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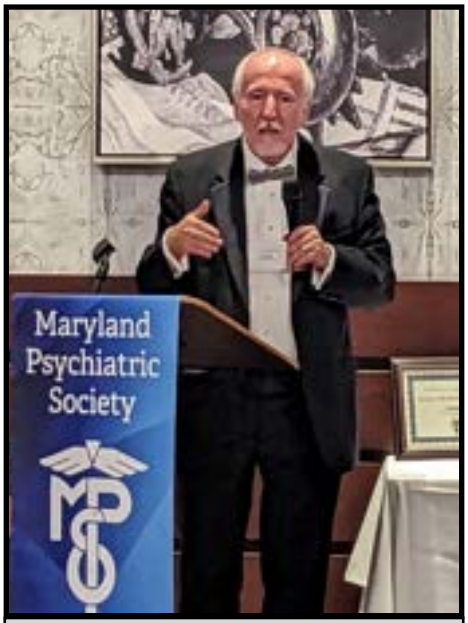
Gratitude for Lifetime of Service

Remarks delivered by Steve Daviss , MD at MPS Annual Meeting on 4.20.23

The MPS began the **Lifetime of Service Award** in 2000, on the occasion of the 50th Anniversary Gala Dinner. Then -president, **Dr. Harry Brandt**, wrote that the Award "*will be given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research.*"

The award is an expression of gratitude to a single MPS member who has notably gone above and beyond in service to the organization.

This first Award was presented to **Dr. Lex Smith**, who was MPS President 1977-1978. That is 23 years between President and Award, during which Lex gave much time to the MPS, particularly to the Legislative Affairs Committee. In fact, all but four Lifetime of Service awardees have previously served as MPS President, with an average time between President and LoS Award of 24 years.



Steven R. Daviss, MD
2023 MPS Lifetime of Service Award Winner

Dr. Lisa Beasley, the incoming 2000 President, wrote the following about that evening (which remains true this year): "*Evenings such as these are an integral part of what MPS is about: getting to see old friends, sharing ideas and meeting new members who we have not met before. Events like this give us an opportunity to feel re-charged.*"

Like most who have accomplished anything, I stand on the shoulders of many colleagues and friends. I attribute career-long membership in the APA and in the MPS as the source for my success, and I encourage all readers to not only join a professional membership organization, but to be actively involved by joining a committee, chairing an interest group, or running for office. *But, a warning -- it may lead to a lifetime of service!*

I am deeply honored to be in such good company among past recipients, some of whom I'd like to recognize.

Dr. Jeffrey Janofsky (1988 President, 2022 LoS Award) was honored last year. I learned from Jeff the value of time and persistence when it comes to legislative policy. He began his MPS service on the Legislative Committee while at Sinai Hospital. I began my postgraduate career at Sinai, as well, when **Dr. John Urbaitis** (1988 President, 2005 LoS Award) was Chair of the Department of Psychiatry. I was grateful to be able to present this Award to John at the 2005 annual dinner that marked the end of my year as MPS President.

Dr. Geetha Jayaram (2021 LoS Award), was helpful to me when I was Chair of the Department of Psychiatry at UMMS BWMC. I had sought to improve patient safety at the hospital, and Geetha did a formal review of our policies and procedures and crafted a formal consultation report identifying various improvements we could make. And it was **Dr. Paul McClelland** who taught me that it often helps to hire an external expert to make recommendations that your own organization won't accept when they are coming from you.

In fact, **Paul McClelland** (1995 President, 2014 LoS Award) has been THE most impactful psychiatrist to me. I met with him in my 3rd year of med school to discuss my interests in psychiatry and research. He suggested I talk to **Dr. Will Carpenter** at MPRC. That led to a 4th year rotation at MPRC, where I met Donna Kane, whom I later married. When I came back to Baltimore and wanted something beyond a lonely private practice, Paul hired me to be the first Medical Director for the newly formed Partners in Recovery, later bringing me on as Assistant Chair for the GBMC Department of Psychiatry. It was Paul who recommended me for the position of Chair of the new Department of Psychiatry at North Arundel (now UMMS BWMC).

Dr. Neil Warres (1996 President, 2018 LoS Award) taught me so much about the legislative process, and the role of the MPS in shaping healthcare policy. **Dr. Robert Roca** (2003 President, 2017 LoS Award) hired me to work for Sheppard Pratt in 2004, when North Arundel Hospital was

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looking to shake up their Division of Behavioral Health. Bob presented me to the CEO, Jim Walker, who hired me in 2004, and I stayed until 2013.

After I finished my Presidential year in 2005, **Dr. Steve Sharfstein** (2013 LoS Award) became APA President. I asked him how I could help him at the APA, and he appointed me to the APA Committee on Standards and Survey Procedures, in addition to representing the APA on the Health Standards Committee at URAC. I was later appointed to Chair of the APA Committee on EHRs (CEHR), and worked to expand its charge beyond electronic health records, to also incorporate health information exchange, mobile health, computers, wearable technology, and related policy work. Around 2013, after I was elected by MPS members to serve as an APA Assembly Rep, I wrote an Action Paper to change the charter and name of the CEHR to the Committee on Mental Health Information Technology, or CMHIT. That passed, and I chaired the committee for 6 years.

You can see how these threads intertwine over the years. I will just call out a few more of the LoS Award winners as thanks:

- **Dr. Bill Prescott** (2006 President, 2011 LoS Award)
- **Dr. Len Hertzberg** (1997 President, 2010 LoS Award)
- **Dr. Mayer Liebman** (2007 LoS Award)
- **Dr. Leon Levin** (1982 President, 2006 LoS Award)
- **Dr. Bruce Hershfield** (1991 President, 2003 LoS Award)
- **Dr. Gerald Klee** (1962 President, 2004 LoS Award)
- **Dr. Tom Allen** (1989 President, 2001 LoS Award)
- **Dr. Lex Smith** (1977 President, 2000 LoS Award)

Finally, my tips to our younger members:

- Follow your interests/curiosity/passion,
- Participate in organizations for the networking and learning,
- "Rise to the occasion" - -volunteer, raise your hand, and say "Yes" when opportunities arise,
- Save money wisely to handle the lean months,
- From **Dr. Ted Woodward**: "Have a filing system."
- Gain a variety of clinical experience -- this is the value that you bring to any endeavor,
- And, above all, aim for honesty, integrity, humility, and humor.

With gratitude.

