



NEWSLETTER

The Times They Are A-Changin'

By Paul R. Puri, M.D., President

It's with honor and humility that I've stepped into the role of President of the PCFA in 2020. The PCFA has a long and storied history of not just supporting the UCLA residency, but of being a standalone body of outpatient psychiatrists with a wealth of knowledge, especially in psychotherapy, and thus a counterpoint to a purely psychopharmacological approach. In this way we both contrast and complement the full-time faculty at UCLA.



Psychotherapy 483 program. But the winds of change are blowing.

Amidst the Covid-19 pandemic, the needs of patients are shifting, and in turn so are the needs of the residents from us. The dramatic shift to telehealth, while necessary, has happened

without attention to the educational implications for residents, or the repercussions for patients. Residents working in the hospital can get substantially less patient exposure on the inpatient units, because of the extensive time required to set up patient interactions. On the other hand, the use of Zoom for outpatient therapy visits has meant that some residents can record sessions and get more attentive supervision. But the technological requirements for telehealth can worsen the socioeconomic barriers to access to care, furthering the disparities of justice, equity, diversity, and inclusion in mental health. While the PCFA may not be able to solve the patient access issues easily, we can look within to make sure we're modeling to the best of our ability.

But the PCFA may have a disconnect problem. In some ways, that's by design. As a group of community psychiatrists, the residents have little direct access to us aside from our events. At the same time, anecdotally, many of our PCFA members feel they know little about the happenings of the residency or even the PCFA board. As such, I wanted to reflect here on where we've come from, where we are, and where we're going.

Overall the PCFA continues to be steady, supporting a broad range of programming including an intern psychotherapy retreat, residency recruitment happy hours, direct therapy supervision, movie nights, and the

With the need for social isolation, some of our programming has had to adapt. Our annual Intern Psychotherapy Retreat, both a bonding experience for interns, and an

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opportunity to dip their toe into the field of psychotherapy, was truncated from two days to two hours and done via Zoom. Hopefully a full retreat will be possible in the fall, but that's to be determined. Other experiences are moving online as well, such as Supervisor "Speed Dating," where residents can meet possible supervisors for the first time, and our new Psychotherapy Boot Camp, a more in-depth intensive for rising PGY-3s.

Yet turning our attention online can also be an asset. Under the wise work of Alex Lin, our Treasurer and Webmaster, many of the programs are getting digitized, from payment and tracking in Psychotherapy 483, to making teaching opportunities available to our members through our website.

Some key institutional changes have taken place this year. Andrew Russell, the PCFA-Faculty Liaison and administrator of the Psychotherapy 483 program, retired. Caroly Pataki graciously took on the position, and has been working to find new ways to coordinate the many moving parts of the program, including digitizing the administrative aspects. Within UCLA and the Department of Psychiatry, Peter Whybrow recently retired as executive chair. Alex Young has taken the position as interim chair.

While Westwood has traditionally been the identified "motherhood" of UCLA residencies, there has been growth afoot. Harbor-UCLA continues as strong as ever, with a particular community focus. The new West LA VA program continues, growing under the leadership of Margi Stuber. And the Olive View residency relaunched under the watch of Iljje Fitzgerald, now all county based. And all the programs are eager for more PCFA involvement. The UCLA medical school, on the other hand, has plans to phase out the Doctoring course, which will effectively remove the current path for volunteer clinical faculty to teach medical students.

Every year the residents are surveyed

As a group of community psychiatrists, the residents have little direct access to us aside from our events. At the same time, anecdotally, many of our PCFA members feel they know little about the happenings of the residency or even the PCFA board.

about areas for improvement. This year they indicated wanting a better emphasis on education, rather than service, in their training. Resident Sophie Rosseel, one of the co-chiefs of the Resident Psychotherapy Clinic, has made real efforts to improve the educational experiences and exposure to psychotherapy for trainees. With our own Richard Metzner, she created an intern-interviewing course, where once weekly the interns will interview a patient and observe a PCFA psychiatrist interview the same patient. She began developing a supportive psychotherapy curriculum for the PGY-2s including group supervision on the inpatient unit, but that unfortunately has been postponed due to Covid. Finally, she identified that RPC would benefit from more organization, oversight, and an updated system for residents to find appropriate supervisors. Currently it's still an inefficient process.

All of these areas could benefit from more PCFA involvement. But our disconnect problem makes that difficult. So with those needs in mind, I have made it a mission to spend my two years as President with some particular goals.

Re-engagement

I intend to reach out directly to all of our active members during 2020 -- all 200+ of them, to let them know what we're doing, find out what we can offer them (such as CME activities and trainings), learn about their areas of specialization,

and if they would be interested in being more involved. If you'd like to reach out to me first, always feel free to contact me at paulrpuri@ucla.edu.

In the last year the PCFA became a CME provider. While this was originally intended to give us autonomy for the purposes of our Distinguished Psychiatrist Series, it has opened the opportunity to broaden our offerings to our members, and perhaps even to the broader mental health community. In the coming year we will be exploring CMEs that our members might find appealing.

Growth and Diversity

We must grow our membership. In the last year we have added a few younger members to our Board of Directors, including Drs. Harrison Lyu and Ashley Covington, to help diversify our representation, bring new insights, and infuse the board with fresh blood. I aim to continue this process, reaching out to qualified and interested psychiatrists in our community to help them join the VCF and get involved with the PCFA. That will of course require referrals from our members.

