



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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www.psychiatry-mps.org

FROM THE PRESIDENT

Grace Chang, MD, MPH, DLFAPA



Firearm Violence and the Massachusetts Psychiatric Society

In response to the recent mass shootings in our nation, the American Psychiatric Association has issued a statement condemning this senseless loss of lives in more than 200 tragedies since January 2022.

The APA reminds us of several important points:

- Firearm violence is a public health crisis that is preventable.
• The overwhelming majority of people with mental illness are not violent and are far more likely to be victims of violence than to be its perpetrators.
• A vast majority of firearm violence cannot be attributed to mental illness.

We are fortunate to live and work in Massachusetts. The Giffords Law Center to Prevent Gun Violence has researched and graded state gun laws since 2010, concluding that there is a correlation between strong laws and low gun death rates.

Indeed, the Commonwealth has been an acknowledged leader when enacting gun safety measures. It was the first state to ban bump stocks after the Las Vegas 2017 Route 91 Harvest Music Festival shooting resulting in 61 deaths and 867 injuries.

We have all been affected by the cumulative losses associated with firearm violence. What is a psychiatrist's role? There may be individual and organizational responses.

J. Reid Meloy, PhD, a forensic psychologist, and clinical professor of psychiatry at the University of California at San Diego, has identified certain behavior patterns that can warn clinicians about impending targeted violence.

Examples of such warnings include "pathway" behaviors such as researching, planning, and preparing for an attack. A catalyst for the "pathway" may be a grievance harbored by an individual. "Leakage" occurs when the intent to harm is conveyed to others prior to the attack.

With regards to our organization, what does membership believe to be our role in addressing firearm violence?

In 2020, the MPS membership was offered a survey to assess the "professional landscape of members." The goal was to help MPS to better understand its membership to represent our group most accurately to stakeholders and government organizations.

As such, I have been meeting with the MPS leadership to ascertain if we need a "refresh" of our mission and vision. Please complete this brief survey and advise us as to how MPS can be most effective in representing psychiatry.

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Table with 2 columns: Item and Page Number. Includes 'From the President', 'Resident Fellow Member', 'Tips on Retiring', '33rd Annual Psychopharmacology Conference', 'MPS Classifieds', 'MPS New Members', and 'MPS Calendar'.

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Juggling Trauma, Joy, and Everything in Between

It was invigorating to see many of our members at the APA annual conference in New Orleans and network with other trainees from across the country. I personally enjoy the end of spring and beginning of summer as it marks several occasions for celebration. It marks the beginning of beautiful weather and hopefully some periods of respite where many can enjoy the vacations they have planned. In particular, for psychiatry trainees and most academic psychiatrists, it represents the end of one clinical year and the beginning of the next. This is the time where we welcome many new faces who are settling into their new roles as residents and fellows. They were welcomed while we celebrate times such as Pride month, residency graduations and holidays such as Juneteenth, among others.

While there have been many reasons to celebrate, there have also been many reasons to grieve. The past few months have been particularly difficult as they have been filled with instances of violence that have been characterized by racism, hate, and trauma. As a country, we continue to grieve for the victims of mass shootings in New York, Texas, Oklahoma, and unfortunately many others. The American Psychiatric Association (APA) recognizes firearm violence as a preventable health crisis^[1]. As I reflect on the theme of the annual conference, I reflect on the role we play in addressing the social determinants of mental health, including policy reform regarding firearm access. As public discussion regarding the link to mental illness and gun violence continues, psychiatrists should be part of critical conversations that prevent the conflation of mental health and firearm violence and address the root causes for firearm violence. Clinically, we play significant roles in helping patients process trauma and creating safe spaces to hold the affect that results from these events. For many of us, we also serve this role for family and friends, sometimes involuntarily. I am struck by our experiences when considering how we juggle trauma, joy, and everything in between.

The experience of working in medicine, particularly psychiatry, is a unique one. I am often reminded by my friends and family that my daily experiences as a psychiatrist do not fit the typical work-day as compared to most. Our norm includes frequently assessing and managing suicidal or homicidal ideations, treating the spectrum of mood and psychotic disorders,

and often providing psychotherapy to support our patients with varied life circumstances. Through this specialty, my patients share some of their most traumatic experiences while also sharing some of their most joyful ones. As a resident, I am also experiencing the many challenges of rewards of my training. I am grateful for the skills my training has provided to navigate these different experiences with my patients. Yet, the most recent acts of violence have led me to reflect more deeply on the impact this juggling act can have on me as a provider.

Whether considered a skill or an adaptation, our exposure to patients transforms our ability to hold the human experience. Our minds develop the ability to simultaneously hold a patient's most private ideations, their trauma history, while also empathizing on shared experiences such as graduations and birthdays. More recently, I've reflected on how the development influences our own abilities to process events occurring nationally. This thought struck me as I was reading through my emails. As I was cleaning my inbox, I alternated between emails regarding hospital celebrations and announcements and letters from leadership announcing national incidents of violence. It was striking how I had initially given both categories of emails the same emotional valence despite the obvious severity of one email group compared to the other. I paused after I read an email expressing grief from another gun incident. It was notable because the words were intellectually striking but to some degree it had lost the emotional depth that it would have had on me just a few years ago. I took this moment as an opportunity to slow down and reflect on what it meant. I concluded that in the process of trying to quickly juggle my different responsibilities and different events, I had not fully appreciated the full impact of what these events were doing to my own emotional realm. When I took a moment to intentionally reflect, I realized there were many feelings that had not been processed yet. Some of these feelings included fear, apathy, anger, and frustration.