Steven R. Daviss, MD
Recipient of MPS 2023 Lifetime of Service Award

Remarks by Drs. Anne Hanson & Dinah Miller at MPS Annual Dinner

(L-R)
Drs. Dinah Miller and Anne Hanson

Anne: Tonight, Dinah and I have the honor of presenting the Lifetime of Service Award to our dear friend, Dr. Steven Daviss. We'd like to note that in honor of Steve's passion for technology, we asked Chatgpt to help with our remarks tonight.

Dinah: Yes, it's an honor to present this award to Steve, who has dedicated his career to psychiatry and making the world a better place. I first met Steve in the 1990s when we worked together at a community mental health center in Catonsville.

Anne: And I met Steve while working with him on the Accessible Psychiatry Project, specifically the Shrink Rap blog, podcast, and book--starting in 2006. Steve is quite the Renaissance man--in addition to all he does for our field, he loves cooking, especially making delicious pizza. I also admire his passion for photography, and astronomy, and his love for small furry animals--especially his dog, Edgar.

Dinah: Steve's curiosity knows no bounds, and he's always learning something new, and it's always a delight when he texts an 8-minute video of a bug. And speaking of Steve's cooking, if you're ever hungry, all you have to do is invite Steve to dinner, and he immediately counters with an invitation to come to his house and eat his cooking instead.

Anne: Steve's passion for Psychiatry is no different. He loves a good challenge and is deeply committed to working on addiction, policy, integrated care, and informatics and data.

Dinah: Steve's professional achievements are truly impressive. He is always up for a new challenge and he's held a variety of jobs--including his current position as Chief Medical Officer at Optum Maryland, Medical Director at several technology companies, private practice, collaborative care, consultation liaison work, and Psychiatry Department Chair at Baltimore Washington Medical Center. Steve has been on more committees and a part of more organizations than we have time to list tonight, including being the immediate past president of the Maryland/DC branch of the American Society of Addiction Medicine.

Anne: And he's also a devoted husband to Barb, father to Nathan, and the best of pet owners. But, most important for tonight's agenda, is Steve's unwavering commitment to the MPS.

Dinah: Steve joined the MPS in 1993 and served as 2004-2005 MPS President. His long-standing MPS committee service includes 25 years on the Legislative Committee, including 4 as Chair, as well as years of service on the Council, and the Communications, Nominations and Elections, Payer Relations and Public Psychiatry committees. He currently leads the Collaborative Care Model Interest Group. He also served 6 years as our APA Assembly Representative and 4 years as our MedChi Delegate. In addition, he has served many years on the board of the Maryland Foundation for Psychiatry. Maryland Psychiatric Political Action Committee.

Anne: And while we're so pleased to give Steve the Lifetime of Service Award, we have to say, we're expecting 40 more years of service from him.

Congratulations, Steve!

(L-R)
Steven R. Daviss, MD & Bruce Hershfield, MD

Carol Vidal, MD, PhD Becomes New MPS President

Remarks from her speech at the at MPS Annual Dinner

I am extremely honored to take the baton as president of the MPS this year and very eager to continue working with Drs. Merkel-Keller (Past-President) and Doris Balis (President-Elect) on the executive council, as well as welcoming a second child psychiatrist to the leadership: Dr. Ron Means (Secretary-Treasurer). I also want to thank Dr. Ginger Ashley, whose 4-year term on the executive council has ended, and whose wisdom and experience have been invaluable.

During her Presidency, Dr. Merkel-Keller emphasized the need to continue to be cautious about MPS' finances while supporting the people that make up the MPS. We are fortunate to have our kind and extremely hardworking staff members Heidi Bunes and Megan Floyd, and our volunteers, the most thoughtful and humane group of people I know in Maryland: psychiatrists.

Today, mental health seems to be everyone's topic of concern, and the stigma attached to it is decreasing in western culture, especially among the younger generations. The media and politicians often talk about the exacerbation of the mental health crisis during the pandemic and about the increased need for services. Yet, we continue to struggle to serve the majority of the people who seek this care.

2023-24 MPS Executive Committee
(L-R)
Drs. Jessica Merkel-Keller, Carol Vidal, Theodora Balis & Ronald Means

But we are not alone. Mental health care does not begin or end in our clinical practice. The World Health Organization recommends using a pyramid framework for mental health access, where most of the services are lower-cost and high- frequency, consisting largely of self-care and informal community support. Less-intensive services are provided by primary care physicians, and specialized mental health care is at the tip of the pyramid, provided by psychiatrists caring for patients with the most severe presentations. As psychiatrists, we are knowledgeable about the biological, psychological and social factors that influence mental health and we are connected to our communities in improving mental health.

The MPS reflects this broad approach to mental health. MPS has long advocated for the improvement of the services delivered to psychiatric patients and the working experience of all psychiatrists. It does this by coordinating grants, facilitating the exchange of information, connecting professionals with opportunities, and doing advocacy not only for our profession but also for everyone's mental health.

During this legislative season in Annapolis, and thanks to the leadership of champions like Drs. Hanson and Young, and the work of Meagan Floyd and Tom Tompsett, the MPS took positions on over 40 bills that covered topics from firearm access and safety, to cannabis concentration limits, to behavioral interventions in schools, and mental health first aid. I believe than in our work as individuals and as organization, we save lives. We should feel proud of this work and continue to support each other and the organization that represents us best.

MPS offers many opportunities for involvement through committees and interest groups. A recently formed collaborative care model interest group is a good example of our ability to adapt to a changing environment. The collaborative care model is one of the ways in which psychiatrists will continue to provide high quality care in collaboration with other physicians and professionals.

This upcoming year, my hope is that the MPS will continue its great work advocating not only for mental health treatment, but also prevention, and that we continue to find creative ways to financially sustain this organization. We need to remain a hub for our profession, where connections serve the group and the individuals in the best possible ways.

Our first annual meeting in person after 3 years of virtual meetings proves the power of the group and the benefits of social connection. I am convinced we have the best volunteers and staff to lead us.

Meet Carol Vidal, MD, PhD New MPS President

By Theodora Balis, MD

Carol Vidal, MD PhD

Dr. Carol Vidal has just begun her term as MPS President and we are looking forward to her leadership. A child and adolescent psychiatrist, she is an Assistant Professor at Johns Hopkins. She works clinically at a Bayview school-based mental health program, located in Baltimore City Schools.

She did her MD and PhD at the School of Medicine of the *Universitat Autònoma de Barcelona*, her MPH at Drexel University in Philadelphia, and her residency in general psychiatry and fellowship in child and adolescent psychiatry at the University of Maryland.