Technology

We must leverage technology to improve our system. Much of that is underway, but we will be exploring further ways to use video technology to improve therapy training and supervision, including carrying the torch of Richard Metzner's video therapy series.

In short, the PCFA is a stable force within UCLA offering a wide range of programming and teaching, and yet we must adapt. With an increased need for PCFA involvement across the multiple affiliated residencies, we must re-engage our members, recruit new members, and diversify the membership. Finally we must leverage technology in the age of Covid to both improve our teaching offerings, and to lessen the barriers to access. We can do it together. I hope you will join me.

2020 Distinguished Psychiatrist Seminar Series

A Prescription For Our Times

By J. Zeb Little, M.D., Ph.D., DPSS Chair



Helena B. Hansen, M.D., Ph.D.

As the pandemic is still unfolding around us, we collectively grieve the loss of life and life's dignities. The pandemic's consequences lay bare a familiar and, therefore, more tragic reality. In our society, marginalized people suffer disproportionately. As an example, the CDC shows the rate of COVID-19 infection being 3 times greater for African Americans and a recent survey by The Washington Post indicates their mortality rate is six-to-one. These statistics are the tragic consequences of overlapping vulnerabilities that affect marginalized communities in our country. These same vulnerabilities remain imbedded in our society despite decades of effort and vocal support for change. What makes meaningful progress on these issues so difficult for a developed nation like ours?

Helena B. Hansen MD, PhD, PCFA's Distinguished Psychiatrist of the Year, argues these grim realities do not respond to overt efforts to address discrimination or poverty because they are rooted in something more subtle. Her research shows these problems grow out of an interplay of decisions and structures above the level of individuals and outside their direct perception. These problems, to paraphrase the civil rights activist Stokely Carmichael, arise from established and respected forces in society that maintain the status quo, lead to institutionalized biases, and create disparities of privilege, which are less overt and harder to attribute to a specific cause. It is the stratified societal, political, racial, and economic conditions, which collectively make up our individual ecologies, that create and sustain these ruinous discrepancies.

Dr. Hansen's efforts to confront these discrepancies is informed by the successes, and failures, of cultural competency to address health disparities in marginalized groups. Her research into opiate addiction treatment, HIV transmission, pharmaceutical marketing,

and society determinants of disease shows it is not just cultural and economic differences but also differences of access and circumstance that impair effective problem solving and lead to the learned helplessness sustaining these inequities. She concludes that for physicians to be successful addressing these entrenched disparities we must develop structural competencies.

Dr. Hansen defines structural competency as a process of development which will improve the ability of physicians to meet patients where they are and engage in productive interactions to address health disparities. It acknowledges that awareness is never enough, it must be followed by action. As such, her structural competency "prescription" asks for physicians to develop an awareness of the social and economic realities of our patients as well as a language with which to describe and think about those realities. Structural competency recognizes the need for collaboration and perspective sharing between physicians and allied professionals, and it highlights the necessity of humility and inquisitiveness in these undertakings. And, though the events of the pandemic were unimaginable when this year's speaker was nominated, the consequences of the crisis make clear why her work deserves our attention and why Helena B. Hansen MD, PhD is PCFA's 2020 Distinguished Psychiatrist of the Year.

Her structural competency "prescription" asks for physicians to develop an awareness of the social and economic realities of our patients as well as a language with which to describe and think about those realities.

→ This year's Distinguished Psychiatrist Seminar Series will be held on the UCLA Campus on Saturday, October 10th, from 10:30 - 12:30 pm. It will be preceded by the PCFA Annual Meeting beginning at 9 am.

Child & Adolescent Psychiatry Fellowship Year in Review

By Elizabeth Dohrmann, M.D. and Sabrina Reed, M.D.



In July 2019, the UCLA Child & Adolescent Psychiatry Fellowship welcomed seven new fellows, coming from as far as Boston and as close as the UCLA psychiatry residency. One of the greatest joys of this past year has been getting to know and learning from these new colleagues. They have been busy -- clinically, socially, and academically. Oluwafikunmi Sobowale, for instance, has published this year on mental health technology, unconscious bias in the diagnosis of ADHD and disruptive behavior disorders in racial minorities, and the psychological toll of Covid-19 on healthcare workers. Embracing the advocacy role inherent to the profession, Laura Halpin developed a presentation on organized psychiatry and political activism, and Marian Rain developed a workshop regarding firearms and suicide prevention. Laura also published a case report documenting a startling allergic reaction to clozapine. And, providing a conduit to the humanities, Hendrick Soh integrated Greek mythology into his presentation on understanding suicide as a human narrative.

