
Jason Brant, PhD  The Role of Race in Clinical Neuropsychology
Lee Wachtel, MD  The Intriguing Concomitance of Catatonia in Autism Spectrum Disorders
Linda Dimoff, PhD  DBT for Substance Use Disorders
Mansoor Malik, MBBS, MD  Continued Impact of COVID-19 on Healthcare Workers
Faculty members host residents in their home and leads 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.

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.

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 2020-2021 academic year are listed below.

**RESEARCH CONFERENCE TOPICS FROM THE 2020-2021 ACADEMIC YEAR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonathan Posner, MD</td>
<td>Neurodevelopmental effects of prenatal maternal depression and antidepressant exposures</td>
</tr>
<tr>
<td>Angelica Ronald, PhD</td>
<td>Can polygenic scores revolutionise psychiatry? The examples of ADHD and psychotic experiences</td>
</tr>
<tr>
<td>Christopher Abbott, MD</td>
<td>ECT Pulse Amplitude and Clinical Outcomes</td>
</tr>
<tr>
<td>Nathaniel Daw, PhD</td>
<td>Decision Making and Computational Neuroscience</td>
</tr>
<tr>
<td>Roshan Cools, PhD</td>
<td>Chemical Neuromodulation of Cognitive Control</td>
</tr>
<tr>
<td>Cynthia Bulik, PhD</td>
<td>Accelerating the Science of Eating Disorders by Global Collaboration</td>
</tr>
<tr>
<td>Charles Nichols, PhD</td>
<td>Cannabinoid and Opioid Co-use</td>
</tr>
<tr>
<td>Liisa Hantsoo, PhD</td>
<td>Premenstrual Dysphoric Disorder: Diagnosis, Treatment, and the Role of Hormones</td>
</tr>
<tr>
<td>Cecilia Begeria, PhD</td>
<td>Measuring What Matters to Improve Treatment for Individuals with Opioid Use Disorder</td>
</tr>
<tr>
<td>Kelly Allison, PhD</td>
<td>Timing of eating: effects on weight and metabolism among persons of normal weight</td>
</tr>
<tr>
<td>Robert Yolken MD</td>
<td>Covid 19 and Psychiatric Disorders</td>
</tr>
</tbody>
</table>
PROGRAM OVERVIEW

Andres De Los Reyes, PhD
Informant Discrepancies in Reports of Child and Adolescent Mental Health: Questions, Answers, and Advice

Kathryn Van Eck, PhD
The Impact of Trauma Exposure during Childhood and Adolescence on Young Adult Outcomes

Darrell Hudson, PhD
Investigating the Role of Context and Social Mobility on the Mental Health of Black Americans

Steve Williams, PhD
Brain MRI – for one and all

Cynthia Munro
Stress, Alzheimer’s Disease, and Occam’s Razor

Richard Edden
Edited MRS, Faster: update on use of Magnetic Resonance Spectroscopy to measure GABA and other brain metabolites in human

Scott Thompson
Harnessing psilocybin to fight depression: Insights and provocations from preclinical studies

Environmental and biological influences on the development of executive function and self-regulation

Clancy Blair, PhD
Unpacking the Intersectional Experiences of Black Women: Exploring Gendered racial-ethnic socialization

Danice Brown, PhD
Developing Therapeutics for Treatment-Resistant Depression and Suicide: A Multi-Modal Approach

Carlos Zarate, MD
Post-Mortem Brain Studies in Neuropsychiatric Disease: Applications of the Brain Repository at the Lieber Institute

Thomas Hyde, MD, PHD
COVID-19 and Racism: The Pivotal Role of Social Support in the Lives of Black Youth

Sheretta Butler-Barnes, PhD
Structural Racism, the Rules and Relations of Inequality

Gilbert Gee, PhD
Money, dimensionality and space exploration in the context of drug discovery and development

Doda Rudnicki, PhD
Using Stem Cells to Explore the Genetics Underlying Brain Disease

Kristen Brennand, PhD
Self-Assessment in Bipolar Disorder and Schizophrenia: Can you Bypass the Bias?

Phil Harvey, PhD
Can Laboratory Tests Enhance Diagnostic Validity and Treatment Targeting for Psychosis?

Brett Clementz, PhD
The role of depression in healthcare service utilization and opioid agonist treatment among persons with co-occurring opioid use and depressive disorders

Kayla Tormohlen, Ph.D
Multimodal-Multistage Approach to Neurodevelopmental Disorders – schizophrenia

Rodrigo Bressan, PhD and Ary Gadelha, PhD
There is method in suicide genomics

Giovanna Punzi, Md, PhD
Knowing Inequality: A Cultural-Psychological Perspective on Engaging Systemic Racism

Phia Salter, PhD
Leveraging Electronic Health Records and Genomics to Enable Precision Psychiatry

Jordan Smoller, MD, ScD
Neuropsychimaging of Addiction and Related Conditions

PATIENT SAFETY & QUALITY IMPROVEMENT

▪ MORBIDITY & MORTALITY
This monthly conference is held throughout the year for residents from the PGY2 through PGY4 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 PGY2 through PGY4 years. The goal of the council is to foster interdisciplinary discussions to improve patient safety and outcomes.
PGY1 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 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
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.

  **WEEKLY INPATIENT PSYCHIATRY SCHEDULE**

<table>
<thead>
<tr>
<th>PGY1 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No pre-rounding prior to Multidisciplinary Team Rounds daily at 8:00 am.</strong></td>
</tr>
<tr>
<td><strong>Evening coverage by attendings starts at 5:00 pm.</strong></td>
</tr>
<tr>
<td><strong>Interns participate in patient care, including admissions, on the unit except during the activities listed below.</strong></td>
</tr>
<tr>
<td><strong>MONDAY</strong></td>
</tr>
<tr>
<td>11:00 am to 12:30 pm</td>
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<tr>
<td>12:30 pm to 1:30 pm</td>
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<tr>
<td><strong>TUESDAY</strong></td>
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<tr>
<td>12:00 pm to 1:00 pm</td>
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<tr>
<td><strong>WEDNESDAY</strong></td>
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<tr>
<td>12:00 pm to 1:00 pm</td>
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<tr>
<td><strong>THURSDAY</strong></td>
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<tr>
<td>12:00 pm to 1:00 pm</td>
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<tr>
<td>1:00 pm to 2:00 pm</td>
</tr>
<tr>
<td><strong>FRIDAY</strong></td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
</tr>
<tr>
<td><strong>WEEKENDS</strong></td>
</tr>
<tr>
<td>Interns rotate each weekend for coverage, 8:00 am to 5:00 pm.</td>
</tr>
</tbody>
</table>

- **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.
**WEEKLY INPATIENT MEDICINE SCHEDULE**

**PGY1 Residents**

Pre-rounding occurs daily prior to 7:45 am Morning Report. Evening coverage by Night Float starts at 5:00 pm on non-admitting at 8:00 pm on admitting days. Interns participate in patient care on the unit except during the activities listed below.

<table>
<thead>
<tr>
<th>WEEKDAYS</th>
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<tbody>
<tr>
<td>7:45 am to 8:30 am</td>
<td>Morning Report Didactic</td>
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<tr>
<td>8:30 am to 9:00 am</td>
<td>Medicine team didactics</td>
<td></td>
</tr>
<tr>
<td>9:00 am to 11:00 am</td>
<td>Bedside team rounds</td>
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</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>Medicine House Staff Seminar</td>
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<tr>
<td></td>
<td><em>Intern Support Group</em> (Thursdays)</td>
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**• WEDNESDAYS**

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<tbody>
<tr>
<td>1:00 pm to 2:00 pm</td>
<td>Bedside Rounds with Dr. Hellman</td>
</tr>
</tbody>
</table>

**WEEKENDS**

Interns cover either Saturday or Sunday with their team.