Included in these feelings was a sense of uncertainty, especially as it pertains to my patients' safety and my own from firearm violence. I struggle to confidently reassure children, adolescents, and parents/guardians who express fears about school shootings when, as a whole, the United States represents an outlier regarding gun violence as compared to other countries^[2]. When I think about the recent shooting of

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the orthopedic surgeon and his colleagues in Tulsa, Oklahoma, I also get concerned for my colleagues and their safety. I have personally had prior experiences of being threatened by patients in the hospital and what I may have shrugged off in the past from repeated exposure, I plan to consider with more scrutiny.

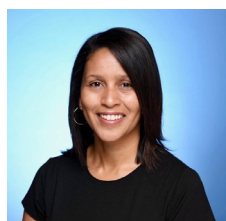
Of the many internal questions that accompany this uncertainty, one of them includes defining the role psychiatrists play in addressing the impact of gun violence on mental health. Gun violence continues to be a pervasive issue within this country and mental health often gets weaponized to detract from the larger societal issue. Like other residents and fellows early in their careers, figuring out what roles I play in policy and community engagement also add to the complexity of juggling professional and personal goals. Thankfully, I have learned from mentors and supervisors that the key to managing these emotions and thoughts is to slow down and process one thing at a time. That means one patient at a time, one emotion at a time, and one event at a time.

Like the art of juggling objects, learning to juggle the responsibilities of being a psychiatry trainee comes with time and practice. I am reminded that without careful attention to what I am juggling, there is potential for everything to crash down with damaging ef-

fects. I plan to keep this in mind and value each aspect of my experience as a trainee and as a human being intentionally. As with learning any skill, there is learning curve where challenges are sure to arise, and mistakes are bound to happen. I am grateful for the mentors and colleagues both within and outside of the MPS who support residents and fellows as we learn the art of psychiatry and learn to juggle everything associated with it.

References:

1. <https://www.psychiatry.org/news-room/news-releases/apa-statement-on-firearm-violence>
2. <https://www.healthdata.org/acting-data/gun-violence-united-states-outlier>

Congratulations Michelle P. Durham, MD

Congratulations to Dr. Durham on the APA Assembly Award for Excellence in Service and Advocacy!!

THE DEADLINE FOR SUBMISSION
IN THE SEPTEMBER 2022
MPS NEWSLETTER AUGUST 13, 2022.
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INFORMATION,
PLEASE CONTACT THE MPS OFFICE AT
(781) 237-8100 x1 OR MPS@MMS.ORG

MPS Offers Newsletter by E-mail

The MPS newsletter is available electronically. There are several advantages to receiving your newsletter by email:

- You will receive the newsletter sooner (by about one week);
- All links will be “live” so you can go directly to the link;
- You will be helping to save the environment and printing costs.

For those prefer to receive their newsletter by email, please contact the MPS office, either by email to mpatel@mms.org or by telephone (781-237-8100 x1). We recognize that many members will want to continue to receive their newsletter in the mail. This will continue to be an option as long as there are members who wish to receive their newsletter in this fashion.

(continued from page 1) - **FROM THE PRESIDENT**

to put in your contact information if you want us to respond or to be in contact. You may also respond anonymously if that suits you best.

- o What does the membership want to prioritize in terms of advocacy, legislation, or clinical care?
- o How does membership want to advise MPS of its interests?
 - ☐ Town Hall?
 - ☐ Focus groups?
 - ☐ Another survey?
 - ☐ Other means?
- o What is the best way for the membership to be engaged?
- o Is the membership interested in receiving selected, topical e-mail communications between the monthly news letters?
- o When will it be time for us to have some in-person meetings?
- o What other ideas do you have?

Thank you!

References

1. [Psychiatry.org - Statement from the American Psychiatric Association on Firearm Violence](https://www.psychiatry.org - Statement from the American Psychiatric Association on Firearm Violence)

2. [Massachusetts | Giffords](https://www.massachusetts.gov/giffords)
3. <https://www.bostonglobe.com/2022/06/06/metro/massachusetts-gun-laws-have-been-proven-work-amid-spate-mass-shootings-policy-makers-tout-bay-state-blueprint/>
4. Connecticut was the first state to pass a red-flag law in 1999, after the March 1998 shooting at the Connecticut Lottery Corporation.
5. [Massachusetts Trial Court, Emergency Protection Orders - ERPO | Tableau Public](https://www.mass.gov/news/massachusetts-trial-court-emergency-protection-orders-erpo-tableau-public)
6. American Psychiatric Association. Psychiatric News Alert: Certain behaviors can warn clinicians about impending mass shootings, targeted violence. APA 2022 Annual Meeting, May 21-25.
7. Goodwill A, J R Meloy. Visualizing the relationship among indicators for lone actor terrorist attacks: multidimensional scaling and the TRAP-18. Behav Sci Law. 2019 Sep;37(5):522-539. doi: 10.1002/bsl.2434. Epub 2019 Nov 23.



Grace Chang, MD, MPH, DLFAPA
President
Massachusetts Psychiatric Society

UHS Universal Health Services, Inc.