While the first year fellows have been caring for youth and their families in the emergency room,

inpatient units, partial hospitalization programs, and consultation services, the second year fellows have been rotating through a myriad of UCLA and community outpatient clinics. In this second and final year of fellowship, our class has been seeking out additional training opportunities in college mental health, psychotherapy, public psychiatry, asylum evaluations, and more. Kathryn Weaver sought out psychoanalytic training at the New Center for Psychoanalysis, and with support from the Richard Metzner Psychotherapy Scholarship from the PCFA, Elizabeth Dohrmann attended an intensive training in Acceptance and Commitment Therapy. A highlight of second year involves a rotation of grand rounds presented by each member of the graduating class, which has included Sabrina Reed's presentation on strategies for medical teaching, Zara Szeftel's timely discussion of an integrated mode of telepsychiatry, Sameera Siddiqui's review of treatment-resistant depression in adolescents, Kathryn Weaver's review of family separation policies from WWII to the present, Glenna Smith's overview of smartphone apps in the age of digital psychiatry, Jude McElroy's dive into the role of the bile-acid microbiome in antipsychotic

metabolic dysfunction, and Elizabeth Dohrmann's discussion of institutional responses to racism from patients. Emily Wood, a classmate who will be continuing as a research track fellow through 2021, was a recipient of both the AACAP Pilot Research Award for Junior Faculty and Fellows and an AACAP Educational Outreach Award. Additionally this year, she has lectured on mirror neurons and thalamic GABA, and published several articles related to sensory overresponsivity in youth with ASD. She and Zara Szeftel were also honored by the department in their selection for the Ritvo and Gertrude Rogers Greenblatt Awards, for outstanding achievement in research and academic scholarship and clinical care, respectively.

Looking forward to the coming year, we are excited about the continued evolution of the fellowship. Of note is the development of areas of distinction modeled after the adult residency program, which will include specialized mentorship and didactics in the areas of clinician educator training, community and global psychiatry, and psychodynamic psychotherapy. These tracks will be up and running in time for our new cohort of trainees, who promise to be an inspiring addition to our community of colleagues. They will be ushered into the fold by our rising second year co-chiefs, Nikhil Nadkarni and Ismatt Niazi.

We need to conclude by mentioning that Covid-19 has challenged the way we learn and practice child psychiatry. We consider ourselves incredibly fortunate to be in an academic department that was able to transition easily to telemedicine, and that has not been over-burdened. While our clinical responsibilities and experiences will continue to evolve as our systems restructure, at each step our leadership has supported us with transparency. Challenges undoubtedly lie ahead, but we have all chosen a flexible field that lends itself to telehealth. With some continued creativity and collegial collaboration, the future of child psychiatry at UCLA looks very bright.

Highlights



Guests enjoy the sunset at the PCFA Holiday Party at the home of Rikki Gordon and Allen Pack.

Dr. Zeb Little with PCFA's 2019 Distinguished Psychiatrist, Dr. Jonathan Salk



Dr. Richard Metzner with three of the 2019 Metzner Scholars: Elizabeth Dohrmann, Wenqi Fenqi and Sophie Rosseel.



PCFA Board Meeting Pre Covid-19

Telepsychiatry during the COVID-19 Pandemic

By Richard J. Metzner MD



As a consequence of the COVID-19 pandemic, telepsychiatry is now the dominant form of psychiatric treatment.¹ The blinding speed with which federal and state regulatory obstacles were lifted to bring this about is unprecedented. Gone are the rules against federal reimbursement for telepsychiatry

services between doctors and patients communicating from home. Gone is the enforcement of strict HIPAA-compliance when using teleconferencing apps like FaceTime and Zoom. Gone is the requirement to provide telepsychiatry services only to patients residing in the states where we are licensed. Gone are the restrictions of the Ryan Haight Act against prescribing of controlled substances over the Internet. Some are viewing this altered landscape as an opportunity for digital technology to begin playing a larger role in the future of psychiatric care.² Others have counseled that the virtualization of the therapeutic relationship is a complicated process that requires new skills and may not be for everyone.³ Either way, until the pandemic struck, I suspect that most of us would not have elected telepsychiatry as our preferred modus operandi.

Then came March 19th. That was the day that those of us in California were told to “shelter in place.” In what felt like an instant, remote electronic contact became psychiatry’s new normal. Meetings with patients, trainees and colleagues were all moved on screen. (Figure 1) In the months since then, the severe economic and psychosocial consequences of lockdown have swelled the number of those resisting continued public health safety measures. If reopening starts before the pandemic is under control, what is the best course for clinical psychiatrists? Should we (1) return to work in our offices with increased precautions? (2) pursue telepsychiatry until the pandemic is over? (3) or some combination of both? This is not an easy decision considering

the risk of prematurely reduced social distancing versus the fact that many of us feel that a bezel is not the best therapeutic frame.

Much has been said lately about the mechanics of telepsychiatry.⁴ The logistical advantages are obvious. As for the negatives, many have commented on the sensory distortions and dilution of the interpersonal field associated with the technology. In this limited space I’ll just say that if a movie were to be made characterizing all the critiques of telepsychiatry, the title might be “Honey, I Shrunk the Therapy.”

From the viewpoint of a VCF member, one positive feature of teletherapy is its contribution to resident video supervision. There is a substantial improvement in the quality of recordings made for later review in supervision when they are created with apps like Zoom compared with those made on residents’ smartphones during live therapy. Zoom automatically switches between close-ups of whoever is speaking allowing for better observation of the participants’ facial expressions. The audio is also much improved because people are closer to the microphones on their remotely connected devices. This contribution of teletherapy merits further exploration.

My biggest complaint as a clinician would be that, with so many people on the Internet and cellular networks these days, bandwidth is intermittently compromised, and teletherapy connections can be interrupted. Losing contact with a patient for technical reasons makes our work harder and their experience less beneficial. We can restart the session by calling back, sending another invitation to re-link, or switching between Internet and cellular apps, but the damage has been done. Hopefully, future technology will eliminate this problem.