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**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**

**PGY1 Residents**

Pre-rounding occurs daily prior to 8:00 am Chief Resident Didactic. Evening coverage by neurology or medicine residents start at 5:00 pm. Interns participate in patient care on the unit except during the activities listed below.

<table>
<thead>
<tr>
<th>WEEKDAYS</th>
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<tbody>
<tr>
<td>8:00 am to 8:30 am</td>
<td>Neurology Chief Resident Didactic</td>
<td></td>
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<tr>
<td>8:30 am to 10:00 am</td>
<td>Bedside team rounds</td>
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<tr>
<td>12:00 pm to 1:00 pm</td>
<td>Neurology House Staff Seminar</td>
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<tr>
<td></td>
<td><em>Intern Support Group</em> (Thursdays)</td>
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</table>

**• THURSDAYS**

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</thead>
<tbody>
<tr>
<td>10:00 am to 12:00 pm</td>
<td>Neurology Grand Rounds</td>
</tr>
</tbody>
</table>

**WEEKENDS**

Interns help cover the service on either Saturday or Sunday of each week.

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**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 and Anne Ruble 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.

**PHENOMENOLOGY**
Seminar 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**
Seminar 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 trial studies

**PSYCHOTHERAPY**
Seminar 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
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 PGY2 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 Dr. O. Joseph Bienvenu, 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 PGY2 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 PGY2 year and four outpatients during the PGY3 year and PGY4 years. The residents typically follow a total of ten to twenty patients by their PGY4 year.

*Henry Phipps Psychiatric Service*

Residents spend the majority of the PGY2 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 Acute Psychiatric 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**

PGY2 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 PGY2 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 PGY2 residents.

<table>
<thead>
<tr>
<th>WEEKLY Inpatient Psychiatry SCHEDULE</th>
<th>PGY2 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>11:00 am to 12:30 pm</td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>12:30 pm to 1:00 pm</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td><strong>TUESDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>Research Conference (weekly) or Morbidity &amp; Mortality (monthly)</td>
</tr>
<tr>
<td><strong>WEDNESDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>PGY2 Seminar</td>
</tr>
<tr>
<td><strong>THURSDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>Outpatient Psychiatry Seminar</td>
</tr>
<tr>
<td><strong>FRIDAYS</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 12:00 pm</td>
<td>Service Rounds with Department Director</td>
</tr>
<tr>
<td><strong>WEEKENDS &amp; CALL</strong></td>
<td>Residents take in-house weekday and weekend call, covering the inpatient units, on average every 13 days.</td>
</tr>
</tbody>
</table>

**PGY2 SEMINAR: INTRODUCTORY SUMMER SESSION**

During the summer of the PGY2 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 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

23
PGY2 Year

Psychotherapy on Inpatient Services  Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD
Professionalism in Psychiatry Residency Training  Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD
Emergency Treatments in Psychiatry  Vinay Parekh, MD
Electroconvulsive Therapy  Irving Reti, MBBS
Introduction to Pharmacotherapy  Thomas W. Koenig, MD
Approaching the Psychiatric Literature  Karen Swartz, MD
Forensic Psychiatry  Jeffrey Janofsky, MD
Duty Hours and Sleep Deprivation  Graham Redgrave, MD, Anne Ruble, MD, MPH & John Lipsey, MD
Medical School Education  Susan Lehmann, MD
Alcohol Detoxification  Jeffrey Hsu, MD
Opiate Detoxification  Jeffrey Hsu, MD
Community Psychiatry  Bernadette Cullen, MBBCb, MD

PGY2 Seminar: Academic Year
During the academic year, PGY2 residents meet weekly for an advanced phenomenology and psychopharmacology course. Each topic and its presenter are listed below.

- The Formulation  J. Raymond DePaolo, 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 Schreiten, 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 Romanoski, MD
- Somatoform Disorder  Thomas W. Koenig, MD
- Emergency Psychiatry  Vinay Parekh, MD
- Eating Disorders  Graham Redgrave, MD

Outpatient Care Seminar
This seminar for all PGY2 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. PGY2 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
Karen Swartz, MD

Setting-Up Your Office
Kim Coursen-Antinone & Joyce Worchesky

Boundaries with Outpatients
Graham Redgrave, MD, Anne Ruble, MD, MPH, & John Lipsey, MD

Community Psychiatry
Bernadette Cullen, MBBCb, MD

How to Meditate (For Yourself and Your Patients)
Neda 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
Krisa Baker, LCPC

Dialectical Behavioral Therapy
Tamar Mendelson, PhD

Common Features in All Psychotherapies
Bernard Liberman, PhD

The Outpatient with Substance Abuse
Denis Antoine, MD

The Mood Disordered Outpatient
Karen Swartz, MD

The Outpatient with Anxiety Disorders
O. Joseph Bienvenu, MD, PhD

The Female Outpatient
Jennifer Payne, MD

The Outpatient with Relationship Issues
Jennifer Payne, MD

The Outpatient with Obsessive-Compulsive Disorder
Gerald Nestadt, MBBCCH, 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
Lauren Osborne, MD

The Outpatient with Schizophrenia
Russell Margolis, MD

The Outpatient with ADHD
Richard Lanham, PhD

PGY4 Mentoring about Outpatients Series
PGY4 residents

General Outpatient Supervision Series
Jennifer Payne, MD & O. Joseph Bienvenu, MD, PhD

RESIDENTS’ LUNCH

All residents, starting in the PGY2 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 Ruble, come to the meetings monthly to answer residents’ questions and to discuss any pertinent issues about the residency.
PGY3 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
**Clinical Curriculum**

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.

    | **Weekly Consultation-Liaison Schedule** |
    |-------------------|-------------------------------------------------|
    | **PGY3 Residents** | **Residents participate in patient care on the unit except during the activities listed below.** |
    | **Weekdays**       | 8:00 am to 9:00 am Didactic session with attending |
    |                   | 12:30 pm to 1:00 pm Residents’ Meeting |
    |                   | 12:00 pm to 1:00 pm PGY3 Seminar |
    |                   | 12:00 pm to 1:00 pm General Hospital Psychiatry Seminar |
    | **Weekends & Call** | Residents cover the consultation pager 24-hours per day, seven days per week. There are no in-hospital clinical responsibilities. If necessary, any urgent consultations are performed by the on-call PGY2 resident. |

  - **Emergency Services**

    The Psychiatry Emergency Service is situated in the main Johns Hopkins Hospital Emergency Department and is directed by Dr. Cynthia Major and Dr. Vinay Parekh. There are approximately 4,000 psychiatric emergency visits each year. On weekdays, the Psychiatry Emergency Service is staffed by an attending psychiatrist and psychiatric nurse practitioners or a PGY3 resident. 12-hour overnight shifts in the Psychiatry Emergency Service are staffed by a PGY3 resident. PGY3 residents rotate on this service for two to six weeks per year. On weekends, both PGY3 and PGY4 residents cover the Psychiatrist 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. Below is a daily schedule for the residents rotating in outpatient psychiatry during the PGY3 year as well as further descriptions of the outpatient rotations.