Psychiatrist Opportunities in Massachusetts

Universal Health Services (UHS), one of the nation's leading hospital management companies is seeking psychiatrists at behavioral health hospitals in Massachusetts. The new associates will enjoy a Monday – Friday schedule, and there is no call requirement; opportunity for per diem work is available for additional stipend. The region offers a plethora of recreational activities allowing for a professional career and a fulfilling personal lifestyle while in close proximity to Boston and Cape Cod.

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“Tips on Retiring, a Member’s Experience”

Judith Feldman, MD

Four years ago at the first meeting of the MPS Retirement Committee, I told the group that I didn’t believe I could ever retire because everyone I knew who might accept referrals of my patients was old enough to retire themselves. I had started my solo practice in 2002 after a previous 25- year career at an HMO and a few years in a small group practice. I had been gradually decreasing my patient panel by not taking new patients over a couple of years. I was working four days/week, seeing about 35 patients/week for a combination of psychotherapy and psychopharmacology, and had a panel of close to 100 active patients. I had gradually dropped out of private insurance networks and Medicare, billing for a few patients out of network and giving many patients reduced fees so that they could continue with me.

I had been enjoying my work but as the pandemic dragged on, and it became clear that I would not be returning to my office, I found it less satisfying. I also enjoyed being at home and felt the pull of other interests and activities. In June of 2021, I made the decision to retire by the end of June, 2022.

At the meetings of the Retirement Committee, I had listened to stories of others trying to find referrals for their patients and realized that I was faced with a daunting job. As my colleagues had recommended, I gave myself a year, planning for retirement in June of 2022. I vowed to myself to take this slowly and stay calm. I printed out a list of patients who had had a visit within the last year and added a few from the past who I knew might call and would want to know.

I began to tell my regular patients as I saw them. We processed the initial reaction to news, which ranged from “I’m so happy for you” to “What do you MEAN, you’re retiring?” and everything in between. At that session or soon after, I asked them what they might need going forward. The answers seemed to fall into several categories:

- Wants ongoing psychotherapy and medication
- Not on medication, wants continuing psychotherapy
- Stable on medication; not interested in psychotherapy; Would be fine with PCP prescribing or very intermittent psychiatrist or psychiatric NP
- Needs more specialized care (geriatric, chronic pain, eating disorder)
- Wants (not always realistically) to finish psychiatric treatment and terminate

We also discussed whether they wanted to try to use their insurance to pay for care.

We began to talk about the reality of the referral situation and took inventory of what resources they might already have. These included:

- An organized care network (teaching hospital, HMO)
- A relationship with PCP or other specialist (e.g. neurologist)
- A psychotherapist (MSW, PhD) who might know other psychiatrists or NPs
- An insurance company with case managers or useful websites

Early in the process, I asked patients to investigate their own referral sources and set the expectation that this was going to be a difficult, frustrating process, worsened by the pandemic. They might

have to make multiple calls and not hear back or sit on a waiting list for several months. Several patients were able to get referrals from their psychotherapists for other prescribers and many were able to transfer prescribing to their PCP. (There were surprises: some PCPs were very comfortable with a complicated regime; others were reluctant to continue even a low dose of lorazepam. I also discovered that many psychiatric clinicians were reluctant to continue ongoing benzodiazepine treatment, despite documentation of difficulties or side effects with other medications.)

I then started looking at my own resources. I had a few patients who were in intensive treatment and attached to me and would need an overlap with another clinician for a couple of months during the transition. I had been supervising a few NPs for many years and was able to refer two patients to one of them, and one to a close MSW colleague.

I then made a list of everyone I knew: mental health clinicians of all disciplines, primary care doctors and other specialists:

- Colleagues whose business cards I had collected at meetings for years
- Colleagues who had shared my office suites at my two private practice offices
- Colleagues from long ago at the HMO
- Colleagues in my address book and contact list

I emailed or called them all, asking if they or anyone else they knew had referral time. Whenever I talked with a colleague about a patient, I would let them know I was retiring and ask if they or anyone they knew might have availability. Whenever I talked with a friend inside or outside the profession, I did the same. For instance, when I met with my financial advisor about my retirement, his assistant had a good friend who was a social worker who had connections to a psychiatrist. A patient of mine was discharged from a psychiatric hospital and referred to a geriatric psychiatrist. That referral didn’t work out, but I talked with the psychiatrist who has since taken three of my other patients. Two colleagues, one a PCP and one a LICSW, gave me suggestions of other people they had known, so I called those people as well.

I began to use the Psychology Today website myself. I found that patients had trouble navigating and choosing people from the site, while I could look through the bios and get a pretty good idea of who might be competent and appropriate. I began to email and call some of the more promising clinicians and developed of ongoing referral relationships with two NPs and one geriatric psychiatrist. I also found a couple of geriatric NPs who do home visits or consult to assisted care facilities. I found one through the website and another from the activities director of the facility.

By now, my list of patients began to have possible referrals penciled next to most of them, and I had a page of clinicians containing 15-20 MDs, NPs and a couple of MSWs who were ready to take patients.