When all is said and done, it is obvious that the negative consequences of teletherapy pale in comparison with those of the coronavirus. I’ve even heard patients say that they prefer teletherapy and find it easier to talk about difficult subjects at a



Figure 1. (Counterclockwise from top) Telepsychiatry in treatment, teaching and administrative activities

distance. This sentiment is replicated in research showing that some people find it easier to discuss intimate material remotely rather than directly. On the other hand, some patients report abandonment feelings during teletherapy and want to return to office-based treatment as soon as possible. Even with a perfect Internet signal there can be no doubt that the bandwidth presented in face-to-face psychotherapy is substantially wider and deeper.

One last point: Teletherapy can be more exhausting than in-person interactions. There are many reasons why this is true. To be a teletherapist all day requires

not only all the concentration and effort expended in office-based treatment, but also the counter-intuitive act of looking away from the screen towards the device's camera to simulate eye contact with the patient. We also have to ignore our own ever-present screen images staring at us alongside the patient. Perhaps hardest of all, we must constantly use our imaginations to transform a day of perpetual screenwatching into the illusion that we are actually “with” our patients. It can be done, of course, and right now it must be done; but let’s look forward to the blessed day when telepsychiatry is a matter of choice rather than necessity.

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PCFA Annual Newsletter Chief Chat

By Juliet Edgcomb, M.D. & Dax Volle, M.D.

We were both thrilled when Lela asked us to write this PCFA Newsletter “Chief Chat” as it gives us the opportunity to reflect on what an amazing year it has been, and to brag on some of the achievements of our residents. This year, as seems to be the theme with our program, has been another year of rapid transformation as our faculty and residents adapt residency training to the ever-changing demands of practicing psychiatry in the modern era. This continues a tradition at UCLA of an evolving training environment, growing to meet the educational, clinical, and advocacy goals of our trainees, and equipping them with the best possible tools to achieve those aims. With this in mind, the PCFA has continued to serve as a reliable base of support for our residents. We are incredibly grateful as chiefs to see how the PCFA’s mission has directly translated into palpable improvements in our training over the past four years. This tradition of stalwart support has continued in the light of the current COVID-19 pandemic, which has brought tremendous changes in workflow and personal

hardships to our residency community. In this time, more than ever, we are thankful to be championed by the PCFA. Even as we depart our positions, and in the context of these ongoing changes, we are confident that our program is set up for continued excellence, due in no small part to the ongoing efforts of the PCFA.

Each academic year our residency curriculum and structure incrementally evolves, and this year was notable for a number of significant updates.

At the beginning of the academic year, the residents at UCLA unionized under the Committee of Interns and Residents of the Service Employees International Union (CIR/SEIU) in an attempt to secure salary and benefits comparable to similar programs in California and in major metropolitan areas around the country. This effort has resulted in a yearly salary paced to increase in line with inflation, a competitive housing stipend, robust healthcare benefits,



improved abilities to obtain food while at UCLA and at affiliate hospitals, fatigue mitigation strategies, and an expanded family leave policy. We speak on behalf of the residents in offering our sincere thanks for the PCFA’s letter of support that was drafted and sent to UCLA Health during the contract negotiation process. Residents for years to come will benefit from this contract which allows us to learn and care for our patients from a position of relative financial stability and ease.

This year was also remarkable for the retirement of our Department Chair of thirty years, Dr. Peter Whybrow, and the appointment of Dr. Alex Young as Interim Chair. As chief residents, we were fortunate to meet on a monthly basis with both Dr. Whybrow and now Dr. Young, who have been gracious with their time and very receptive to resident input.

In October, Dr. Jonathan Heldt, a recent graduate of our program, took over as one of our associate program directors, a position previously held by Dr. Yvonne Yang. Dr. Heldt is an attending on the inpatient units at UCLA as well as in outpatient clinics at UCLA and

the West Los Angeles VA. He oversees our curriculum committee and has made major overhauls to the didactic content that residents receive during their training. He also heads our clinician-educator concentration and is leading the charge to craft the next generation of master medical educators. The residents welcomed Dr. Heldt into this position and he has continued to tirelessly advocate for resident's well-being and education.

A highlight of our curriculum updates include the new inclusion of topics related to community and global psychiatry as well as justice, equity, diversity, and inclusion. Over the past two years, our program has developed several specialty tracks that residents can elect into to deepen their education in a specific topic. These tracks include a community and global psychiatry track, a clinician-educator track, a psychodynamic psychotherapy track, and a neuromodulation track. The psychodynamic psychotherapy track, spearheaded by Dr. Joshua Pretsky, involves a skills-based, deliberate practice approach to learning psychodynamic psychotherapy and has been very well received by the residents currently involved with it.

The residents were delighted this year to see some of our former classmates appointed as new PCFA members and take positions on the PCFA board. Seeing this evolution has been inspiring in envisioning future career paths and has bolstered early career mentorship for residents.

During this academic year we continued many traditions and added a few new ones!

As we settled into our role as chiefs, we began to look forward to welcoming our incoming interns into the program. A highlight of this process is the annual PCFA Intern Welcome Barbeque. This year, the PCFA welcomed many of the incoming interns and residents from the UCLA-Semel program, alongside interns from affiliated programs, to the home

of Van and Lela DeGolia for good food, camaraderie, and a good opportunity to network and meet potential mentors.