### WEEKLY Outpatient Psychiatry SCHEDULE
PGY3 Residents, Months 1-6

<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>11:00 am to 12:30 pm</th>
<th>Psychiatry Grand Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12:30 pm to 1:00 pm</td>
<td>Residents Meeting</td>
</tr>
<tr>
<td></td>
<td>1:00 pm to 5:00 pm</td>
<td>HIV Psychiatry (Bartlett Clinic)</td>
</tr>
<tr>
<td>TUESDAYS</td>
<td>8:00 am to 12:00 pm</td>
<td>Mobile Treatment (ACT)</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 1:00 pm</td>
<td>Research Conference (weekly)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or Morbidity &amp; Mortality (monthly)</td>
</tr>
<tr>
<td>WEDNESDAYS</td>
<td>9:00 am to 12:00 pm</td>
<td>Forensic Psychiatry (Circuit Court)</td>
</tr>
<tr>
<td></td>
<td>12:00 pm to 1:00 pm</td>
<td>PGY3 Seminar</td>
</tr>
<tr>
<td></td>
<td>1:00 pm to 5:00 pm</td>
<td>Schizophrenia Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or Mobile Treatment (ACT)</td>
</tr>
<tr>
<td>THURSDAYS</td>
<td>12:00 pm to 1:00 pm</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td>FRIDAYS</td>
<td>9:00 am to 12:00 pm</td>
<td>Forensic Psychiatry (Circuit Court)</td>
</tr>
<tr>
<td>WEEKENDS &amp; CALL</td>
<td>Residents cover the Psychiatry Emergency Department in 12-hour shifts, on average approximately once per month.</td>
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</tr>
</tbody>
</table>

### 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 PGY3 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 PGY3 year as well as further descriptions of the outpatient rotations.

<table>
<thead>
<tr>
<th>WEEKLY Outpatient Psychiatry SCHEDULE</th>
<th>PGY3 Residents, Months 7-12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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 projects with faculty.</strong></td>
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</tr>
<tr>
<td><strong>M O N D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 11:00 am</td>
<td>Anxiety Disorders Seminar</td>
</tr>
<tr>
<td>11:00 am to 12:30 pm</td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>12:30 pm to 01:00 pm</td>
<td>Residents’ Meeting</td>
</tr>
<tr>
<td>01:00 pm to 2:00 pm</td>
<td>Psychodynamics Seminar</td>
</tr>
<tr>
<td>2:15 pm to 4:15 pm</td>
<td>Psychodynamics Techniques and Supervision</td>
</tr>
<tr>
<td><strong>T U E S D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 11:00 am</td>
<td>Mood Disorders Seminar</td>
</tr>
<tr>
<td>11:00 am to 12:00 pm</td>
<td>Schizophrenia Seminar</td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>Research Conference (weekly)</td>
</tr>
<tr>
<td>1:00 pm to 2:00 pm</td>
<td>Anxiety Disorders &amp; OCD Didactic</td>
</tr>
<tr>
<td>2:00 pm to 3:00 pm</td>
<td>Anxiety Disorders Supervision</td>
</tr>
<tr>
<td>3:00 pm to 5:00 pm</td>
<td>Anxiety &amp; OCD Clinic</td>
</tr>
<tr>
<td><strong>W E D N E S D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>9:00 am to 12:00 pm</td>
<td>Community Psychiatry Clinic</td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>PGY3 Seminar</td>
</tr>
<tr>
<td><strong>T H U R S D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>9:00 am to 12:00 pm</td>
<td>Couples &amp; Family Therapy</td>
</tr>
<tr>
<td>12:00 pm to 1:00 pm</td>
<td>General Hospital Psychiatry Seminar</td>
</tr>
<tr>
<td>1:00 pm to 2:00 pm</td>
<td>Mood Disorders or Schizophrenia Teaching Rounds</td>
</tr>
<tr>
<td>2:00 pm to 5:00 pm</td>
<td>Women’s Mood Disorders Clinic</td>
</tr>
<tr>
<td><strong>F R I D A Y S</strong></td>
<td></td>
</tr>
<tr>
<td>10:00 am to 12:00 pm</td>
<td>Service Rounds with Department Director</td>
</tr>
<tr>
<td>12:15 pm to 1:30 pm</td>
<td>Sex &amp; Gender Didactic &amp; Case Conference</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 & OCD 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 obsessive-compulsive disorder and anxiety disorders such as panic disorder, phobia, and generalized anxiety disorder. Residents participate in evaluations and subsequent treatment of patients. Weekly seminars, case conferences, and training in Cognitive-Behavioral Therapy, Exposure Response Prevention therapy, and Acceptance & Commitment Therapy are integral to the clinic. Drs. Nestadt and Huberman also provide weekly group supervision.

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 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. PGY3 residents attend Psychiatry Department Grand Rounds and Service Rounds, as well as two year-long seminars: the PGY3 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 PGY3 year.

**PGY3 SEMINAR**

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**
  - O. Joseph Bienvenu, MD, PhD & Gerald Nestadt, MD
  - David Schretlen, PhD
- **The Five-Factor Model of Personality**
  - Paul Costa, MD
- **Major Depression**
  - John Lipsey, MD
- **Bipolar Disorder**
  - Karen Swartz, MD
- **Anxiety Disorders**
  - O. Joseph Bienvenu, MD, PhD
- **The Developmental Perspective Series**
  - James Harris, MD
- **Forensic Psychiatry Series**
  - Jeffrey Janofsky, MD
- **Community Psychiatry Series**
  - Bernadette Cullen, MBCh
- **Ethics in Psychiatry Series**
  - Jeffrey Janofsky, MD
- **Medical Student Education**
  - Susan Lehmann, MD
- **Religion and Spirituality in Psychiatry**
  - John Lipsey, MD
- **Cross-Cultural Psychiatry**
  - Thomas Koenig, MD
- **Psychiatry Disorders in Women**
  - Karen Swartz, MD

**THE GENERAL HOSPITAL PSYCHIATRY SEMINAR**

The General Hospital Psychiatry Seminar is a weekly morning seminar for all PGY3 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.

- **Alcohol and Drug Use Disorders Series**
  - Alan Romanoski, MD
- **Post-ICU Distress and Delirium**
  - O. Joseph Bienvenu, MD, PhD
- **Mood Disorders in Women Series**
  - Karen Swartz, MD
- **Management of Medication Sexual Side Effects**
  - Karen Swartz, MD
- **Dementia**
  - Chiadi Onyike, MD, MHS
- **Human Grief and Loss Series**
  - Shelp Jefferys, PhD
- **Conversion Disorder**
  - Graham Redgrave, MD
- **Somatoform Disorders**
  - Graham Redgrave, MD
- **Oncology Psychiatry**
  - Laura Hoofring, ARNP-PMH
- **Delirium in the ICU and its Measurement**
  - Dale Needham, MD
Eating Disorders on the Medicine Service  
Rehabilitation Psychology and Disability  
Multiple Sclerosis and Psychiatry  
Depression and Stroke  
Pathological Laughing and Crying  
Catatonia  
Unintended Consequences of DNR  
Geriatric Psychiatry  
Pain Disorders and Consult Psychiatry  
Wernicke-Korsakov Syndrome  
Substance Abuse and High Risk Behaviors  
Psychiatry and the Burn Unit  
Substance Abuse Treatment  
Depression vs. Demoralization  
Sleep and Related Disorders  
Drug Testing  
Management of Delirium and Agitation  
Schizophrenia and Consult Psychiatry  
Behavioral Treatment of Opioid Dependence  
Motivational Interviewing

PSYCHODYNAMICS SEMINAR
This one-hour to two-hour weekly seminar, led by Dr. Everett Siegel, runs for six months during the Outpatient Department block of PGY3 Year. Topics include:

- 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 PGY3 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).

ANXIETY DISORDER SEMINAR
This weekly one-hour seminar, organized by Dr. O. Joseph Bienvenu, runs for six months during the Outpatient Department block of PGY3 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

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**MOOD DISORDERS SEMINAR**

This weekly one-hour seminar, organized by Dr. Karen Swartz, runs for six months during the Outpatient Department block of PGY3 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 include:

- 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

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**SCHIZOPHRENIA SEMINAR**

This weekly one-hour seminar, organized by Dr. Russell Margolis, runs for six months during the Outpatient Department block of PGY3 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. 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
- Neurogenetic 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. Topics include:

- 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
**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
PGY4 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, PGY4 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. Resident 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.