She has served the MPS on the Community Psychiatry and Diversity and Legislative Committees, and more recently as its Secretary-Treasurer and President-elect. She has a deep commitment to the MPS and to meeting the mental health needs of the people of Maryland. She is passionate about preventing psychiatric disorders and increasing access to treating them, especially among children and adolescents and under-resourced populations.

In her inaugural column in the May 2023 *MPS News*, she relates her hope that "the MPS will remain the hub for our profession, where connections serve the group and the individual in the best possible ways."

2022-23 MPS Executive Committee
(L-R)
Drs. Theodora Balis, Jessica Merkel-Keller, Carol Vidal, & Virginia Ashley

The 2023 General Assembly

By Annette Hanson, MD

The MPS legislative committee, with the help of affiliate members from the Washington Psychiatric Society, reviewed 62 of the more than 3000 bills submitted during the 2023 General Assembly.

There were several successes this year, particularly on bills that improve access to care. A bill to create an intensive care coordination pilot program will allocate $600,000 for behavioral health care. Insurance coverage for telehealth, to include audio-only telehealth, is being extended through 2025. The legislature will extend a current workgroup to study underrepresented behavioral health professionals and its findings will be reported back to the legislature. The 9-8-8 help line will be funded. There will be legal protection from prosecution for anyone who experiences a medical emergency due to drug or alcohol use. A bill to require safe storage of firearms passed, with MPS and WPS support, after an unsuccessful attempt last year.

The MPS also successfully opposed scope-of-practice bills that would have provided independent practice privileges to physician assistants to prescribe medication and therapies, to include psychotropics. The interstate advanced-practice nurse practitioner bill also failed. The Washington Psychiatric Society worked closely with MPS to oppose the assisted suicide bill, which did not receive a vote in either committee.

A bill to authorize independent practice by clinical nurse specialists passed in spite of MPS opposition, largely due to support from large healthcare organizations.

Unfortunately, the prior authorization bill—which was drafted by MPS and later supported by dozens of specialty organizations—did not pass. Some provisions of the bill were incorporated into a separate bill that limits repeated pre-authorizations under fail-first policies.

This session also marked a transition in Legislative Committee leadership, as I have passed its Chairmanship to its Co-Chair, Dr. Mike Young.

Our Future Looks Bright:

Observations from Interviewing Prospective Residents

By: Steven Sharfstein, MD

Steven Sharfstein, MD

Recruitment in psychiatry has experienced a renaissance in the last 10 years. Since 2013 we have added 130 new training programs and 700 new positions. The number of senior US medical graduates selecting psychiatry has doubled during that time frame. It is expected that this trend will continue. This is good news, as so many of us are retiring and the need for psychiatrists is growing.

I recently had the special experience of interviewing medical students for the residency program at the University of Maryland/Sheppard Pratt Training Program. These 30-minute interviews, on Zoom, of nearly 40 very diverse American medical students from around the country were a special treat for me. My worries about the future of our profession were diminished by the youthful optimism and brilliance of nearly all the applicants. I thought, "They know something I don't know" about the future of psychiatry.

So the first question I asked them all was "Why Psychiatry?"

The answers varied, but many described the positive experiences during their psychiatric rotations in medical school. They loved their patients and what they observed as excellent outcomes. They loved getting to really know their patients, in contrast to experiences on other rotations, where they got to deeply know only a few. They saw psychiatry as their most humanizing experience in medical school. They appreciated the teamwork on inpatient units. They weren't worried a whit about competition from other mental health specialists such as psychiatric nurse practitioners, psychologists or social workers.

Well, I thought, maybe they are naïve about the real world of medical economic difficulties they will encounter. Many had large debts (I asked) but were confident that they would survive and thrive in their careers. Their optimism and faith in the growing science (some expected to make a contribution here with a research career) was matched by a strong attachment to the humanistic values of our field.

Many had had personal experiences with psychiatric treatment and psychotherapy for themselves or a family member before and during medical school. They were quite positive about these experiences, which had reinforced their curiosity and interest in becoming like their therapists. Their sense of stigma was low, seeing mental illness as part of being human.

Work/Life balance was another "positive" about selecting psychiatry. The concerns about burn-out in Medicine was on their minds and Psychiatry seemed a great choice to get the balance right.

These interviews were an "upper" for me. I have had such a rewarding 50 year career. I always tell these incoming residents that they "made the right choice". Our future looks bright.

LAST CALL for Volunteers!

ALL members are invited to step up with MPS and make a difference in how psychiatry is practiced in Maryland

The MPS offers multiple ways for members to be involved, including volunteering for committees, joining an email interest group and other ways that members request. MPS President Carol Vidal, MD, PhD will appoint FY24 committees this month so please sign up NOW!

Engage with us to represent psychiatry. This is your chance to have a say! Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing our goals. To review the options and sign up, **please click here**.

The "Wild West" of Virtual Ketamine and Psychedelic Treatment

by: Mark Komrad, MD

Mark Komrad, MD

A striking opinion piece appeared in the New York Times on March 1, 2023 by Jessica Gross, "Why Are Ketamine Ads Following Me Around the Internet?" She writes:

A few months ago I started noticing that I couldn't open Instagram or TikTok without getting an ad for ketamine. ...These ads promised incredible, groundbreaking mental health outcomes through ketamine tablets offered via telemedicine, with the vast majority of patients purportedly finding relief from their depression and anxiety. ... I heard only about the miraculous benefits of ketamine. Few of the social posts served to me disclosed the fact that promoting ketamine tablets in this way was an off-label use of the medication...I decided to take a brief quiz offered by one of the ketamine purveyors to see if I was an appropriate candidate for telehealth services, which could include a few consultations with a clinician and several ketamine tablets sent directly to my home, with Zoom guidance offered before and after ingesting the drug for the first few sessions. When I didn't go through with buying the package, which would have set me back a few hundred dollars and wasn't likely to be covered by any insurance, the marketing became even more aggressive. I received follow-up emails and texts, with offers of $100 off my introductory program.

This is only the latest chapter in the story of ketamine and psychedelic therapy spreading beyond the confines of conventional psychiatry practice, even beyond the purview of mental health experts in general. Previously, when ketamine was available exclusively through IV infusion, the majority of ketamine clinics already in the US did not have a single psychiatrist on staff. They are mostly run by anesthesiologists and/or mid-level practitioners with little or no psychiatric training.