With the interns adequately fed and orientated, the first few months sped by and we found ourselves again at Lake Arrowhead for the annual psychiatry residency retreat. In addition to the normal range of activities including hiking, swimming, and general merriment, breakout meetings related to caring for underserved patients at UCLA, curriculum, and feedback were held which have steered the remainder of our academic year.

We are incredibly grateful as chiefs to see how the PCFA's mission has directly translated into palpable improvements in our training over the past four years

In the fall, the PCFA hosted the annual Distinguished Psychiatrist Seminar Series, a perennial highlight. This year, the invited speaker was Dr. Jonathan Salk, a highly respected adult and child psychiatrist. He discussed a clinical case presented by Dr. Sophie Rosseel, a third-year adult psychiatry resident. This event was well attended, well provisioned, and the discussion was very lively. Feedback received from attendees was universally positive and the residents noted that they very much enjoyed the in-depth case discussion format, something that is difficult to do in our fast-paced hospital services and clinics.

As fall morphed into winter, we shifted our attention to the yearly ritual of recruitment. We revitalized our recruitment materials to reflect the many positive changes that our program has seen over the past year. A highlight of our recruitment is happy hour at the W Hotel in Westwood which serves as the

perfect casual end to the day and has been universally well received by applicants and residents alike. This could not be possible without the monetary support of the PCFA and we again offer our sincere gratitude for this.

We were very proud to match an impressive group of new interns for the Class of 2024, many of whom have expressed interest in exploring career pathways with a strong psychotherapy component. As the number and depth of psychotherapy training opportunities in our residency has grown with the support of the PCFA, we believe this evolution has enhanced recruitment of trainees who are particularly enthusiastic to learn and practice psychotherapy. This summer, we will welcome 15 new psychiatry interns from all over the country: 5 from California, 2 from Texas, 3 from the Midwest, 3 from the East Coast, and 2 from the South. As we look toward intern orientation, our new chiefs (Dr. Sophie Feller and Dr. Michael Mensah) are already planning how to welcome and support these bright young doctors.

The PCFA has been instrumental in providing auxiliary support and supervision for our resident psychotherapy clinic, which will be bolstered by increasing emphasis on selecting a diverse patient population and a growing diversity of supervisors. To start off the year, the rising PGY-3 residents will be engaged in a psychotherapy boot camp, run by members of the PCFA, to begin the outpatient experience with a solid foundation in psychotherapy training.

Throughout the year, our PGY-2 residents look forward to the weekly interview course, run by PCFA member Dr. Richard Metzner, who teaches principles of the psychiatric interview and formulation in an inpatient setting.

Residents interested in additional psychotherapy education, now have an increased ability to pursue this thanks to the Metzner Scholarship Fund, which provides critical monetary support for

advanced psychotherapy courses and seminars. This year, four trainees Drs. Sophie Rosseel, Sophie Feller, Wenqi Feng, and Elizabeth Dohrmann, were awarded this scholarship to pursue additional training in a topic of their choice.

In these uncertain times, we are confident in the bright future of our trainees and grateful for the invaluable mentorship and support of the PCFA.

The COVID-19 pandemic has greatly affected our residency community, changing inpatient and outpatient workflows, reducing resident teams to streamlined services minimizing in-person contact, substantially increasing telehealth visits, and shifting scheduled events to online. As mental healthcare providers, our trainees are facing the increased multifactorial burden of stress experienced by our patients as well as challenges in their personal lives.

Fortunately, we are well-supported by our residency leadership who have worked tirelessly to ensure residents have sufficient personal protective equipment and access to testing.

The PCFA rapidly initiated process groups for all four resident classes, which have been a source of encouragement and safe space to discuss the hardships facing all of us. The much anticipated PCFA Intern Retreat adapted to these changes by moving to an online forum in the spring with the hope of meeting in person in the fall. In this regard, although the next year will bring unanticipated challenges, as a residency community, we are glad to not walk alone.

No discussion about the future would be complete without mentioning the plans of the graduating class of 2020. Last

year, Laura Halpin and Nikhil Nadkarni fast-tracked to child and adolescent psychiatry fellowship at UCLA. This year, Nicolás Barceló and Alpna Agrawal will continue research in the competitive National Clinical Scholar Program at UCLA while Gil Hoffman was awarded a UCLA Neurogenetics Post-Doctoral Research Fellowship. Aryeh Goldberg will be staying at UCLA to complete a forensic psychiatry fellowship. Isabella Morton will be moving to San Francisco for an addiction psychiatry fellowship at UCSF. Keerthan Somanath will begin his private practice while completing the UCLA Mood Fellowship and Kate Marder has accepted a position within the UCLA Neuromodulation Division. Lindsey Law will be continuing the 2020 theme by working as a tele-psychiatrist while living in Germany and Pratik Mehta has accepted a position at LAC-DMH while also planning to work with the athletics programs at USC. Last but not least, two of our graduates, Maya Smolarek and Wendi Benalt, will be working in the San Fernando Valley with the Adelpha Psychiatric Group and Gaby Aguilera will be working as a

psychiatrist with the Mental Health Intensive Case Management team at the West LA VA. The program chiefs will take a detour from adult psychiatry while staying at UCLA;

Juliet Edgcomb will be completing the combined child and adolescent fellowship / NIMH T32 training program and, at the opposite end of Erikson's stages, Dax Volle will be completing a geriatric psychiatry fellowship.