**WEEKLY Outpatient Psychiatry SCHEDULE**

<table>
<thead>
<tr>
<th>PGY4 Residents</th>
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<tr>
<td><strong>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.</strong></td>
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<tr>
<td><strong>M O N D A Y S</strong></td>
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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, PGY4 Seminars, and the Department Director’s Lunch with PGY4 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 PGY4 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, PGY4 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, speak with the PGY4 residents about career development across the full spectrum of psychiatric 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 Lipsey, 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 Nucifora 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
2019-2020 RESIDENTS

PGY1 Interns

Barry Brant, MD  
Adan D'Sa, MD  
Samuel Fely, MD  
Brian Lee, MD, PhD  
Michelle Miller, MD  
*Timothy, McGinnis, MD  
Tulha Siddiqi, MD  
Bryce Small, MD  
Arman Terzian, MD, MEd  
Bernadette Wharton, MD  
Nathan Yueh MD

*Completing an internship in pediatrics

PGY2 Residents

Robert Berg, MD  
Brandon Birckhead, MD, MHDS  
Kathryn Blair, MD  
Heba Elnaem, MD  
Clio Franklin, MBBS, MRCP  
Cyrus Gilbert, MD  
Megan Hosein, MD, MPH  
Sasha Narayan, MD  
Jessica Reddy, MD, PhD  
Elizabeth Steuber, MD  
Jason Theis MD  
William Tobolowsky, MD  
Wan Rou Yang, MD, PhD

PGY3 Residents

Laura Ackerman, MD  
Carolyn Craig, MD

*Completing an internship in pediatrics
CURRENT & PAST RESIDENTS

Karen Dionesotes, MD, MPH  Creighton University School of Medicine
Candice Espinoza, MD  University of New Mexico School of Medicine
Amir Etesam, MD, MS  Howard University College of Medicine
Andrew Gaddis, MD  Virginia Tech Carilion School of Medicine
Evelyn Gurule, MD, PhD  Johns Hopkins School of Medicine
Melissa Lavoie, MD  Johns Hopkins School of Medicine
Zoe Luscher, MD  Icahn School of Medicine at Mount Sinai
Anna Yegiants, MD MPH  Case Western Reserve University School of Medicine
James Zinko, MD  Wayne State University School of Medicine

PGY4 Residents

*James Aluri, MD, MA  Johns Hopkins University School of Medicine
*Allison Bailey, MD  Johns Hopkins University School of Medicine
Helen Bradshaw, MD  Johns Hopkins University School of Medicine
Elise Bennett, MD  Sidney Kimmel Medical College at Thomas Jefferson
Ilana Cohen, MD  University of Maryland School of Medicine
*Sarah Collica, MD  Johns Hopkins University School of Medicine
Andrew Flagg, MD  Johns Hopkins University School of Medicine
Kevin Li, MD  Sidney Kimmel Medical College at Thomas Jefferson
Surinder Moonga, MD  Stony Brook University School of Medicine
Christian Romancheck, MD  University of Cincinnati College of Medicine
*Julia Weekstein, MD  Virginia Tech Carilion School of Medicine
Alexandra Stolberg, MD, MPH  University of Puerto Rico School of Medicine
Hadas Zachor, MD  University of Pittsburgh School of Medicine

* Chief Resident

PAST PHIPPS RESIDENTS

CLASS OF 2021

Somya Abubaker, MD  Adult Psychiatrist
Lisa Chen, MD  Counseling Center at Johns Hopkins University & Private Practice, Baltimore, MD
Evan Fletcher, MD  Forensic Psychiatry Fellow
Ugochi Goldson, MD MPH  University of Maryland School of Medicine, Baltimore, MD
William Hall, MD  Adult Psychiatrist
Nelson Katindo, MD  Lacuna Tenens, Baltimore, MD
Alicia Marhefska, MD  Addiction Psychiatry Fellow
Christopher Morrow, MD  California State Prison, Los Angeles, California
Brett Pottenger, MD  Child and Adolescent Psychiatry Fellow

Adult Psychiatrist
Sheppard Pratt, Baltimore, MD
Adult Psychiatrist
University of Maryland School of Medicine, Baltimore, MD
Adult Psychiatrist
Lacuna Tenens, Baltimore, MD
Adult Psychiatrist
University of Maryland School of Medicine, Baltimore, MD
Adult Psychiatrist
California State Prison, Los Angeles, California

Adult Psychiatrist
Napa State Hospital, Napa, California
CURRENT & PAST RESIDENTS

Class of 2020

Adam Rossano, MD PhD
T32 Research Fellow in Neurodevelopment and Psychosis
University of Pennsylvania / Children’s Hospital of Philadelphia, Philadelphia, PA

Daniel Stevens, MD PhD
Postdoctoral Fellow
Johns Hopkins University School of Medicine Baltimore, MD

Alexandra Blaes, MD
Geriatric Psychiatry Fellow
University of Pittsburgh Medical Center, Pittsburgh, PA

Jonathan P. Brigham, MD
Adult Psychiatrist
Bozeman Health Deaconess Hospital, Bozeman, MT

Julie Brownley, MD, PhD
Medical Director
The Women’s Mental Health Center at Psych Associates Maryland, Towson, MD

Mariel Cataldi, MD
Public Psychiatry Fellow
Boston Medical Center, Boston, MA

Carol Chan, MBBCh
Geriatric Psychiatry Fellow
Johns Hopkins School of Medicine, Baltimore, MD

Zachary A. Cordner, MD PhD
The Alexander Wilson Schweizer Fellow in Mood Disorders
Johns Hopkins School of Medicine, Baltimore, MD

Elizabeth E. Gerber, MD, PhD
Adolf Meyer Mood Disorders Fellow
Johns Hopkins University School of Medicine, Baltimore, MD

Stevie Harper, MD MPH MFA
Collaborative Care Psychiatrist
Virginia Mason Medical Center, Seattle, WA

Cait McFarland, MD
West Cecil Health Center Conowingo, Havre de Grace, MD

Sandeep Nayak, MD
Postdoctoral Research Fellow
Center for Psychedelic and Consciousness Research, Johns Hopkins, Baltimore, MD

Julia Nardi Riddle, MD
Postdoctoral Fellow
Women’s Mood Disorder Center, Johns Hopkins, Baltimore, MD

Class of 2019

Heather Bellis-Jones, MD
Adult Psychiatrist
Boston V A Healthcare System, Boston, MA

*Jillianne Grayson, MD
Fellowship, Child & Adolescent Psychiatry
Children’s National Hospital, Washington, DC

Natalie Gukasian, MD
Research Fellow, Behavioral Pharmacology Research Unit
Johns Hopkins Bayview

Lin Gyi, MD
Fellowship, Child & Adolescent Psychiatry
Georgetown University Medical Center Washington, DC

James Harrison, MD
Director of Inpatient Psychiatry Assistant Professor
Thomas Jefferson University Hospital, Philadelphia, PA

*Maxine Pottenger, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

Prashant Sharma, DO
Adult Psychiatrist and Clinical Instructor
Medstar Franklin Square Medical Center & Georgetown Univ. Medical Center

Melissa Shepard, MD
Adult Psychiatrist
Memory Center Charlotte, Charlotte, NC

Kevin Strouse, MD
Adult Psychiatrist
Johns Hopkins Hospital University Health Services and Private Practice

Jason Wexler, MD
Adult Psychiatrist
Private Practice

Edgar Woznica, MD
Correctional Health Service Psychiatrist
Unity Health Care, Inc, Department of Corrections, Washington, DC

Jeffrey Zabinski, MD
Fellowship, Consult-Liaison Psychiatry
CURRENT & PAST RESIDENTS

New York University, New York, NY

Claire Zachik, MD  Fellowship, Child & Adolescent Psychiatry
Massachusetts General Hospital, Boston, MA