How can we psychiatrists think about this explosion, this metastatic spread of a new species of psychopharmacology that is rapidly bursting out of the membrane of supervised psychiatric practice? One might think of ketamine or psychedelic treatment, properly delivered, as the *least* eligible treatment for telehealth, or prescription for *unsupervised* use. (An increasingly common practice is providing oral ketamine for personal use after just a few supervised telehealth sessions). We are starting to see the same kind of spread for psilocybin treatment into "the wild" in states like Oregon, where it has been legalized. There, a psychedelic "accompanying therapist" need only have a high school diploma and a 4-day training seminar, and the treatment can be done over telehealth. Psychiatry is not alone in these ways. The trajectory of Ozempic weight-loss treatment clinics is starting to look the same.

The huge surge in demand for mental health services during the pandemic has oxygenated this unrestrained growth. Though certainly there's a desire to serve (often desperate) patients embedded in this Wild-West burgeoning of indiscriminate practices, there are also seductive economic opportunities. Unfortunately that can lead to cutting corners, pushing boundaries, minimizing evidence-based data, lowering the required floor of clinical training, and decreasing safety concerns.

The explosive growth of telehealth, with fewer restrictions brought about by the pandemic, has opened access to all kinds of medical care. Loosening the constraints that the government previously placed on those practices is contributing here. It used to be that the only telehealth allowable had to involve HIPAA compliant technology, in a clinical setting, where patients had to come to a clinic, to sit in front of the approved camera technology, and meet with a psychiatrist, in conjunction with a therapist or nurse to review the psychiatrist's recommendation. Now people can see us from their homes, their cars, the beach, or their offices.

So, perhaps it's not surprising that "letting the horse out of the barn" for a more favorable pasture would lead to wandering further afield. Once out of the barn, it's almost impossible to call it back. Rolling back prescribing privileges of nurse practitioners or psychologists has been shown to be impossible. The FDA is now proposing one possible rollback: returning to the pre-pandemic requirement of an in-person evaluation before prescribing controlled substances. Even that relatively modest step is not certain to happen.

Pieces of what we are authorized to do have been taken up by the ever-expanding world of mid-level professionals — NP, PA, and the wide menagerie of other mental health professionals who do "talk therapies". For those who can prescribe medication, the horizon of "off label" use seems almost unlimited, as long as they're prepared for (if aware of) the associated medico-legal risks.

This juggernaut of on-line ketamine and psychedelic treatments is due to a potent mix: the telehealth revolution, off-labeling, the

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The "Wild West"

(Continued from page 7)

expansion of privileges to a wider circle of clinicians, legalization of previously restricted substances, the tardiness of the regulatory environment to keep up, the need for better treatments, and inadequate psychiatric manpower to meet demand.

As psychiatrists, we are mindful of the safety of patients. This calls for our advocacy, devotion, and stewardship. This feeling of responsibility should move us to push against unregulated, unsupervised practices that are really dangerous caricatures of the proper use of these new treatments. There are few-enough protections for the treatment of people with mental disorders. Overenthusiastic, pioneering innovations that were deployed as answers to mental illness in the past — insulin coma, lobotomy, sterilization, etc. — were misadventures along the path to progress. Like everything else born of the Internet, the potential for misadventure and disaster with online ketamine and psychedelic treatment is amplified by orders of magnitude.

So what could our response be? As we learned with fighting psychologist prescription privileges, or NP practice privileges, prevention is more realistic than retraction. Our professional organizations like the APA need to expand vigorous public education efforts about the proper and safe use of methods to administer these novel treatments. To do that means making more robust use of the lay media — online, print, and broadcasting. Efforts to expand the number of residency training slots will help address the bottleneck of manpower that generates these sloppy compensations. We need to help the FDA develop regulation of these practices and establish some guardrails for "off label" usages: more training, certification, and *effective* supervision by psychiatrists for clinicians who administer these treatments. I favor limiting ketamine and psilocybin prescribing to in-person sessions only. Otherwise, the dispensing of oral ketamine by mail needs to be limited to a single dose, to be used only within a telehealth session, one dose at a time, with associated monitoring requirements (e.g. home blood pressure device, etc.). Providing ongoing supplies for unsupervised use after treatment ends should not be allowed. Violation of government practice regulations should jeopardize a clinician's license. Published practice guidelines by a psychiatric professional organization like the APA could be used as a basis for pursuing malpractice actions.

Charles Kettering, the great 18th century inventor and entrepreneur, said, "The price of progress is trouble." Indeed it may be, but *trouble* is not necessarily a sign of *progress*.

Dr. Hodzic to Head APA Foundation Fellowships

By Jesse Hellman, MD

Vedrana Hodzic, MD

Dr. Vedrana Hodzic, whose family is from Sarajevo and who completed her psychiatric residency at the University of Maryland/Sheppard Pratt, was recently appointed as the Director of Fellowships, Mentorship and Medical Education at the APA Foundation. APAF hosts approximately 175 resident fellows annually from healthcare institutions across North America.

She has long been interested in psychiatric crisis management and the ways in which psychiatric care can be improved in acute care settings. She has worked to improve access to care and increase safety for healthcare workers. Reducing burnout for psychiatrists has been an important goal of her work, as well. She also has a passion for teaching and has supervised medical students and psychiatry residents in her work.

The APAF Fellowships supplement the usual residency training, expanding the knowledge the residents get so that they can better appreciate the overall structure of medical care and how psychiatric expertise can best be utilized. They can help young psychiatrists assume leadership roles including in the APA itself. Dr. Hodzic commented, "Residents are the future of our profession and the APAF fellowships aim to provide them with the tools to be successful leaders in Psychiatry."

Dr. Hodzic gained a BS from the University of Maryland and her M.D. degree from its medical school in Baltimore. After her training at the University of Maryland/Sheppard Pratt, she went on to become an Associate Training Director of the program. She has served in several roles at the University of Maryland School of Medicine, as well as Sheppard Pratt's Service Chief for its Psychiatric Urgent Care clinic.

The APAF Fellowship Programs include ones in Leadership; Child and Adolescent Psychiatry; Community Diversity; the Edwin V. Valdiserri Correctional Public Psychiatry; the Diversity Leadership Fellowship; Psychiatric Research; Public Psychiatry

The Governor's Task Force on Suicide Prevention

The MPS Listserv Discussion: What Can We Do?

by: Sue E. Kim, MD

Sue E. Kim, MD

The MPS *News* posted an item about regional town halls sponsored by the Governor's Task Force on Suicide Prevention.