We are extremely grateful to have the mentorship, guidance, and support of the PCFA. We thank all the members of the PCFA for their investment and belief in our residents. We hope that the accomplishments, successes, and career plans shared in this newsletter can be a symbol of our gratitude and a token of our appreciation.

We thank all the members of the PCFA for their investment and belief in our residents.

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FACULTY LIAISON

Caroly Pataki, M.D.

EXECUTIVE DIRECTOR

Lela DeGolia*

Semel Institute at UCLA

760 Westwood Plaza | Los Angeles, CA 90095-1759

Phone: (310) 206-6335 | Fax: (310) 206-2291

Email: ldegolia@mednet.ucla.edu

Website: www.pcfala.net

* Denotes members serving on the Board's Executive Committee



The Psychotherapy Program: Staying Connected in a Remote World

By Caroly Pataki, M.D.

Greetings! I want to extend my best wishes for your health and safety in these challenging times. I would like to introduce myself to all of you and thank you for your support and participation in the Psychotherapy Program. As a UCLA trained child and adolescent psychiatrist, former training director, and faculty member who has devoted much of her career to clinical education, I am thrilled to have the opportunity to be your faculty liaison to the UCLA psychiatry and child and adolescent psychiatry training programs and the coordinator of the Psychotherapy Program, (course 483).

The Psychotherapy Program continues to be very popular with the psychiatry residents from Semel-UCLA, and its affiliated psychiatry and child and adolescent psychiatry residency programs including Greater Los Angeles VA, Harbor-UCLA, and UCLA-Olive View. While “remote” and tele-psychotherapy may seem daunting at first, the program remains strong due to the dedication and generosity of the psychotherapists, the devotion of the trainees, and the enduring conscientious efforts of Lela DeGolia, Executive Director of the PCFA and Drs. Mark Thompson and Van DeGolia, who connect trainees to therapists. This combination of talent and commitment coalesce into the final product. All are invaluable, and we thank them heartily!

I would like to commend the training directors of all the programs, some have reached out to me directly, and all have

received my communications warmly in order to troubleshoot potential obstacles and promote the psychotherapy program for their residents. The directors tirelessly advocate for the wellbeing of their trainees including the psychotherapy program, and I look forward to continuing to strengthen my connection to them.

The Psychotherapy Program provides individual psychotherapy to psychiatry and child and adolescent psychiatry residents at a reduced cost (\$40/session) and sets the UCLA psychiatry programs apart from the vast majority of the training programs in the country. The Psychotherapists, in turn, receive UCLA teaching credit and thereby meet the requirements for membership in the UCLA Psychiatry Clinical Faculty. The monies collected by the therapists is then donated to the Psychiatry Clinical Faculty Association and is used to support a variety of trainee related activities and events. Lela DeGolia, the glue that holds our program together, organizes, maintains, and updates the faculty roster and the financial books. Clinical Psychiatry Faculty members Mark Thompson, MD and VanDeGolia, MD schedule individual meetings with interested residents and personally arrange their assignments to available Psychiatry Clinical Faculty Association members who participate in the Psychotherapy Program.

The Psychotherapy Program continues to be a highly valued educational and therapeutic component offered to the psychiatry and child and adolescent

psychiatry trainees. This year we are currently serving ? number of residents.

A Mentorship program has also been launched, especially to provide PGY-1 trainees with guidance and support early in their training when their schedules do not allow for weekly sessions. Trainees who are in the mentorship program may also participate in the psychotherapy program as they progress in their training.

The Psychotherapy Program is seeking to expand and diversify its faculty participants, as is the Psychiatry Clinical Faculty Association. Many trainees have expressed their commitment to learning psychotherapeutic skills as well as receiving their own treatment by participating in the psychotherapy program and have confirmed their interest in having increased diversity among the faculty participants. If you enjoy seeing patients in longer-term individual psychotherapy and have an interest in joining the program, please let me, (CPataki@mednet.ucla.edu), Mark Thompson (jthompo@ucla.edu), or Van DeGolia (vdegolia@gmail.com) know.

The Psychotherapy Program continues to thrive and provide a unique educational and clinical experience for our trainees as they progress in their residency programs and develop as clinicians. We believe that one of the best ways to learn and refine psychotherapeutic skills is to be treated by an expert clinician. We deeply appreciate all who contribute to this program and have made it a great success!

Margaret L. Stuber, MD

UPDATE ON DGSOM at UCLA

As usual, there has been a lot going on in the medical school. I will highlight four areas. All, of course, are impacted by COVID-19.

1. Adaptation to COVID-19
2. LCME accreditation visit
3. Curricular Redesign
4. Recruitment

Adaptation to COVID-19

In mid-March 2020 all United States medical schools pulled all of their third year medical students from clinical work, partly in response to the AAMC (Association of American Medical Colleges) recommendation. DGSOM had pulled our third year students a day before the AAMC statement. All of the first and second year courses at DGSOM and in many other schools had gone remote the week before. Each school made a conscious decision to keep 4th year students on clinical services only if necessary. For DGSOM this was if it was necessary for the students to get sufficient credit to graduate. In some places in New York 4th year medical students were given early graduation and started working as residents early.