Ran Zhao, MD  Adult Psychiatrist
Institute of Living, Hartford, CT

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2018

Steven Asbaghi, MD  Fellowship, Child & Adolescent Psychiatry
New York Presbyterian Hospital – Columbia/Cornell, New York, New York

Natalie Beaty, MD  Adult Psychiatrist and Private Practice
The Johns Hopkins Hospital, Baltimore, MD

Michael Bushey, MD, PhD  Adult Psychiatrist
Indiana University School of Medicine, Indianapolis, IN

Scott Dewhirst, MD  Adult Psychiatrist
Sawson Clinic, Santa Barbara, CA

Travis Klein, MD  Forensic Psychiatry Fellow
University of Maryland Medical Center

Idris Leppla, MD  Consult Liaison Fellow
Johns Hopkins Bayview Medical Center

Bharat Narapareddy, MD  Neuropsychiatry Fellow
Johns Hopkins Bayview Medical Center

Kichul Pak, MD  Adult Psychiatrist
Institute of Living, Hartford, CT

Research Fellow

Crystal Salcido, MD  Interdisciplinary Training Fellowship in Psychiatry and Neuroscience at Lieber Institute for Brain Development

Schweizer Fellow

Lindsay Standeven, MD  Advanced Specialty Training Program in Reproductive Psychiatry at the Johns Hopkins Women's Mood Disorders Center

Amy Tao, MD  Attending Psychiatrist
Intermountain Healthcare, Ogden, UT

Research Clinician Educator Fellow

Anne Walsh, MD  Advanced Specialty Training Program in Psychiatry and Interim Deputy Director of Education at Johns Hopkins Bayview Medical Center, Baltimore, MD

*Nadia Zaim  Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2017

Reena Ardeshna, MD  Adult Psychiatrist
MedStar 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
CURRENT & PAST RESIDENTS

Elliot 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

*Short-tracked into Child and Adolescent Psychiatry

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, MBBCh  Fellowship, Women’s Reproductive Psychiatry  The Johns Hopkins University

David Mu, MD  Private Practice  Towson, Maryland

Zina Meriden, MD  Adult Psychiatrist  Northwestern University

Margo Nathan, MD  Fellowship, Women’s Mental Health  Brigham and Women’s Hospital

Jerry Sayers, MD  Fellowship, Neuropsychiatry  Johns Hopkins Bayview

*Nathalie Szilagyi, MD  Fellowship, Child & Adolescent Psychiatry  Yale-Suinit 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 Wisc, 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
CURRENT & PAST RESIDENTS

Sarah Ramsay Andrews, MD
Fellowship, Addiction Psychiatry
Oregon Health Sciences University
Portland, Oregon

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 Gimelshteyn, 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.

Teresa Foley, MD
Attending
Rochester, Minnesota

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

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

Minkyung 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
CURRENT & PAST RESIDENTS

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

*Megan Gaare, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

Meghann Hennelly, MD  
Fellowship, Child & Adolescent Psychiatry  
Columbia University-New York Presbyterian

Mary Kimmel, MD  
Fellowship, Mood Disorders  
The Johns Hopkins University

Christopher Pagnani, MD  
Private Practice  
Philadelphia, Pennsylvania

*Smita Patel, MD, MPH  
Fellowship, Child & Adolescent Psychiatry  
University of California Los Angeles

Savitha Puttaiah, MBBS  
Attending  
Sinai Hospital in Baltimore, Maryland

Erica Richards, MD, PhD  
Fellowship, Mood Disorders  
National Institute of Mental Health

Ryan Stagg, MD  
Attending  
Healthcare for the Homeless in Baltimore, Maryland

*Grace Thanmasuvimol, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2011


CURRENT & PAST RESIDENTS

*Allan Anderson, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
*Matthew Burkey, MD  Fellowship, Child & Adolescent Psychiatry  The Johns Hopkins University
Mirnova Ceide, MD  Fellowship, Geriatric Psychiatry  SUNY Downstate
James Disney, MD  Attending  Granville Health System in North Carolina
Sasikanth Doddapaneni, MD  Fellowship, Geriatric Psychiatry  University of Hawaii
*Nicole Edmond, MD  Fellowship, Child & Adolescent Psychiatry  The University of Florida
Joel Mack, MD  Fellowship, Geriatric Psychiatry  Oregon Health Science University
Daniel Matthews, MD  Fellowship, Psychopharmacology  National Institute of Mental Health
*Megan Mroczkowski, MD  Fellowship, Child & Adolescent Psychiatry  Columbia University-New York Presbyterian
Vinay Parelkh, MD  Assistant Professor  The Johns Hopkins Hospital
Leon Que, MD  Attending  The Guerra Fisher Institute in Boulder, Colorado
José Ríos-Robles, MD  Private Practice Psychiatrist  San Juan, Puerto Rico
Anne Ruble, MD, MPH  Fellowship, Mood Disorders  The Johns Hopkins Hospital
Sina Saidi, MD  Attending  Mount Sinai Hospital in New York, New York
Sarah Tighe, MD  Fellowship, Neuropsychiatry  The Johns Hopkins Bayview Medical Center
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 University
Steven Galati, MD  Attending  Drexel University, Coatesville 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
CURRENT & PAST RESIDENTS

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

Erika Olander, MD  
Attending  
Sheppard Pratt Hospital in Baltimore, Maryland

Michael I. Polo, MD  
Private and Hospital-Based Practice Psychiatrist  
Santa Barbara, California

*Short-tracked into Child and Adolescent Psychiatry

CLASS OF 2008

*Marsha Austin, MD  
Fellowship, Child & Adolescent Psychiatry  
Columbia University-New York Presbyterian

Ashley D. Bone, MD  
Clinical Associate, Consultation-Liaison Psychiatry  
The Johns Hopkins Bayview Medical Center

*Candyce J. DeLoatch, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

*Patrick M. Kelly, MD  
Fellowship, Child & Adolescent Psychiatry  
The Johns Hopkins University

S. Shane Kondrad, MD  
Fellowship, Forensic Psychiatry  
Columbia University-New York Presbyterian

Jennifer M. Meuchel, MD  
Clinical Associate, Community Psychiatry Program  
The Johns Hopkins Hospital

Mireille M. Meyerhofer, MD, PhD  
Attending Psychiatrist, Neuropsychiatry Program  
Lehigh Valley Hospital in Bethlehem, Pennsylvania
### Current & Past Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia S. Roy, MD</td>
<td>Instructor, Mood Disorders</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Stanislav Spivak, MD</td>
<td>Fellowship, Psychiatric Epidemiology</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>D. Andrew Tompkins, MD</td>
<td>Fellowship, Substance Abuse</td>
<td>The Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>Antoinette M. Valenti, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Crystal C. Watkins, MD, PhD</td>
<td>Fellowship, Neuroimaging &amp; Mood Disorders</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Jason H. Addison, MD</td>
<td>Attending</td>
<td>Sheppard Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>Brian S. Appleby, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Emily A. Bost-Baxter, MD</td>
<td>Fellowship, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Mina Brandes, MD</td>
<td>Attending</td>
<td>Sheppard Pratt Hospital in Frederick, Maryland</td>
</tr>
<tr>
<td>*Joseph M. Cocozzella, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>Terri K. Crimmins-Tubb, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>(to begin 2008)</td>
</tr>
<tr>
<td>Molly K. Cummings-Gavin, MD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Ryan C.W. Hall, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>Case Western Reserve University</td>
</tr>
<tr>
<td>Edward L. Kaftarian, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of California at Davis</td>
</tr>
<tr>
<td>Cindy M.T. Le, MD</td>
<td>Faculty</td>
<td>University of California San Francisco</td>
</tr>
<tr>
<td>Abby H. Morris, MD</td>
<td>Medical Director, Threshold Services</td>
<td>Private Practice Silver Spring, Maryland</td>
</tr>
<tr>
<td>Frederick Nucifora, DO, PhD</td>
<td>Fellowship, Neurobiology</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Bradley J. Sadler, MD</td>
<td>Medical Director, Sexual Medicine Consultation Service</td>
<td>Sheppard Pratt Hospital in Baltimore, Maryland</td>
</tr>
<tr>
<td>*Charles T. Sweet, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>Austin Medical Education Programs</td>
</tr>
<tr>
<td>*Arman Taghizadeh, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
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<tr>
<td>Jennifer S. Teitelbaum, MD</td>
<td>Fellowship, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
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<td>*Cindy Y.K. Thygeson, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>*Jason R. Yanoński, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of Texas-Southwestern</td>
</tr>
</tbody>
</table>