When I asked a clinician about a referral, I said that it didn’t have to be right away; that my patients could wait a few months for an opening. I took care to only refer one or two patients at a time. If those worked out, I might go back to the same clinician in a couple of months with another referral. I asked if the clinician would be willing to have a brief conversation with a patient, enough to say

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that it looked like a match, and then schedule a time for an intake. Other patients were able to secure a place on a waiting list. Large group practices and teaching hospitals kept waiting lists, often months long. I encouraged the patients to take a referral when it was offered, even if it meant transferring now, since the new clinician might not have time if they waited until right before I retired. Patients have been leaving when they felt comfortable with their new clinician, freeing up more of my time to call people and write treatment summaries when needed.

While most of my patients had been paying me out of pocket and were willing to continue this with a new clinician, I did not anticipate that younger psychiatrists and NPs would have higher fees than I had charged. I had not raised my fees in several years and had given patients reduced fees as I resigned from insurance networks. Most patients were willing to adapt, but some continued to look for practitioners with lower fees or insurance coverage.

I still have a short list of patients who have not found referrals. There seem to be several reasons:

- The patient lives out of town, having moved for COVID or other reasons. I have no connections to use, and the resources are even thinner than here. A few of these patients have found therapists but not prescribers. The situation is

especially bleak in Florida.

- The patient is frail and elderly and is not able to arrange care herself and doesn't like the clinician I have found for her.
- The patient wants to use insurance with a limited network.
- The patient is young and procrastinating and might be moving, changing jobs, or getting married.
- The patient is adamant that they don't want to start with another therapist but despite needing to do so.

I have had to make peace with the knowledge that I won't get everything perfectly wrapped up before I go. A patient asked me yesterday, "But if I run out of meds after July 1, couldn't you just call them in?"

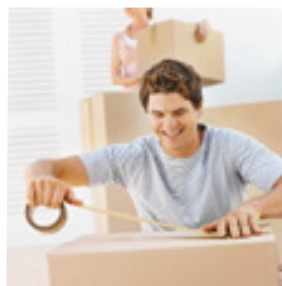
For the most part, I have enjoyed the process. I have met or re-met several lovely people, found another NP to supervise after I retire, and made a couple of potential friends. I have worked hard, but the potential nightmare turned into a (COVID-style) social occasion over phone and email. I would advise clinicians planning to retire from solo practice to give themselves at least a year, try to empower their patients to do some of the work, and make peace with a "good enough" referral rather than a perfect match.



We have an exciting opportunity for an Adult Inpatient Psychiatrist to join a new inpatient behavioral health campus in Brockton where we're developing a state of the art individualized recovery experience for patients. Inpatient psychiatrists will work collaboratively with a multidisciplinary team to provide evidence-based exceptional care to patients. Candidates who have an interest in working with patients who come from underserved populations are strongly encouraged to apply. Teaching opportunities will be available and physicians are eligible for faculty appointments at the Boston University School of Medicine.

Boston Medical Center (BMC) is a network of support and care that touches the lives of hundreds of thousands of people in need each year. It is the largest and busiest provider of trauma and emergency services in New England. BMC is committed to providing consistently excellent and accessible health services to all and is the largest safety-net hospital in New England. The hospital is also the primary teaching affiliate of the nationally ranked Boston University School of Medicine (BUSM).

If interested, please forward your CV to Jeffrey Motta; Talent Acquisition Manager at Jeffrey.motta@bmc.org and for more information about BMC Brockton including additional opportunities, please visit <https://bmcbrocktoncareers.org/>



Recently moved or planning to move.....

Remember to notify the MPS
of any change in your mailing address or your email.

This will ensure that you don't miss any of the updates that the
MPS provides during the month.



SAVE THE DATE

***Watch your emails for more information and the link to register for the
Massachusetts Psychiatric Society's***

**33rd Annual Psychopharmacology Update
Saturday, November 5, 2022
8:15 a.m.–4:10 p.m.**

Program Overview

Each year the psychopharmacology update course chair and cochair review feedback from the previous year including suggestions for topics of interest. Also, the chair has extensive experience consulting with psychiatrists who have psychopharmacology questions and becomes aware of prescribing issues that are not well understood by practitioners. From these sources a set of presentations was developed. The program begins with a review of 12 Evidence-Based Practices that differ from what many clinicians do. A second speaker will focus on benzodiazepine use and use disorders. After a break, a speaker will update attendees on the psychopharmacology of anxiety in the

elderly. This will be followed by a speaker discussing eating disorders psychopharmacology. After a lunch break, the program continues with the Keynote Speaker, Erica Berlin Baller, who is from the University of Pennsylvania. Dr. Baller will discuss the acute and long term psychiatric sequelae of SARS CoV-2 Infection and the role of psychopharmacology. The final lecture will be on the topic of the psychopharmacology of Alzheimer's disease treatment. The program will end with questions and answers on any topic in psychopharmacology with a panel of the day's speakers.