Dr. Robert Herman attended the one for Anne Arundel county and PG county. He shared his experiences on the MP{S e-mail list and opened up a conversation about debriefing after suicide in schools.

There was a suicide of a student in a local high school about 3 years ago. One of the students at the meeting had been a student in the same school when it had happened. Dr. Herman asked her if the school had offered any opportunity for her and other students to process the event as part of a group. She said there had not been. He has been involved in two "debriefings" after a suicide in a community; one in which he was a co-facilitator of the meeting at a medical school, and one in which he was a participant at a university academic department. He felt that both seemed to be beneficial.

Should these debriefings be offered at high schools when there is a student suicide?

Dr. Paul Nestadt indicated that the literature was mixed and experts in the field are generally against debriefings in schools, as the risks seem to be greater than the benefits. He believes it's best to wait a good period of time. He indicated that it's better to provide an in-service presentation on adolescent depression, focusing on how treatable the condition is. He mentioned the ADAP (Adolescent Depression Awareness Program) https://www.adapeducation.org/ as an example of in-service for schools. Developed by Dr. Karen Swartz, it is used by many schools, and students, and teachers find it helpful. He mentioned a Governor's commission that does a lot of important work, such as data collection, analysis, appointing members and commissions related to suicide, and weighing in on State policy related to suicide. He has been a longtime consultant for at least three of its chairpersons. He mentioned that a high school student is a member of this commission.

Dr. Herman pointed out that a high school senior is traveling around the State conducting town meetings. He wondered if the Governor's commission was familiar with the Governor's Task Force on Suicide Prevention. He does not see anything concrete coming out of these town meetings and he wonders if there is anything we can do to help.
Dr. Anne Hanson cited literature that showed mixed results regarding the effectiveness of debriefing. https://cmaj.ca/content/182/9/883. This paragraph from that article provides good guidance for us:

So what should mental health professionals and policy makers consider as appropriate crisis intervention in schools? Given our knowledge, it is prudent to develop interventions that promote the following empirically supported principles; a sense of safety, calmness, a sense of self and community efficacy, connectedness, and hope. Preliminary analyses of two programs developed according to these principles show promise of effectiveness: Psychological First Aid could be applied immediately after an incident, and Cognitive Behavioral Intervention for Trauma in Schools could be provided to students who experience psychological distress weeks after a trauma has passed. These interventions could also form part of screening strategies or training of school personnel to help them identify students most at risk.

Dr. Allen Tien provided two articles he co-authored pertaining to youth at risk for suicide. He also cited three books, *Man's Search for Meaning* by Victor Frankl, *Science and Sanity* by Alfred Korzybski, and *Braiding Sweetgrass* by Robin Wall Kimmerer.

Each suicide in school may have unique circumstances of its own. Nonetheless, every death will be shocking and horrifying for those who witness and hear about it. We should remember these principles:

We will honor the dead, and remember to celebrate his/her life. We will comfort the bereaved in a measured and meaningful manner. We may find songs or poems that will help soothe our grief. On a larger scale, can we shape our culture to speak up that life is to live and every life is sacred? I feel trembling inside me when I think about the violence we learn about every day. Sometimes I feel tearful when I realize that, to many people, life does not seem valued or valuable. Life can feel like trash as we see some lives treated like they are.

Some youths are stepping up for themselves as they see that adults are unable to protect them. I am hoping that every time a life is lost this way, we take the opportunity to learn how we could better protect our youth.

I want to know more about that high school senior who is traveling around the State doing town meetings. We need to be more engaged in helping out.

Interview: Annette Hanson, MD

by: Bruce Hershfield, MD

Annette Hanson, MD

Dr. Hanson is the Chair of the MPS Legislative Committee, a MPS APA Assembly Representative and the Director, University of MD Forensic Psychiatry Fellowship Program

Interview Date: March 19, 2023

Q: "Please tell us about the work you have been doing in Annapolis concerning this session's legislation."

Dr. H: "We have been covering a tremendous amount of work this year. Out of about 3000 bills that were introduced this year, we reviewed about 80 of them. They involved a whole range of issues—scope of practice, hospitalization, a lot of juvenile health bills relating to schools and the community, and a variety of other issues relating to forensic psychiatry. "

Q: "What have been the most important ones?"
Dr. H: "The biggest one for our membership as a whole definitely was the pre-authorization bill. We tried to get it passed last year and it didn't go through, but it attracted a lot of attention. A lot of other professional groups added on, and it was re-introduced this year. Unfortunately, it did not make it out of committee, but we worked very closely with the APA liaison to create model legislation that is being spread across the country to other district branches. Personally, I think that for both our organizations—the MPS & the Washington Psychiatric Society—one of the most important bills we worked on was assisted suicide legislation. This is a very controversial issue, with strong opinions on both sides, but I think it speaks very well of both of our organizations that we were able to come to a mutual agreement and to work on potential ideas for improvement. The crossfiled bills did not come out of committee, so the law didn't pass this year. It may come back next year, so I'm pleased that our "memorandum of understanding" process worked well.

Q:" What part of the legislative process has surprised you the most in your work in Annapolis over the years?"
Dr. H "The issue that I had no clue about was the amount of work that goes on behind the scenes. Our committee meets every week, virtually, when the bills are being introduced. We deliberate, we debate, we discuss, we sometimes have formal votes on legislation. We work on amendments. But, once those bills are introduced, the next phase is the negotiation behind the scenes. I had no idea how important that is and how much time that would require. So, even after we've decided on our position, we have to be available to work with other members, with legislators, with all those involved with the bill, to come to compromises. That's really the key."

Q:" How did you get started on this?"
Dr. H: "Someone asked me if I wanted to join the committee. I like to chase bright, shiny ideas. That sounded kind of intriguing and I was curious about it, so I did it and I just got hooked on it. It's a fascinating process. It's very complicated—you can't just learn in one year. To this day, I'm still learning how some aspects of the legislative process work. But it's so much fun, because you learn things you never expected to hear anything about."

Q: "How did you get involved with Psychiatry & Forensic Psychiatry?"
Dr. H: "When I went to my 20th high school reunion and, when people found out what I did for a living, no-one was surprised. I used to write a 2-minute mystery as part of a column in my high school newspaper. I would write a little mystery with a clue in it and people would have to guess who did it. I also took a mystery and detective elective and the teacher asked for my own notes on the Sherlock Holmes novels, to teach the class. So, that's what got me interested in forensic psychiatry.