*Short-tracked into Child and Adolescent Psychiatry

### Class of 2007

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
</tr>
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<tbody>
<tr>
<td>Jason H. Addison, MD</td>
<td>Attending</td>
<td>Sheppard Pratt Hospital in Baltimore, Maryland</td>
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</tr>
<tr>
<td>*Cindy Y.K. Thygeson, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins University</td>
</tr>
<tr>
<td>*Jason R. Yanoński, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of Texas-Southwestern</td>
</tr>
</tbody>
</table>

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

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, DO
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

Andy P. Casimir, MD
Attending
New York Presbyterian Hospital in Westchester, New York

Ana N. Cervantes, MD
Fellowship, Forensic Psychiatry
University of Maryland School of Medicine

Niccolo D. Della Penna, MD
Faculty, Consultation-Liaison Psychiatry
University of Chicago

Lawrence H. Dubester, MD, MBA
Attending
Franklin Square Hospital in Baltimore, Maryland

Christopher J. Dull, MD, JD
Attending Psychiatrist, Private Practice and Centerstone
Nashville, Tennessee

Jess G. Fiedorowicz, MD
Fellowship, Mental Health Clinical Research
University of Iowa

*Elana Harris, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

*Vanessa C. Howells, MD
Fellowship, Child & Adolescent Psychiatry
The Johns Hopkins Hospital

Lucas P. Kempf, MD
Fellowship, Genes & Cognition & Psychosis
National Institute of Mental Health

Denise Leung, MD
Fellowship, Child & Adolescent Psychiatry
Columbia University-New York Presbyterian

Phillip D. Kronstein, MD
Fellowship, Mood & Anxiety Disorders
National Institute of Mental Health

Milena H. Smith, MD, PhD
Private Practice
Annapolis, Maryland
Stacey V. M. Thompson, MD  
Medical Director  
*Short-tracked into Child and Adolescent Psychiatry  

**CLASS OF 2004**

Steven K. Chao, MD, PhD  
Private Practice  
Bethesda, Maryland

Michelle M. Chuen, MD  
Fellowship, Psychosomatic Medicine  
University of Maryland School of Medicine

Anisa D. Cott, MD  
Attending  
Sinai Hospital in Baltimore, Maryland

Kenneth J. Garcia, MD  
Attending  
Samaritan Medical Center in Watertown, New York

Evelyn E. Hazlett, MD  
Associate Chief of Psychiatry  
Kaiser Permanent in Fremont, California

Scott A. Humphreys, MD  
Fellowship, Forensic Psychiatry  
University of Colorado

Evan L. Jacobson, MD  
Private Practice  
Northern Virginia

Cheryl L. Person, MD  
Fellowship, Psychiatric Epidemiology  
The Johns Hopkins School of Public Health

Eric A. Samstad, MD  
Private Practice  
Bethesda, Maryland

Nicholas J. Schor, MD  
Private Practice  
Bethesda, Maryland

Matthew A. Schreiber, MD, PhD  
Fellowship, Animal Models of Anxiety Disorders  
University of California San Francisco

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

**CLASS OF 2003**

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
<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Institution</th>
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<tbody>
<tr>
<td>Graham Redgrave, MD</td>
<td>Faculty, Eating Disorders The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Thomas W. Sedlak, MD, PhD</td>
<td>Fellowship, Neuroscience The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Boglarka Szabo, MD</td>
<td>Fellowship, Affective Disorders The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Patrick T. Triplett, MD</td>
<td>Fellowship, Geriatric Psychiatry The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Rachel Becker, MD</td>
<td>Private Practice Baltimore-Washington Psychoanalytic Institute Baltimore, Maryland</td>
</tr>
<tr>
<td>Michael Bunzel, MD</td>
<td>Faculty Tel Hashomer / Sheba Hospital in Israel</td>
</tr>
<tr>
<td>Paul Cannistraro, MD</td>
<td>Fellowship, Anxiety Disorders Massachusetts General Hospital</td>
</tr>
<tr>
<td>Maciej Chodynicki, MD</td>
<td>Fellowship, Psychiatric Epidemiology The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Jillian Evans, MD</td>
<td>Fellowship, Consultation-Liaison Fairfax/INOVA Hospital</td>
</tr>
<tr>
<td>James Gallagher, MD, JD</td>
<td>Private Practice Lynchburg, Virginia</td>
</tr>
<tr>
<td>Allesa P. Jackson, MD</td>
<td>Faculty, The Community Psychiatry Program The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Diane A. Klein, MD</td>
<td>Fellowship, Eating Disorders Columbia University-New York Presbyterian</td>
</tr>
<tr>
<td>Ellen Li, MD</td>
<td>Fellowship, Geriatric Psychiatry University of Washington</td>
</tr>
<tr>
<td>Tara C. Patterson, MD</td>
<td>Fellowship, Addictions Psychiatry University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Fabian M. Saleh, MD</td>
<td>Fellowship, Forensic Psychiatry University of Massachusetts</td>
</tr>
<tr>
<td>Stephen L. Shopbell, MD</td>
<td>Private Practice Oshkosh, Wisconsin</td>
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</tbody>
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**CLASS OF 2001**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Saadia Alizai, MD</td>
<td>Fellowship, Forensic Psychiatry University of Maryland School of Medicine</td>
</tr>
<tr>
<td>David Blass, MD</td>
<td>Fellowship, Geriatric Psychiatry The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Susan Hobbs, MD</td>
<td>Private Practice Baltimore, Maryland</td>
</tr>
<tr>
<td>Edward Kurz, MD</td>
<td>Private Practice Ridgway, Pennsylvania</td>
</tr>
<tr>
<td>Alan Langlieb, MD, MPH</td>
<td>Faculty, Mental Health Service The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Ho-Chang Lee, MD</td>
<td>Fellowship, Epidemiology The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Cynthia Major, MD</td>
<td>Attending National Health Service Corps in Maryland</td>
</tr>
</tbody>
</table>
CURRENT & PAST RESIDENTS

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 Braschers-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
*Rex Taber, MD  Fellowship, Child & Adolescent Psychiatry
   The Johns Hopkins Hospital
Carol Lynn Trippitelli, MD  Faculty, Eating Disorders
   St. Joseph’s Hospital in Baltimore, Maryland
Leslie Walker, MD  Private Practice
   Baltimore, Maryland
Nancy Younan, MD  Private Practice
   Washington D.C.