Learning Objectives

At the conclusion of this activity, participants will be able to:

- Prescribe medications without being subject to undue influence by drug company marketing
- Select the most evidence-supported medications for efficacy and safety for patients with benzodiazepine use and use disorders.
- Select the most evidence-supported medications for efficacy and safety for anxiety in the elderly.
- Select the most evidence-supported medications for efficacy and safety for patients with eating disorders.
- Understand the acute and long term psychiatric sequelae of SARS CoV-2 Infection and psychopharmacology that may be useful
- Select the most evidence-supported medications for efficacy and safety for patients with Alzheimer's Disease

AMA Credit Designation Statement

The Massachusetts Psychiatric Society designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement

The Massachusetts Psychiatric Society is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

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**UMass Memorial Health and the University of Massachusetts Chan Medical School
currently have openings within the Department of Psychiatry.**

The Department of Psychiatry is a national leader in addiction, biological, child and adolescent, and public sector, psychiatry, neuropsychiatry, psychosocial rehabilitation, and women's mental health. We integrate our clinical, research, teaching and community partnership activities to help individuals and families transform their lives through recovery from mental illness and addiction. We are the largest provider of psychiatric services in central Massachusetts, with over 400 faculty members and 12 hospitals and community mental health centers in varied settings across the state.

Our residency program trains 7 residents per year, including general psychiatry and specialty tracks for combined adult and child psychiatry and combined psychiatry and neurology. We offer fellowships in Addiction, Adult Developmental Disabilities, Child and Adolescent, Forensic Psychiatry, and Neuropsychiatry.

Diversity, equity, and inclusion are integral to the commitment of the Department and University. Accordingly, the Department seeks qualified candidates who can contribute to racial equity, diversity and inclusion through service, mentorship, teaching and scholarship. Candidates from historically underrepresented group(s) in higher education and medicine are encouraged to apply. Candidates who possess personal characteristics that might be considered as diversifying elements among the clinical team and the larger psychiatry faculty at UMMS are invited to identify themselves during the application process.

UMass Chan Medical School

Full-Time Inpatient Psychiatrist, Cape Cod and Islands Mental Health Center, Pocasset - Inpatient care unit.

Part-Time Psychiatrist, Cape Cod and Islands Mental Health Center, Pocasset - Inpatient and outpatient.

Full-Time Psychiatrist, Brockton Multi-Service Center, Brockton - Outpatient services.

Full-Time Psychiatrist, Worcester Recovery Center and Hospital (WRCH) - 2 new inpatient positions for WRCH expansion.

Forensic Psychologist, Worcester Recovery Center and Hospital (WRCH) - Provides evaluations of competence to stand trial, criminal responsibility, civil commitment, and aid in sentencing.

Director of Therapeutic Services, Child and Adolescent Psychologist, Worcester Recovery Center and Hospital (WRCH)

Geriatric Researcher, Psychologist/Psychiatrist, UMass Chan Medical School (UMCMS)

For additional information on the above, please contact Marie Hobart, MD, Vice Chair, Public Sector Psychiatry
marie.hobart@umassmed.edu

Interested applicants should apply directly at
<https://academicjobsonline.org/ajo/UMASSMED/Psych>
(J-1 and H-1B candidates are welcome to apply)

UMass Memorial Health

Unit Director, 8 East - lead our 15-bed inpatient psychiatry unit on the University Campus; interest in all clinical or half-time research encouraged to apply

Medical Director, Psychiatric Treatment and Recovery Center (PTRC) - oversee all program functions for this 26-bed locked, acute psychiatric unit as well as coordinate and deliver clinical care

Attending, Psychiatric Treatment and Recovery Center (PTRC) - provide direct clinical services and work with medical students & residents on this teaching unit

Attending, Psychiatrist (Rotating/Cross Coverage) - provide clinical rotating cross-coverage within the Department of Psychiatry for vacations and extended medical leaves; the right candidate must enjoy flexibility in clinical care, ranging from inpatient to emergency mental health services and have the desire and enthusiasm for teaching our psychiatry residents and medical students!

Associate Medical Director, Community Healthlink (CHL) - the ideal candidate will have a demonstrated commitment and passion for community psychiatry and an interest in a leadership role advocating for and promoting the wellbeing of traditionally underserved populations.

Interested applicants should submit a letter of interest and curriculum vitae addressed to
Kimberly A. Yonkers, MD
c/o: Susan Anderson and Eileen Curl, Physician Recruiters
saec@crosscountry.com
<http://jobs.jobvite.com/umassmemorialmedicalgroupphysicians/search?q=&d=Psychiatry>

As the leading employer in the Worcester area, we seek talent and ideas from individuals of varied backgrounds and viewpoints

OFFICE SPACE

Cambridge therapy office on Red Line between Central & Harvard Sq -- Sunny, furnished corner office on upper floor of a modern professional building. Great colleagues, large shared waiting room, kitchenette, upgraded air filters, soundproofing. Fulltime \$1050, includes WiFi & all utilities. Part-time min 2 days/wk \$500. Contact lcassidymd@gmail.com.

Cambridge/Harvard Square Full-time psychotherapy office available: Large office in a well-maintained, owner-occupied, 3 office suite at 1105 Massachusetts Avenue, a 5 minute walk from the Harvard Square T stop. Includes all utilities and wifi. Flexible start date. Contact 617-913-8065.

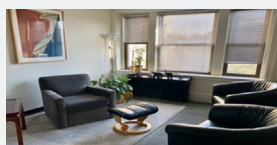
Psychiatrist looking to sublet space 8-12 hours per week (days and times during the week are flexible). Location on Beacon Street in Boston or Brookline or Newton Center area preferred. Please call 617-437-9566 to discuss.