Then, when I did my residency, I still remember standing in the nurse's station as a senior Resident, trying to figure out what I wanted to do. Jeff Janofsky asked what I was planning to do when I graduated. I said I had no clue and he suggested the forensic psychiatry fellowship. I said, "What's that?" and he said, "You get to interview psychotic killers." It hit me—that's it! It has been a fantastic career for 30 years. "

(Continued on next page)

Hanson Interview Continued

Q: "What have been some highlights of your career since that day you were talking with Jeff?"
Dr. H: "The highlight came when I realized I would be in a field where I could explore my curiosity with "no holds barred" because it had become my job. I could review tremendous amounts of information and talk with lots of people and pull all of it together into a story. So, if you have any inclination to write non-fiction stories about why something happened, this is the field to be in. Taking information in, synthesizing it, and putting out a coherent document is the essence of what forensic psychiatry is about. When it comes to specific stories, that's the downside, because you hear the best stories that you can never tell anyone. It's a dilemma!"

Q: "Who has influenced you the most along the way?"
Dr. H: "Certainly, Jeff Janofsky has been a major figure in my professional life. Jonas Rappeport—one of the founders of American forensic psychiatry—and Christianne Tellefsen, who is my personal model of a fantastic expert witness because we she has the skill to connect with a jury and to tell a story in a very compelling way. I have worked with a great faculty—people like Neil Blumberg with great experience in civil forensic work and death penalty cases, for example. I had influences early on in my personal life. My late mother was a "crime junkie" and I heard stories about high-profile crimes when I was growing up. I developed an interest in mystery and detective fiction. My sister is a great judge of mystery and detective writers, so every year I can count on getting a new book from an author I had never heard of before. There have been a lot of people who have shaped my career."

Q: "Tell us more about what you do for a living."
Dr. H: "A little too much. I am learning in the late stages of my career how to turn offers down. I like to explore things that spark my curiosity. The bulk of my work consists of providing clinical care in a correctional setting—which is part of my forensic program as well—and running the forensic psychiatry fellowship program. I look back over my 15 years as a program director and I am so proud of the people who have graduated from it. My graduates are dedicated to working with a very difficult patient population under difficult circumstances. "

Q" "What do you enjoy most about your work?"
Dr. H: "Oh, definitely the teaching part. I love having people coming in who are excited about learning not just the current practice of forensic psychiatry, but also the history. You can't really appreciate where we are today if you don't know where we came from. That's particularly true in the law because things that happened in the past tend to recur. We go through cycles. If you understand what happened in the past in the civil law concerning people with mental illness, you can connect that with what happens with the civil commitment of sex offenders, and what happens with immigration detainees who fall out of legal status and are held in immigration detention facilities. There are parallels in the law for all these different groups of people and it's important to learn them."

Q: "What are your plans for your future?"
Dr. H: "I'm planning to hand things off to the next generation. I think it's always good to start doing that well in advance. I will be dropping my clinical practice at the end of this training year and, in the year after that, I will be recruiting for a new program director and hoping that one of my graduates will be willing to step up to the plate. As I said recently in a Grand Rounds, change happens, but it doesn't always happen in a single year or in a single administration. It happens over the course of generations. At some point, you have to be willing to hand things off to the next generation."

Q: "What are you going to be doing with your life then?"
Dr. H: "I plan to sleep past 6 in the morning, I plan to do the "NY Times" crossword and spelling bee every day, and I plan to exercise regularly and take some trips out of town to visit relatives, and to travel. I probably will be involved with the program in some capacity, depending on what the next program director decides. "

Q: "But you do plan to continue working for the MPS, handling legislation?"
Dr. H: "I think that has gotten under my skin and it would be hard to just walk away from it. It's been so cool to think that you are helping to shape the future for the next generation—or generations.

I have absolute faith that the next generation will be able to do just as much—if not more—than what we have accomplished so far."

In Memoriam:
Susan Thomson Strahan, MD

By Bruce Hershfield, MD

Susan Strahan, MD

Dr. Susan Thomson Strahan, a widely respected psychiatrist who had served on the Board of Physicians, died on December 28, 2022 of heart disease at age 72.

Originally from Baltimore, where she was a star athlete at the Roland Park Country School, she graduated from the University of Maryland School of Medicine, then did her psychiatric training—including a fellowship in child and adolescent studies---there. She became a clinical Assistant Professor and served as the Director of Psychiatric Training and Education for the state Department of Health & Mental Hygiene. She also developed a private practice in Towson. Governor Glendening appointed her to the Board of Physicians, where she was its only psychiatrist.

Dr. Brian Hepburn commented, "Susan enjoyed teaching medical students and residents. She was known for her love of sports (especially tennis and golf) and her good sense of humor. She enjoyed her family vacations, including attending practice rounds at the Masters for many years, and annual beach trips.

I enjoyed going through residency with her and working with her to link the University's Department of Psychiatry and the State of Maryland. She worked hard, but also found time to bring smiles and laughter to those around her. She was a brilliant colleague and compassionate friend whose achievements and charm will long be remembered and celebrated."

Dr. Mark Ehrenreich said, "During her long-time affiliation with the University of Maryland, she served in many different roles. After finishing her training, she was the Assistant Director of the Campus Health Service and then served as the Assistant Director of the Consultation-Liaison Psychiatry Division under Paul McClelland. She helped recruit me to the faculty in 1989, when I took over for her on the C-L service. Susan served as a psychotherapy supervisor for many years, but perhaps her most impactful position was as an Associate Training Director in the program and as Director of Psychiatric Training and Education for the state's Mental Hygiene Administration.

The University has had a close partnership with the State of Maryland in the training of psychiatrists for the past 46 years. The Maryland Plan, developed by Dr. Walter Weintraub, was designed to improve both training and public psychiatric care. The University – State Partnership has helped us turn out psychiatrists with excellent training in the care of people with serious mental illness. Dr. Strahan was one of the main advocates and protectors of this close partnership from 1988 until she retired from that position in 2016.

Susan was a great mentor and a great friend. She was an immense help when I became the Program Director of the University of Maryland/Sheppard Pratt Psychiatry Residency Program. I greatly appreciated her advice and guidance over the years. She had a tremendous impact on a generation of psychiatrists and on how we practice Psychiatry in Maryland. She will be sorely missed."