CLASS OF 1999

Nicola Cascella, MD  Faculty, Community Psychiatry & Neuroimaging
   The Johns Hopkins Hospital
Todd Cox, MD  Faculty, Associate Residency Director
   The Johns Hopkins Hospital
Jerrold Gray, MD  Private Practice
   Columbus, Ohio
Jeffrey Hsu, MD  Faculty, Motivated Behaviors & Adolescent Addictions
   The Johns Hopkins Hospital
Gary Lebendiger, MD  Private Practice
   Atlanta, Georgia
Paul Molinar, MD, JD  Faculty
   Sheppard and Enoch Pratt Hospital in Baltimore, Maryland
Tahir Rahman, MD  Private Practice
   Kansas City, Missouri
CURRENT & PAST RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<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>
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<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>
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CLASS OF 1998

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<thead>
<tr>
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<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>
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<tr>
<td>Anthony Drobnick, MD</td>
<td>Faculty, Affective Disorders</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Caroline DuPont, MD</td>
<td>Private Practice</td>
<td>Washington D.C.</td>
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<tr>
<td>David Godib, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Benita Handa, MD</td>
<td>Faculty</td>
<td>Sheppard and Enoch Pratt Hospital in Baltimore, Maryland</td>
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<tr>
<td>Sharon Handel, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Angela Kim, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>University of Maryland School of Medicine</td>
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<tr>
<td>Lisa Kim, MD</td>
<td>Faculty, Geriatric Psychiatry</td>
<td>The Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>James Potash, MD, MPH</td>
<td>Faculty, Affective Disorders &amp; Emergency Psychiatry</td>
<td>The Johns Hopkins Hospital</td>
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CLASS OF 1997

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Andrew Angelino, MD</td>
<td>Faculty</td>
<td>University of Colorado</td>
</tr>
<tr>
<td>William Belfar, MD</td>
<td>Fellowship, Forensic Psychiatry</td>
<td>Albert Einstein College of Medicine</td>
</tr>
<tr>
<td>Gregory Creager, MD</td>
<td>Private Practice</td>
<td>Texas, Houston</td>
</tr>
<tr>
<td>Leigh Ellison, MD</td>
<td>Faculty, Eating Disorders</td>
<td>The Johns Hopkins Hospital</td>
</tr>
<tr>
<td>Phillip Grob, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>University of Maryland School of Medicine</td>
</tr>
<tr>
<td>Elizabeth Kastelic, MD</td>
<td>Fellowship, Child &amp; Adolescent Psychiatry</td>
<td>University of Pittsburgh</td>
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<tr>
<td>Young Lee, MD</td>
<td>Private Practice</td>
<td>Northern Virginia</td>
</tr>
<tr>
<td>Robert Morrison, MD, PhD</td>
<td>Private Practice</td>
<td>Baltimore, Maryland</td>
</tr>
<tr>
<td>Name</td>
<td>Fellowship/Position</td>
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<tr>
<td>Paul Rivkin, MD</td>
<td>Fellowship, Neuroimaging</td>
<td>The Johns Hopkins Hospital</td>
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<tr>
<td>Aliya Sayeed, MD</td>
<td>Fellowship, Public Psychiatry</td>
<td>Columbia University-New York Presbyterian</td>
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<tr>
<td>Michael Shepherd, MD</td>
<td>Fellowship, Geriatric Psychiatry</td>
<td>University of Virginia</td>
</tr>
<tr>
<td>Mark Winfrey, MD</td>
<td>Attending</td>
<td>Colorado State Hospital</td>
</tr>
</tbody>
</table>
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 2021-2022 Academic Year:
  
<table>
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<th>PGY</th>
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<tr>
<td>PGY1</td>
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<td>$64,000</td>
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<tr>
<td>PGY4</td>
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</table>
- 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.
- Residents receive a yearly book budget.
- Residents receive a meal stipend for call and lunches.

More information about resident contracts and benefits can be found at:
http://gme.med.jhmi.edu/fellows/gmec-contracts-policies/
BALTIMORE

BALTIMORE – “CHARM CITY”

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

WASHING ON 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.

ANNAPOLIS
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 FROM THE 2019-2020 ACADEMIC YEAR

James Potash, MD  Schizoaffective Disorder in DSM-5-TR
Jen Payne, MD  Psychopharmacology for Perinatal Depression
Russ Margolis, MD  Schizophrenia: Revolution and Reaction
Jenn Coughlin, MD  Precision Imaging in Psychiatry
Roland Griffiths, PhD  Psilocybin: A Potentially Promising Treatment for Depression
Meg Chisolm, MD  Art Museum-based Medical Education
Eric Strain, MD  Craving for a Drug: What We Think We Know and What We Really Don’t Know
Karen Seymour, MD  Emotion Regulation in ADHD: Importance of Sex and Comorbidity
Peter Zandi, PhD  Measurement-Based Care: Good Clinical Practice and Engine for Learning Health Systems in Psychiatry
Karin Neufeld, MD  Wernicke Korsakoff Syndrome – Easy to Treat Yet Easy to Miss
Paul Nestadt, MD  Firearm Suicide
Ryan Vandrey, PhD  Cannabis 101: A primer for physicians
Pat Triplett, MD  Proactive Psychiatric Consultation on General Medicine Floors at Johns Hopkins Hospital: The PHIPPS experience
Deirdre Johnston, MBBC  MIND at Home Update; Telementoring for Multisite Translation
Adam Kaplin, MD PhD  Patently True: Updates on the Neuropsychiatric Aspects of Multiple Sclerosis and eHealth and When and Why Filing Patents Might Help in Academia
Kostas Lyketsos, MD  Using Precision Medicine to Develop Better Treatments for Dementia
August Holtyn, PhD  Incentive-Based Interventions for Poverty-Related Health Disparities
Matt Peters, MD  Mental Health in the Public Domain: Scaling Our Impact with Technology
Rhcanna Platt  Addressing population mental health through pediatric care re-design
Greg Pontone, MD  Psychosis in Parkinson’s disease
Ken Stoller, MD  An Update on the Opioid Epidemic and How Precision Medicine Hits the Mark
Patrick Carroll, MD  "It's always 'and.' Some lessons learned from the psychiatry of sickle cell disease
Tom Insel, MD  Beyond the Breakdown: Moving from Chaos to Compassion for Americans with Serious Mental Illness
Vidya Kamath, PhD  Olfactory Dysfunction in the Psychosis Prodrome and Schizophrenia
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Carisa Parrish, PhD  Role of child psychology in an outpatient burn specialty program
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David Schretlen, PhD  Integration of Psychological Assessment with Clinical Care on the Johns Hopkins Meyer 4 Adult Mood Disorders Service
George Everly, PhD  Psychological Intervention in The Age of Pandemic and Disasters
Erica Richards  Optimizing Collaboration with your Community Hospitals
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Karen Swartz, MD  Supporting Frontline Health Care Workers during the COVID-19 Pandemic
Susan Lehmann, MD  The Harmful Effects of Ageism in Healthcare and Medical Education

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Chris Ross, MD, PhD  The disease model and the perspectives of psychiatry: implications for education
Jimmy Potash, MD, MPH  Shedding Light on Depression
Joe Bienvenu, MD, PhD  Serotonin Syndrome
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Fred Nucifora, DO, MHS, PhD  Treatment resistant schizoaffective as a subtype of the illness and ways to address heterogeneity in mental disorders
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Donna M. Sudak, MD  Enhancing Patient Outcomes by Integrating CBT with Pharmacotherapy

Akira Sawa, MD, PhD  Two stories of microglia

Glenn Treisman MD, PhD  How can we help doctors and patients flourish?