The lack of public gatherings meant that the Match into residencies, usually a public and family celebration, was all done on line. Limitations on travel have cancelled international rotations, often done in late March and April.

Graduation will not be in person. All of us hope that by mid-June, when most internships start, it will be safe for the graduates to move and to start group intern orientations, as well as in-person clinical care.

The impact on other medical students is less obvious to the public, but may have more long-lasting results. Test centers have been closed, so second year medical students who had been preparing to take Step 1 of the NBME licensing exam are delayed. Step 2 Clinical Skills and Clinical Knowledge exams are also delayed for the current third years, as is Step 3 for current interns.

It is the rising fourth years who are likely to be the most effected by the COVID-19 changes. Many of them are quite worried. They have been in “virtual” clerkships in March and April, with all learning done remotely. In psychiatry, it is possible to provide direct clinical care remotely, as you have all learned. However, it is almost impossible for some of the other clerkships, such as Obstetrics. Many of the medical students have had very little clinical contact for their last two clerkships of third year. This has made it more difficult for medical students to get letters of recommendation for residency applications. Many clerkships moved from grades to Pass/Fail, due to lack of



observation of clinical work. It is unlikely that medical students will be able to do “audition” electives at other schools in other states early in the fourth year, as is usual. There is serious discussion about delaying the usual September 15 application date for residency, and moving to “virtual” residency interviews. The latter might prove a silver lining, reducing the enormous cost in terms of time and money to students who have to fly all over the country to interview, at an average expense of \$8,000. Residencies will have to evaluate applicants who had a very different experience than usual on their spring clerkships.

LCME accreditation visit

DGSOM was able to get re-accreditation for 8 years, the maximum, last time LCME visited, but we are due again now. The visit will be on February 21-23, 2021. The year prior to the visit is “self-study”, an opportunity to bring everything into compliance with whatever new rules have been created since the last visit. This is always a lot of work, as we evaluate and write reports on every aspect of the curriculum and structure.

COVID-19 has made this all more difficult. DGSOM has had to create a total

Medical Students

remote curriculum overnight. LCME has made it clear that clerkships have to include direct clinical care of patients, while the AAMC has been equally clear that we must protect medical students from unnecessary danger. Walking this tightrope is requiring endless Zoom meetings for all involved with medical student education.

Curricular Redesign

DGSOM has been working towards Curricular Redesign for about two years. A number of decisions were finalized over the past year. The new curriculum will be set up to include “early authentic clinical experience”, or meaningful interaction with patients, not just shadowing, within the first year. In addition, a dedicated group of faculty will work intensely with the first year students to develop their skills in physical exam and interviewing as part of a newly integrated program. Students will then start on the required clerkships after about 15 months of medical school, rather than the current roughly 20 months. The third year will then be set aside (between the required clerkships and electives) for “exploration”, which could include research, a Masters degree, or community involvement, among other options. The fourth year is the least altered in the plans- although it is possible that COVID may have changed that for the future.

The original hope was to launch the new

curriculum in August 2020. We now plan to launch the early authentic clinical experience with the class of 2024, which starts in August. We expect the rest of the new curriculum will begin in August 2021, for the class of 2025.

It is likely that the new remote skills and experience will alter how we do our curriculum this next year, as well as changing some of what we will do with new curriculum. This is a very active area of discussion.

Recruitment

In the midst of all this, however, we have recruited a fabulous new class of medical students. We have worked hard to get a group which represents the diversity of backgrounds, perspectives, and experience

California needs. This included doing holistic review on almost twice as many of the applicants as in the past, extending offers months earlier than we have before, and making intensive efforts to recruit those to whom we had offered places. Despite our “second Look” having to go virtual, we think we have been very successful in getting people to choose us. May 1st is the last day for applicants to make a choice between multiple offers, so I do not know the final result as I write this.

The Match results for the UCLA/ NPI, UCLA/ VA, UCLA /Oliveview, and UCLA/ Harbor programs were stellar. We are very excited about the skills, diversity, and dedication of both the DGSOM graduates and the amazing folks we have gotten from all over the United States.

Please watch for announcements of PCFA's 2020 annual events

October 10, 2020 | Distinguished Psychiatrist
Lecture and PCFA General Meeting
(CME offered)

PCFA WOULD ALSO LIKE TO CONGRATULATE BOARD MEMBER AND PRESIDENT-ELECT, ELIZABETH CASALEGNO, on receiving this year's Volunteer Clinical Faculty Excellence in Teaching Award from the Department of Psychiatry and Behavioral Sciences. The award is given each year to faculty members for their outstanding and consistent contributions to the education of medical students, residents and fellows.

DONALD A. SCHWARTZ, M.D. (1926-2020)

By Richard Tuch, M.D.

In my 40 years practicing psychiatry and psychoanalysis, I never before felt moved to lionize the likes of any of my many mentors . . . until April of this year, when I read of the passing of a truly original and beloved teacher who taught hundreds of psychiatric residents the art of psychiatry during his twenty year tenure on the faculty at the Neuropsychiatric Institute at the University of California at Los Angeles (UCLA).