Member Update Forms

Your member update form will arrive late this month via USPS, along with your Annual Survey The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance networks where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is August 10th.**

Curbside Conversations Resource

Over 20 topic areas are available! Curbside Conversations facilitates member connections related to specific practice areas. Members with in-depth knowledge chat informally with other members seeking information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community.

Tribute to Professor Roland Griffiths

"Cheers from the Chair" by Jimmy Potash, MD

Jimmy Potash, MD
Chair, Johns Hopkins Dept. of Psychiatry & Behavioral Sciences

April 7, 2023: Today is Good Friday, and so perhaps it is fitting that my topic for the morning is a heightened awareness of death, and the transfiguration of that perception into a life-affirming embrace of our time in the world. The Easter edition of the *New York Times Magazine*, paper version, will feature an extensive and magnificent interview, focused on our own Professor Roland Griffiths. The headline, as seen in the online edition which came out earlier this week, reads, *A Psychedelics Pioneer Takes the Ultimate Trip*. It has made an impression on people, garnering 426 comments so far. Dr. Griffiths has been making a mark for a long time, as, at age 76, he has accomplished a remarkable amount, most famously as the person who ushered in the psychedelic renaissance with his work on psilocybin, the active ingredient in magic mushrooms. Among his most influential papers was the 2016 article reporting on how the drug could effectively treat depression and anxiety in people with life-threatening cancer.

Roland Griffiths, PhD

In late 2021, Dr. Griffiths himself was diagnosed with metastatic colon cancer, which is likely to be terminal. His reaction, as described in the *Times,* was that the experience "has brought forth transcendently positive feelings about existence." He says: "We all know that we're terminal...So I believe that in principle we shouldn't need this Stage 4 cancer diagnosis to awaken. I'm excited to communicate, to shake the bars and tell people, 'Come on, let's wake up!'" I have had the opportunity to see Roland and talk to him often and I have seen this astonishing level of positivity that has permeated his experience since the diagnosis. It has been an inspiration to me and to many others. The way he describes his response to this new reality, one he faces after having cultivated the practice of gratitude over many years, rings true. It has focused him on the preciousness of life, the joy of being, and a sense of awe and wonder about what he calls the great *mystery* of consciousness.

His attention to that mystery led Dr. Griffiths to target his prodigious energy on what might be a final project: the establishment of an endowment that would live in perpetuity, The Roland R. Griffiths, Ph.D., Professorship Fund In Psychedelic Research On Secular Spirituality And Well-Being. It is meant to provide the resources to fund scientific research regarding enduring positive changes in "prosocial" attitudes and behavior that can result from psychedelics. Changes like opening people up to the realization that "we are all in this together with the attendant impulse toward mutual caretaking in service of human flourishing." The initial funding goal was set at $20 million, and much progress has been made towards realizing that ambitious mark. Many thanks to our Senior Associate Director of Development Mike DeVito for his meticulous work in shepherding this process along.

The *Times* interviewer concluded thus: *So you have this sense, near the end of your life, of waking up to life's real meaning. What's the most important thing for everyone else who's still asleep to know?* Roland responded: "I want everyone to appreciate the joy and wonder of every single moment of their lives. We should be astonished that we are here when we look around at the exquisite wonder and beauty of everything. I think everyone has a sense of that already. It's leaning into that more fully. There is a reason every day to celebrate that we're alive..." Many *Times* readers reacted powerfully, with one writing: "Dr. Griffiths is a national treasure. That he's also a beautiful human being really shines through in this interview."

One of the people who read the interview was Tufts Psychiatry Department Chair Paul Summergrad. He wrote to Dr. Griffiths saying: "it was just – well I wouldn't have changed a word – the depth of your experiences just poured off the page and felt just right to me. See these lines from Bob Dylan's *Tangled Up in Blue*:

Then she opened up a book of poems and handed it to me
Written by an Italian poet from the 13th century
And every one of them words rang true
And glowed like burning coal
Pouring off of every page
Like it was written in my soul, from me to you
Tangled up in blue"

You can check out the full version of this iconic song here: https://bit.ly/2wwu39m

Happy Easter to all who are celebrating. And happy Passover to those marking the Jewish holiday, and a blessed Ramadan to those in the middle of the Muslim holy month.

The DSM & Mental Wellbeing

by: Sue E. Kim, MD

Sue E. Kim, MD

I came across an article, "Physician Depression and Burnout, What's the Difference, and Does it Matter?", by Carol Bernstein, MD and, another, written by Joel Young, MD, titled "Burnout: What It Is and Why It Matters". They talked about how mental well-being gets eroded from overuse and exhaustion. And the remedy for such conditions is rest.

Another surprising encounter I had in recent months was when our Surgeon General showed up on TV. He said something to the effect that when workplaces keep employees happy, we will be all much healthier and happier. I was 'happy' to hear that. I hope that his voice touched the hearts of the audience. He is helping us psychiatrists!

I fill out FMLA papers when people need time off work. Years ago, they required I provide a "diagnosis" or some explanation. A few times, I wrote 'mental exhaustion' as the diagnosis, and counseled patients that it was not "depression". So, my heart warmed up when I saw Drs. Bernstein and Young making their points.

This assessment--burnout and rest-- does not seem to get enough attention. We have been living as if toxic stress is a necessary evil. We may not want to see it because we feel helpless about it and we are accustomed to turn our heads away. Or, we see it the way we are used to dealing with it; we diagnose and provide treatments and procedures--a medical way.

It is not unusual these days for patients to name their diagnoses--depression, anxiety, ADD, bipolar, OCD. There seem to be on-line meetings of patients where they talk about their diagnoses and medications. One of my patients talks profusely about "bipolar disorder". People may feel relieved that there are diagnoses for their behaviors and there are treatments.

DSM provides a list of diagnoses and their criteria. It has such an aura of authority, as if it provides solid knowledge and science. It has taken root in peoples' minds. Conversations about mental illness seem to follow how it is structured. DSM is what we, the APA, created. It can be rewarding to see the indelible marks it has made on society--even on us psychiatrists. But it can be also horrifying if we believe DSM is made up of solid knowledge and science.

It is mind-boggling to wonder what psychiatrists can do to help improve the community's mental health. What are our roles? It seems that mental health has deteriorated over a few decades. Recently, we talked about the horrifying state of mental health delivery system, as reported by newspapers. It is not due to lack of research on brain science, genetics or medications. Perhaps it is due to something that escaped our attention, because we did not engage ourselves enough with it. How do we understand human sufferings beyond symptoms and diagnoses? How can we provide good and timely remedies for people who need us? How can we as healers ourselves survive in this critical and turbulent time?