Paul Kim MD, PhD  A Novel Anxiolytic Target

Rebecca Landa, PhD  Development of Autism Spectrum Disorder: Infancy to Middle Childhood

Robert Neimeyer, PhD  Intervening in Meaning: New Directions in Grief Therapy

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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-Parish, 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: Trans-diagnostic Circuit-level Treatment Targets for Co-occurring Disorders

Krista Huybrechts, MS, PhD  Safety of Psychiatric Medication in Pregnancy
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Susan Carnell, PhD  **Neurobehavioral Influences on Body Weight**

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Michael Clark, MD  Chronic Pain
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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

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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
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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
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Vani Rao, MD, MMBS  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 Rabins, 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  Anxiety in Parkinson’s Disease: Biomarkers to Guide Rational Treatment
Mark Mahone, PhD  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
Chiadi 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
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Bernadette Cullen, MBChB  Aspects of Service Delivery in Community Psychiatry  
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

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Rick Huganir, PhD  Regulation of Neurotransmitter Receptors in Cognition and Cognitive Disorders
Hey-Kyoungh Lee, PhD  Neuroplasticity in Development
Durga Roy, MD  Neuropsychiatric Sequelae of Mild TBI
Kimberly Steele, MD, PhD  A Matter of Taste: the Brain and Obesity
Alena Savonenko, MD, PhD  Preclinical Testing of Anti-Aβ Amyloid Therapies: Efficacy, Limitations, Future Directions
Fred Barrett, PhD  Potential mechanisms underlying psychedelic therapeutic effects
Brady Maher, PhD  Deciphering the role of the psychiatric risk gene TCF4 in cortical development and disease
Will Carpenter, MD  A Tour of Psychopathology with a Negative Symptom Focus
Michelle D. Shardell, PhD  Exploring the longitudinal relationship between Depression and Pain in Knee Osteoarthritis
Patricia Janak, PhD  “How does dopamine mold your behavior? Behavioral neuroscience studies of dopamine, learning, and motivation”
Gretchen Neigh McCandless, PhD  Biological mediators of stress effects on brain and behavior
Phil Quartana, PhD  Psychological Health Research Programs under Military Operational Medicine
Carol A. Mathews MD  PGC Genetics Network in OCD, Tourette Syndrome
Thorsten Kahnt, PhD  Using odors to study neural mechanisms of food choice and its modulation by sleep deprivation
Michelle Colder Carras, PhD  The relationship between video gaming and mental health
Charles H. Kellner, MD  Progress in ECT: Lessons from the CORE studies
Jacob J. Michaelson, PhD  Evidence of a Shared Genetic Basis for Language Ability and Manic Depression
Jonathan A. Javitch, MD, PhD  Old dogs with new tricks: G Protein-Coupled Receptors in Depression and Motivation
Diego A. Pizzagalli, PhD  The Neuroscience of Major Depression: Focus on Anhedonia
Humberto Nicolini, MD, PhD  Psychiatric Genetics in Mexico
Greg Hajcak, PhD  Using event-related brain potentials (ERPs) to predict anxiety and depression
Douglas M. Ruderfer, PhD  Quantifying Psychiatry with Genomics, EHR Data and Machine Learning
Keri Martinowich, PhD  Complex regulation of brain-derived neurotrophic factor (BDNF) gene-expression controls pleiotropic effects of BDNF-Trk signaling in brain circuits that control behavior
Damiaan Denys, MD, PhD  Deep brain stimulation & Psychiatry
Charles H. Kellner, MD  Progress in ECT: Lessons from the CORE studies
Claes Wahlestedt, MD, PhD  Novel Pharmacological Approaches for Diseases of the Nervous System
Vadim Zipunnikov, PhD  “Monitoring Health Behaviors with Sensor Mobile Technology”
Elizabeth Wise, MD  Autism in Older Adults
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Timothy Moran, PhD  
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Kelly Dunn, PhD  
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Johannes Thrul, PhD  
Using Ecological Momentary Assessment to Investigate Young Adult Substance use in the Natural Environment

Mario Macis, PhD  
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Richard Lee, PhD  
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Quincy Samus PhD  
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Arnold Bakker, PhD  
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Maged M Harraz, MBCh, MSc, PhD  
Novel Target of Cocaine Mediates Stimulant Effect via Autophagy

Kenneth Silverman, PhD  
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Roland Griffiths, PhD  
Phytocehin: History, Neuropychopharmacology, 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 Coded-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  
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Melvin G McInnis, MD, FRCPsych  
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Chiadikaobi Onyike, MBBS, MD  
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Alan Anticevic, PhD  
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Thomas Gould, PhD  
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Jessica Peirce, PhD  
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Gianluca Ursini, MD, PhD  
Schizophrenia Risk – Who, When, and Where

Trang Nguyen, PhD  
Mediation Analyses

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

Martin Franklin, PhD  
Effectiveness of exposure-based treatments for pediatric OCD

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

Gail Daumit, MD, MHS  
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Vikram Chib, PhD  
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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 Synaptic 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
Kyra T. Tsakpini, 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  Psychosis ver 2017
Katherine P. Rankin, PhD  Neural Networks Underlying Empathy in Health and Neurodegenerative Disease
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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
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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 iPS Cells to Study Psychiatric Disorders
Dror Ben-Zeev PhD  Mobile Health (mHealth) for Serious Mental Illness
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 Neurodegeneration Associated with the C9ORF72 Mutation
Marc G. Caron, PhD  
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Ellen Leibenluft, MD  
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Michelle C. Carlson, PhD  
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Suzanne Haber, PhD  
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Susan Carnell, PhD  
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Alexander J. Shackman, PhD  
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Stacey Sigmon, PhD  
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Gil Rabinovici, MD  
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Bj Casey, PhD  
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Matthew W. State MD, PhD  
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William Carlezon, PhD  
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Lori Raney MD  
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Zul Merali, PhD  
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Ellen Leibenluft, MD  
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Daniel Pine, MD  
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Evelyn Bromet, PhD  
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Kathleen Ries Merikangas, PhD  
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David Schretlen, PhD  
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Shin-ichi Kano, MD, PhD  
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Adam Kaplin, MD, PhD  
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Sarven Sabunciyan, PhD  
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Frederick Barrett, PhD  
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Scott J. Russo, PhD  
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Katherine Sharkey, MD, PhD  
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Elizabeth Stuart, PhD  
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Dani Fallin, PhD  
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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 Alanzo, 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

Hadine Joffe, MD, MSc  Biology of Perimenopausal Depression

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

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

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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: Preclinical Evidence that Binge Eating Affects the Brain

Courtney Keeton, PhD  Pediatric Anxiety and the Family Context

Steve Hyman, MD  Genetic Revolution in Psychiatry: Putting the Findings to Work

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David Steffens MD  Depression, Cognitive Impairment, and Cognitive Decline

Ken Mackie, MD  Receptors Gone Wild: CB2 Cannabinoid Receptor Signaling in Neurons, and the Consequences of CB2 Receptor Functional Selectivity
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René Khan, MD, PhD  Why Kraepelin was Right: Schizophrenia as Dementia Praecox
Luigi Ferrucci, MD, PhD  Exploring the Phenotypes of Aging: A New Look to Chronic Diseases
George R. Uhl, MD, PhD  Addiction Genetics and the Brain: A PostGWAS Perspective From Human Datasets and Mouse Models
Kelly Dunn, PhD  Using Incentives to Promote Behavior Change
Carlos Zarate, MD  An Update on the Neurombiology of Depression and the Development of Rapid-Acting Antidepressants and Biomarkers of Response
Ramin Mojtabai, MD, PhD, MPH  Antidepressants and Diabetes: Is There a Link?
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Frederick Lenz MD  Analysis of Circuits Subserving Fear and Anxiety as Studied by Neuronal Activity in Humans
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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
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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
William M. Byne, MD, PhD  Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder
Dwight Bergles, PhD  Fate and Function of Glial Progenitors in the Mammalian CNS
Monique Ernst, MD, PhD  Choreography of Brain Functions across Adolescence
Katherine Phillips, MD  Body Dysmorphic Disorder: Understanding and Treating
Ted Abel, PhD  Sleep and Memory: The Cellular and Molecular Impact of Sleep Deprivation on Hippocampal Function
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
Erin Winstanley, PhD  Naloxone to Prevent Opioid Overdose Death
Colm Cunningham, PhD  Can We Make Animal Models of Delirium?

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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-Compulsive Disorder-Related Conditions? A Family Study Perspective
Jeannie-Marie Leoutsakos, PhD  Carving Nature at its Joints: Applications of Mixture Models in Psychiatry
Paul Worley, MD  Synaptic Signaling and Cognitive Disease
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