Back Bay, Boston

Prestigious psych/med building on Marlborough Street near Public Gardens, a former 19th century mansion retaining its period detailing. Beautiful front-facing office with large windows, fireplace, and high ceilings. \$1700/month including cleaning and internet. Also, several offices with hours to sublet. Shared waiting areas, friendly, collegial atmosphere, anti-Covid compliant. Call Elizabeth: 617-267-0766 or email: erm82@aol.com.

OFFICE SUITE 1180 BEACON STREET BROOKLINE

2 offices available: 1 Large (190 sq feet) on 175 sq feet. Central air, kitchen, large waiting room, parking \$2100 for large south facing; \$1550 for 2nd office Derek Polonsky MD derekpolonsky@gmail.com



LEXINGTON

Large Private Office at Custance Place (76 Bedford St, Lexington)

Full- time private office with window in recently renovated/redecorated Condo suite at desirable Custance Place, 76 Bedford St., Lexington. Beautifully furnished shared waiting room. 24/7access, handicap compliant, elevator and free abundant parking. Easy commute to/from Rte.2, Rte.128, and Rte.3. Priced at \$850. plus \$20 electric per month. Contact: Noelle Cappella (617) 875-8717 nmcapp22@gmail.com

MPS is pleased to welcome the following New Members

General Member:

Jennifer Mollie Batel, MD
Cristinel M Coconcea, MD
Rheinila R Fernandes, MD
Shih Yee-Marie Tan Gipson, MD
Gordon Harper, MD
Jennifer Harris, MD
Pamela Kenworthy, MD
Susan Mahler, MD
Ekta Taneja, MD
Ann K. Shinn, MD
Dhanviney Verma, MD
Ernesto Zilberberg, MD

Resident Fellow Member:

Raphaela Gold, MD
Tara Sugadhan Lowe, MD
Richard Oliver Bido Medina, MD
Fatima B. Motiwala, MD
Meredith Rahman, MD
Nils K. Wendel, MD



**Are you interested in applying
for Fellow status?**

Visit the APA at www.psychiatry.org

**Your application must be
submitted to the APA on or
before September 1, 2022.**



AFFILIATED WITH



Neurodevelopmental Child/Adolescent Inpatient Psychiatry Cambridge Health Alliance

The NEW CHA Center of Excellence for Child & Adolescent Inpatient Mental Health Care at Somerville will provide a transformative continuum of patient- and family- centered care for diverse youth with mental health needs. Including specialized autism spectrum/ neurodevelopmental beds at our Somerville Campus. Cambridge Health Alliance is already one of the region's leading providers of behavioral and mental health care.

We are passionate about helping children and their families, join our expanding team and make a difference! CHA provides **Competitive Salaries starting at \$300,000 and Sign on Bonuses!**

- Provide clinical care to patients during periods of inpatient/partial hospitalization
- Develop and maintain comprehensive treatment plans
- Participate in teaching opportunities with psychiatry residents, fellows, and other mental health trainees
- Work in a collaborative practice environment with an innovative clinical model allowing our providers to focus on patient care and contribute to population health efforts
- Fully integrated electronic medical record (Epic) and robust interpreter service
- Academic appointments are available commensurate with criteria of Harvard Medical School
- **Candidates with special interest and training in Neurodevelopment encouraged to apply**

Qualified candidates will be BC/BE in psychiatry and share CHA's passion for providing the highest quality care to our underserved and diverse patient population. Please submit CV's through our secure website at www.CHAproviders.org, or by email to Melissa Kelley at ProviderRecruitment@challiance.org. The Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax (617) 665-3553.

In keeping with federal, state and local laws, Cambridge Health Alliance (CHA) policy forbids employees and associates to discriminate against anyone based on race, religion, color, gender, age, marital status, national origin, sexual orientation, relationship identity or relationship structure, gender identity or expression, veteran status, disability or any other characteristic protected by law. We are committed to establishing and maintaining a workplace free of discrimination. We are fully committed to equal employment opportunity. We will not tolerate unlawful discrimination in the recruitment, hiring, termination, promotion, salary treatment or any other condition of employment or career development. Furthermore, we will not tolerate the use of discriminatory slurs, or other remarks, jokes or conduct, that in the judgment of CHA, encourage or permit an offensive or hostile work environment.



AMBULATORY PSYCHIATRY POSITION

Beth Israel Deaconess Medical Center, a 650+ bed tertiary care teaching affiliated with Harvard Medical School, is recruiting for a part time ambulatory psychiatrist to provide general psychiatry and psycho-pharmacology services at our flagship community health center in Dorchester. The successful candidate for this position may be considered for a Harvard Medical School appointment at the rank of Instructor or Assistant Professor, Part-Time, commensurate with experience, achievements and teaching contributions.

The **Bowdoin Street Health Center** is a multi-specialty practice serving the Bowdoin-Geneva community. We provide comprehensive primary care and behavioral health services, and are staffed by 12 medical providers as well as five clinical social workers and two part-time psychiatrists. Our behavioral health department is highly collaborative and is very committed to meeting patient need. In addition, the behavioral health department is fully integrated within the health center as a whole and there is ample opportunity for close collaboration with the primary care providers.

Founded in Boston's Dorchester neighborhood in 1972 by community residents, Bowdoin Street Health Center remains focused on providing outstanding medical care while maintaining a tradition of working with residents to identify and meet their unique health needs. The mission of the health center is to provide excellent, compassionate care to our patients and support the health of the entire community.