I hope that we join hands to support our Surgeon General's initiative and that the MPS becomes more assertive. We muster our courage to see the underlying socioeconomic and cultural determinants that bind our all-too-human conditions together. We need to try to understand, and to share with our community, what it really means to be well.

Enhance Your Membership!

Check out these offerings and start expanding your involvement!

Join the MPS Listserv
Join the online MPS community to quickly and easily share information with other MPS psychiatrists who participate. To join, click here. You will need to wait for membership approval and will be notified by email. If you have any problems, please email mps@mdpsych.org.

Engage with Digital Options
To stay informed, visit the MPS website regularly and follow us on Facebook, Instagram, Twitter, and LinkedIn.

Member Spotlight Opportunity
Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this Google Form to showcase your experiences with the MPS community.

Prior Authorization:
A Lesson in the Limitations of Democracy

by: Robert Herman, MD

Robert Herman, MD

In the fall of 2021 a group of us got together and drafted a bill for the Maryland legislature to help regulate the process of prior authorization. Those of us in outpatient practice who prescribe medication are increasingly being bombarded with prior authorization requests and denials of medication for our patients. Much to our delight, we got a member of the state Senate to sponsor our bill and a hearing before the Finance Committee. Several of us testified in favor of it. Lobbyists for the insurance industry and the pharmacy benefit manager industry testified in opposition. Despite these efforts, the bill died in the committee.

This fall, we were surprised and delighted to learn that our bill had been revised and enlarged by MedChi, the Maryland Medical society. It had everything we wished for and more. It eliminated the requirement of prior authorization for generic drugs. It mandated that the algorithms that pharmacy benefit managers use to determine appropriate therapy be made by the specialty societies whose members have expertise in treating the patient's condition. It had many sponsors in the House version and was also introduced in the Senate--a hopeful sign. It was endorsed by virtually every medical organization in the state, including medical societies, specialty societies, dental societies, physical therapists, addiction specialists and others. There was an intense lobbying campaign by these groups asking members to contact their legislators.

The testimony in support of the bill was riveting. Physicians of many specialties gave heartbreaking accounts of suffering and even death caused by the delay or denial of requests. The pharmacy benefit managers opposed the bill, saying that essentially they know better than doctors how to treat patients, and their algorithms and other procedures are there to safeguard patients. The insurance companies gave a variety of arguments, saying that they were working at streamlining prior authorization procedures electronically, and also asking us to see the results of prior authorization bills in other states.

A small group of legislators and others then met in a closed session. Then an e-mail was sent from the vice chair of the health and government operations committee: " ***Leadership has determined that the way to come up with the best policy with respect to Utilization review is to convene an informal workgroup of the stakeholders over the interim.*** " That killed the bill, at least for this legislative session.

Those of us who worked hard on this bill were disappointed, but not surprised. Pharmaceutical manufacturers, health insurance companies and pharmacy benefit managers are enormous companies with an enormous amount of power.

Prior authorization hurdles are a national problem and should ideally be solved on a federal level. For those of us who worked hard drafting the earlier version of this bill, then fighting for it, then seeing it resurrected and then fighting for it once again--only to watch it die in mysterious circumstances-- it is a lesson in the limitations of democracy.

May is Mental Health Month

Several easy ways for people to participate in Mental Health Awareness Month in May are now available. The 988 Lifeline Team has uploaded many new shareables to the 988 Partner Toolkit. The social media shareables focus on youth and adult suicide warning signs, how to be a lifeline, self-care practices, and the reasons and ways to reach out for help. Two new posters and a yard sign are available for free download in the SAMHSA store.

National Prevention Week will be observed May 7-13 this year. This national public education platform showcases the work of communities and organizations across the country dedicated to raising awareness about the importance of substance misuse prevention and positive mental health.

LETTER FROM THE EDITOR
We Are Meant To Do Better

by: *Bruce Hershfield, MD*

Bruce Hershfield, MD

Our efforts—and those of Med-Chi's, and of a lot of other organizations—to get the recent legislature to change the way "prior authorization" is practiced have not been successful. This occurred despite the efforts by Ann Hanson and Bob Herman and others to reform what has become a scandalous process that upsets our members and hurts our patients.

Recently, I tried to convince a Pharmacy Benefits Manager that one of my patients, who had benefited tremendously for years from brand-name Latuda (after having been very depressed on many other medications, including clozapine), should be allowed to buy the recently-available generic lurasidone. The person on the phone did not even know what clozapine was. The request was denied by their pharmacist. I don't understand why this was denied, but it couldn't have been on clinical grounds. It not only wasted my time, but left the patient looking at paying about $1200 per month to get the brand-name version she didn't need.

Democracy, like reality, often fails us. This can be very upsetting. A lot of us were traumatized by the attempt to stop Congress from functioning on January 6, 2021. We still don't know what forces were behind that, which leaves us vulnerable to a second attempt that is likely to succeed. Several patients tried to convince me that it had been led by "Antifa" members pretending to be right-wingers, or that it had been a *peaceful* demonstration. A few patients left my practice after I made it clear I was not willing to participate in a *folie a deux*. I understand they were upset, but that's is not a good-enough excuse to destroy our democracy--or my sense of reality.

I recently read a good description of what our country is supposed to be, in a book about historians called *Making History* by Richard Cohen. He cites a 2000 episode of TV's *The West Wing* written by Aaron Sorkin, referring to the great seal of the USA (which is on the back of the $1 bill): *The seal, the pyramid, it's unfinished. With the eye of God looking over it and the words "Annuit Coeptis". He, God, favors our undertaking. The seal is meant to be unfinished, because this country's meant to be unfinished. We're meant to keep doing better...*

Indeed, we *are* meant to do better--and we need to keep trying. We will not always succeed. Our patients will suffer when we lose. Churchill was right when he told the House of Commons in 1947 that democracy wasn't a good form of government—just better than all of the others that have been tried.

We need to keep trying. I hear that next year we are planning to do just that.

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The Maryland Psychiatric Society & Maryland Council of Child and Adolescent Psychiatry presents:

Clinical Updates on Working with Autistic Populations

Tuesday June 6th
7-9:00PM

A Virtual CME Activity

- Transitional Services for the Autistic Patient: Desmond Kaplan, MD
- Update on the Diagnosis and Treatment of Autistic Patients: Rajneesh Mahajan, MD

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