Donald Schwartz (1926-2020) was widely respected as a consummate clinician. He served as a role model for a generation of UCLA residents who were deeply touched by the human way in which Don went about relating to students, who were universally fond of Don and found in him traits they admired and wished to emulate. Don was a one-of-a-kind teacher whose creativity, brilliance, and generosity was unparalleled; he loved to teach, and students loved what he had to say. Don was a joy to be around; his delight was readily apparent in his eyes, which literally twinkled. And though he retired from the University thirty years ago, his memory lives on in the minds of scores of psychiatrists whose lives he touched.

“Don was among my most important mentors,” writes Joel Yager, M.D., Former Director of the Psychiatric Residency Program at UCLA. “Amongst the towering giants of the department, Don stood out in my mind as the kindest,



wisest, most mature and down to earth. He was humble, extraordinarily capable, and forgiving. He saw through ego, narcissism and inflated self-importance that was in abundance among some senior faculty and senior clinical supervisors.”

Don taught two courses that stand out as memorable. Don knew tons about organizational dynamics. He was schooled in systems theory and was sufficiently equipped to teach a graduate course on that subject to business school students had he so desired. One was lucky to have access to the depth of Don’s thinking. It was Don who taught that—all too often—those who attempt to directly exert power, tend to lose power in the process. Talk about an eye-opening insight into group psychology. Though few who took his course expected themselves to end up working in institutions, that did not matter to the residents, who were awed by

Don’s insights about the inner workings of organizational life. “His lessons on power, responsibility, authority and other aspects of group and organizational dynamics,” notes Yager, “have served me well throughout my career.”

Another of Don’s courses was one that provided the most exquisitely practical, nuts-and-bolts guidance to graduating residents about the ins and outs of setting up and running one’s own psychiatric practice. Don’s course was a breath of fresh air coming at the tail end of years upon years of academic education. His course offered invaluable information about such practical matters as negotiating office leases, soundproofing office spaces, culling community referrals, the ins and outs of insurance, and so on and so forth. Psychiatric training programs that lack such a vital course would do well to follow Don’s example by providing their own

residents a comparable course to prepare them for life after residency.

Don's parting gift to graduating residents became his signature: he provided each with a small white button upon which was printed four simple words: "Don't be too sure." That pretty much summed up the core lesson Don wished to impart. He was extraordinarily non-doctrinaire. Not only did he want students to think for themselves, he wanted them to resist the compelling and comforting draw of theories that generated answers, which—in turn—gave one the impression there was nothing left to understand or solve about the case. Don was on a life-long, single-minded campaign to steer students away from the dangers of what two British analysts—Britton and Stein (1994)—would later go on to refer to as an "overvalued idea"—a core concept of psychoanalytic training.

Those who teach trainees find the concept of the overvalued idea, or some variation thereof, invaluable because it leads to cautioning students about the danger of placing undue faith in preliminary theories about a case in the absence of sufficient supporting evidence that, if gleaned, could heighten the chance that theory held water. Hypothesis generation—in particular, regarding the dynamic formulation—is central to the work of psychotherapy, but trainees inclined to accept explanations that seem to hold "the answer" must remain alert to the possibility that theory is doing little more than assuaging their anxiety over not yet knowing what to "make" of the clinical material. An essential goal of supervision is to help supervisees tolerate uncertainty, to help them keep an open mind rather than rushing to judgment by prematurely settling on a comforting formulation that provides the illusion—not recognized as such—that one knows more about the patient than one actually does. And it was that button Don Schwartz religiously handed out each year at the culmination of residency training that served to remind each and every trainee of this essential lesson.

Highlights



PCEA Board Meeting during Covid-19



Intern Psychotherapy Retreat in Oceanside



Annual Speed Dating Mentoring Event held last year at the New Center for Psychoanalysis

Significant Financial Challenges Ahead



By Alex S. Lin, MD
Treasurer

The volunteer faculty contributes a great deal of time and expertise in teaching medical students and residents. An equally important contribution comes from financial support in the form of membership dues.

Last year, our income did not meet actual expenses, resulting in a shortfall of about \$21,000. Our revenue comes from two main sources: membership dues and the Psychotherapy 483 program. In 2019, the amount collected from membership dues fell by nearly \$9,000, so a significant portion of the total loss was because of membership dues.

Generally, only about one-third of the VCF pay membership dues. The PCFA supports a broad array of educational programming, and, to simply maintain our current roster of events, we need to have more than half of our total faculty contribute. As of mid-April 2020, only about 10% of the volunteer faculty have paid dues.

Investment earnings from the generous contributions from the Coffey estate and Richard Metzner have helped to cover the shortfall in the past. While there is still a sizeable reserve, the current pandemic has greatly affected the brokerage account, and our organization can only withdraw a small percentage from the funds each year. We expect that the reserve funds will increase substantially as the economy improves, but, since the timeline for recovery is uncertain, the PCFA is more reliant on your contributions than ever before.

It is vital that all volunteer faculty contribute to the PCFA. Our support in terms of direct teaching activities and financial backing for events is integral to providing the highest quality education for our trainees.

Thank you for your continued support.

➔ To learn more about all the work we are doing or to donate, please visit the PCFA website at <https://www.pcfala.net>

➔ You can also mail a check to PCFA, 760 Westwood Plaza, Room 48-149, Los Angeles, CA 90095-1795.

Thank you!

Voluntary dues to the Psychiatric Clinical Faculty Association

Dr. Alex Lin, Treasurer, would like to thank the following members for their 2019 & 2020 (to date) donations:

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