Recognizing how social and economic factors in the community can also influence an individual's health status, Bowdoin Street actively engages with community organizations and public entities to prevent violence improve access to healthy, affordable foods and promote wellness through exercise and stress reduction.

For more information on the health center please visit our Web Site:

<http://www.bidmc.org/CentersandDepartments/Departments/CommunityHealthCenters/BowdoinStreetHealthCenter.aspx>

Applications are made online at www.hmfphysicians.org/careers. Please respond to requisition #201385. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.



Psychiatrist, Outpatient – Atrius Health – Metro Boston

Atrius Health, a physician-led primary and specialty care group in the Boston Metro area treating one in ten Massachusetts residents, and a nationally recognized leader in value-based population health care, has an excellent opportunity to join the Division of Psychiatry in the Behavioral Health Department for outpatient position for both Child & Adolescent and Adult Psychiatrists. Both part-time and full-time positions are available, with telehealth and/or hybrid telehealth/office-based options in any of our Boston, Wellesley, Medford, Chelmsford, Quincy, and Beverly locations.

In this capacity, the psychiatrist is an active member of a collaborative multidisciplinary team inclusive of other MDs, PhDs, PMHNPs, LICSWs, and Care Facilitators among others, providing psychiatric expertise and support. In addition to traditional psychiatric services, the psychiatrist may provide consultation services to any of the pediatric, primary and specialty care services as part of the Integrated Behavioral Health services. Teaching, research opportunities and faculty appointments are available through our Academic Institute and our affiliations with Harvard Medical School and Tufts University School of Medicine.

Who are we?

Atrius Health, a pioneer and leader of value-based care in the country, is nationally recognized for transforming healthcare through clinical innovations and quality improvement. Academically affiliated, Atrius Health and its 700 and more physicians deliver an effective system of connected care for more than 705,000 adult and pediatric patients at over 30 medical practice locations in eastern and central Massachusetts. Atrius Health is committed to transforming the behavioral health care delivery system.

Why work with us?

You have the desire to transform psychiatric care in our communities and are committed to providing high quality, evidenced based care to a diverse and growing patient population, in addition to having an exceptional compensation and benefits package including:

- Very competitive productivity-based salary with a two-year base salary guarantee.
- Generous 401(k) matching with additional 457(b) option and health savings account.
- Up to \$3,000 CME reimbursement, in addition to medical and specialty boards' licensures and other professional fees reimbursement.
- Exceptional benefits package including health, dental, life, disability, & long-term care insurance.
- Six weeks of PTO per year and ten paid holidays.

As well as a unique and supportive clinical practice with the following highlights:

- Traditional outpatient psychiatric clinic with great administrative support including scheduling, prior authorizations, refills, etc.
- Integrated care with Primary Care Providers, Pediatricians and Developmental & Behavioral Pediatricians
- Telehealth and Hybrid (Tele/Office) modalities of care delivery with great schedule flexibility enabling greater work-life balance.
- Standard clinical encounter time with one-hour for initial psychiatric evaluations and 20-30 minutes for follow-up appointments
- After hours telephonic clinical triage services
- Advanced EMR with all that EPIC can offer

Qualifications:

- BC/BE in Child or Adult Psychiatry with recent graduates highly encouraged to apply
- Demonstrated ability to work in a team environment
- Fellowship in Addiction, in Community and Public Psychiatry, and Buprenorphine-waiver are highly desirable
- Fluency in other languages such as Spanish, Mandarin, Cantonese and other is a plus.

If this speaks to you and your career aspirations, please reach out.

Interested applicants should submit a letter of interest and curriculum vitae addressed to the Chair of Behavioral Health, Manjola Van Alphen, MD, PhD, MBA.

Brenda Reed, Physician Recruitment, Atrius Health, 275 Grove Street, Suite 3-300 Newton, MA 02466; T: 800-222-4606 or 617-559-8275 within Massachusetts;

E: brenda_reed@atriushealth.org EOE/AA. www.atriushealthproviders.org

EMERSON HOSPITAL OPPORTUNITIES

Inpatient Psychiatry



Exciting opportunity to join the psychiatry department at Emerson Hospital, a vibrant community hospital located in historic Concord, Massachusetts. We have full-time as well as moonlighting opportunities available. You will join a group of excellent psychiatrists, primary responsibilities include:

- Treatment of patients on our adult inpatient unit
- Consultation on psychiatrically ill patients on the medical units and collaboration with our medical colleagues
- Back-up for our Emergency Services
- Competitive salary and compensation package
- Additional income from moonlighting

For inquiries, please contact:

Diane Forte Willis
 dfortewillis@emersonhosp.org
 phone: 978-287-3002
 fax: 978-287-3600

About Concord, MA and Emerson Hospital



Located in Concord, Massachusetts Emerson is a 179-bed community

hospital with satellite facilities in Westford, Groton and Sudbury. The hospital provides advanced medical services to over 300,000 individuals in over 25 cities and towns.

Emerson has strategic alliances with Massachusetts General Hospital, Brigham and Women's and Tufts Medical Center.

Concord area is rich in history, recreation, education and the arts and is located 20 miles west of downtown Boston.



Premium Care. Personal Touch.

EMERSONHOSPITAL.ORG

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PSYCHIATRY POSITIONS

Beth Israel Deaconess Medical Center in Boston, a 650+ bed tertiary care teaching hospital of Harvard Medical School, is recruiting highly qualified staff psychiatrists. The Department of Psychiatry is a major teaching site for Harvard Medical School and the BIDMC Harvard Psychiatry Residency Training Program; positions will include opportunities for teaching medical students and residents and for faculty development. A Harvard Medical School appointment at the rank of instructor, assistant, or associate professor would be commensurate with the record of accomplishments. Opportunities exist on the following services:

1. AMBULATORY PSYCHIATRIST

This half-time staff position involves clinical care and opportunities to participate in the training of psychiatric residents. The clinical care involves psychiatric evaluations and ongoing treatment of outpatients in our general psychiatry clinic located within the medical center.

2. ADDICTION PSYCHIATRIST

This full-time staff position involves clinical care and opportunities to participate in the training of psychiatric residents in the Division of Addiction Psychiatry. The clinical care involves inpatient and outpatient consultations and ongoing treatment of outpatients in our Addiction Psychiatry clinic. Formal teaching and research are possible. Certification (or eligibility) in Addiction Psychiatry is desirable.

3. AMBULATORY NEUROPSYCHIATRIST

This half-time staff position involves clinical care and opportunities to participate in the training of psychiatric residents within the multidisciplinary Cognitive Neurology Unit. Candidates should be board certified in psychiatry and have training in neuropsychiatry with a strong commitment to clinical innovation and care of patients with neuropsychiatric disorders. An interest and track record in clinical and translational research is desirable and there will be ample opportunities to collaborate with a strong ongoing program in brain stimulation, neurophysiology, neuroimaging, and various multimodal interventional research programs.

4. INPATIENT PSYCHIATRIST

This highly qualified attending psychiatrist will work on our 25 bed inpatient teaching service. This is a full-time position that includes clinical care, teaching, and supervision and includes opportunities for faculty development.

Applications are made online at www.hmfphysicians.org/careers. Please respond to requisition #201271 for the Ambulatory Psychiatrist, #202112 for Addiction Psychiatrist, and #201896 for the Ambulatory Neuropsychiatrist. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.



DEPARTMENT OF PSYCHIATRY – SALEM HOSPITAL

A MASSACHUSETTS GENERAL BRIGHAM FACILITY

ADULT INPATIENT AND OUTPATIENT PSYCHIATRIST POSITIONS

The Department of Psychiatry at Salem Hospital has an outstanding opportunity for a full-time or part-time **BC/BE adult inpatient psychiatrist**. **A full-time position may also include an opportunity to provide outpatient care.**

The Epstein Center for Behavioral Health is a 120-bed inpatient facility established in affiliation with Massachusetts General Hospital (Mass General) that includes two adult units, one child and adolescent unit, and one geriatric unit, embedded in a full-service medical center. Each unit includes a team of social workers and a psychiatric Nurse Practitioner to support physicians, optimize workflow, and improve patient care.

There is also an outstanding opportunity for a full-time or part-time BC/BE adult psychiatrist to **provide care in our Adult Outpatient Department**. The psychiatrist provides clinical assessment and follow-up care for patients in our clinic and leads a multidisciplinary clinical team that includes outpatient psychotherapists. Interest in co-morbid Substance Use Disorders is preferred, but formal Addictions training is not required. Other clinical opportunities may include periodic coverage on the adult inpatient units, as well as consultation to medical/surgical floors.

Qualified candidates will receive a clinical appointment at both Salem Hospital and Mass General. The Department of Psychiatry at Mass General is consistently ranked among the best in the nation by U.S. News and World Report and works with Salem Hospital as a community partner. There are multiple opportunities for teaching on-site, and a Tufts Medical School faculty appointment is available for physicians who participate in medical student teaching. There are also educational and research opportunities at Mass General and Harvard Medical School for the appropriate interested candidate.

Salaries are extremely competitive. Evening and weekend call are very reasonable and provide significant additional compensation.

Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

Interested individuals should send their CV and letter of interest to Louis Caligiuri, Executive Director of Physician Recruiting at lcaligiuri@partners.org.

Salem Hospital is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. Pre-employment drug screening is required. The position is eligible to participate in the federal Public Service Loan Forgiveness Program.

Do You Know a College Student Struggling with Mental Health Issues?



Introducing the Austen Riggs Center Remote Access IOP for College Students

Psychodynamic treatment for students (age 18+) located in Massachusetts

- Fully online
- Flexible schedule
- Rolling admissions, including summer program
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Information or referrals: 833.921.5700
www.austenriggs.org/IOP



MASSACHUSETTS
PSYCHIATRIC SOCIETY
PO Box 549154
Waltham, MA 02454-9154

ADDRESS SERVICE REQUESTED

MPS Calendar of Events

Antiracism Committee	July 7 at 7.00 PM via Zoom	mpatel@mms.org
Council	July 12 at 7.00 PM via Zoom	dbrennan@mms.org
Public Sector	July 14 at 7.00 PM via Zoom	mpatel@mms.org
Healthcare Systems & Finances	July 19 at 7.00 PM via Zoom	dbrennan@mms.org
Antiracism Committee	August 4 at 7.00 PM via Zoom	mpatel@mms.org
Executive Committee	August 23 at 7.00 PM via Zoom	dbrennan@mms.org