



# Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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[www.psychiatry-mps.org](http://www.psychiatry-mps.org)

## FROM THE PRESIDENT

Nassir Ghaemi, MD, MPH, DLFAPA



### Your state needs you: Membership Appeal

This article is my second to last column as your president. Next month, at the end of April, my one year term as your president ends. To say it has been an honor is an understatement. I'll write more next month, but for now, I'd like to ask you to do one thing, as a final request as your president. Please read on.

Massachusetts is the Spirit of America, not just because of Bunker Hill and the Boston Tea Party. We are number one in the country in the number of psychiatrists per capita. Our state branch can be, and should be, a leader for new thinking and change for our national organization, the APA. We've already made a major statement this year in defeating the hallucinogen legalization bill. There's much more to be done, for you, for your patients, for our state, for the nation.

If you're reading this article, you know this, because you're receiving it as a member of MPS. But we need you to realize how important you are to MPS and to understand that we need you to do two things, if you can, to make your membership as effective as possible.

First, please maintain your membership! Renew, if you have not already, for this calendar year. You will have received a renewal notice from the American Psychiatric Association (APA), which includes your MPS renewal. In Massachusetts, as of the renewal date of January 1, 55% of MPS/APA members had renewed, 45% had not.

That included me. I confess: I procrastinate. So I tend to wait until the first few months of the year to renew my APA membership. I always do it before the annual meeting in May, which I usually attend. So if you're like me, please renew now. Keep up your membership.

Nationally, about 40% of APA members had not renewed as of January 1. That is a typical pattern of late renewers, like me, but it is important to acknowledge that there may be some reluctance to renew, especially this year, when APA dues were increased by 5%.

That's why I'm writing you this month solely on the topic of being

a member of MPS. I want to explain why we need you, why what we do is important, and how you can help us survive and grow.

I now come to my second request of you. The first was to renew your membership. The second, equally important, is a simple and humble request:

**PLEASE REACH OUT TO ONE COLLEAGUE WHO IS NOT A MEMBER OF MPS AND ASK THAT PERSON TO JOIN US.**

Give them a copy of this article, and discuss it with them, and ask them to join. If even only some of you succeed in this effort, we will recover our losses in membership over the past decade or so, where our state membership has declined from over 1500 members to about 1300 members. We represent about half of all psychiatrists in our state; to be effective, we need to represent the majority. So please reach out to your friends and colleagues, and try to get even only one person to sign up as a new APA/MPS member. It may seem like a minor thing, but if it happens, it would have a revolutionary impact on our state society.

Why should your colleague join MPS? And why should you renew? Here are some explanations, not all of which will apply to you or a colleague, but if any of them apply, then you have a good rationale for joining MPS:

This past year, MPS was central to defeating the legalization of hallucinogens ("psychedelics") in the state ballot question during the November election. The ballot question had passed in other liberal states (Oregon and Colorado), funded richly by the same group of venture capital billionaires. They spent \$10 million to get the question on the ballot, advertise it, and pay the military veteran spokesperson to campaign for it. MPS spent \$10,000 (ten thousand dollars) for three months of public relations support. My activity in debating the hallucinogen spokesperson was voluntary and unpaid, as was the work of other MPS leaders who wrote op-eds, talked to the media, and educated colleagues and patients.

We won. The hallucinogen ballot question lost. This was an underdog surprise. The political conventional wisdom had expected

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**Media Consumption and Resiliency in  
Historic Times**

I arrived home after a long day of seeing patients at my community psychiatry rotation. Finally, after a day that consistently required my unwavering cognitive and emotional attention, I have time to unwind, participate in a hobby, or catch up with loved ones. Time is arguably the most precious resource on earth. We will never earn it back. What might I do with this time? I sit on my couch and open social media.

In a time of unprecedented news, social media is rampant with updates, warnings, and dystopian predictions. I began reading headlines I missed during the workday, a year's worth of updates in just a few hours. As I started scrolling, I couldn't seem to look away. Suddenly, it had been forty-five minutes, and I was swiftly jolted back to the present moment by my cat's meows, asking for dinner.

On January 20th, 2025, Donald Trump was inaugurated as the forty-seventh president of the United States of America. On his first day in office, he signed a slew of executive orders, including redefining birthright citizenship, suspending the refugee resettlement program, eliminating executive branch Diversity Equity and Inclusion (DEI) programs, withdrawing the US from the World Health Organization, and declaring the US government to recognize only two genders, just to name a few.<sup>1</sup> Around the same time, Los Angeles was ravaged by fires, bird flu spread rapidly across the nation, and a helicopter fatally collided with a plane in Washington, D.C.

During overwhelming change and uncertainty, it is understandable to want to remain up-to-date in an urge to prepare and protect ourselves. However, attempts at remaining an informed citizen often become disorienting when consuming social media with algorithms engineered to be hypnotic.

This is brand-new territory for our world. I know I'm not alone in feeling lost navigating the minefields of social media apps. What do we know about modern media consumption and mental health? How do we navigate this time in a cognizant yet healthy way? Related to current events, are there strategies to counteract feelings of powerlessness when overwhelmed with big problems?

Let's explore the current evidence.

**Social Media's Impact on Mental Health: A  
Nuanced Topic**

To adopt a healthy approach to social media, it is first essential to examine its unique opportunities for benefits as well as potential pitfalls.

Most users do not engage with social media platforms with the explicit intention of endless scrolling. A global survey revealed that the primary self-reported reason for using social media was to stay connected with friends and family (49.5%), followed by filling spare time (38.5%) and reading news stories (34.2%).<sup>2</sup> On average, social media users worldwide spend approximately two hours and twenty-three minutes daily on social media,<sup>2</sup> which seems disproportionate to the relatively brief amount of time needed to maintain relationships with loved ones.

Social media has undoubtedly facilitated connections across geographic, cultural, and other barriers. Social media usage has indeed been found to offer new opportunities to share thoughts and feelings, decreasing loneliness and increasing social connectedness. How can we leverage this connection for positive change?

Users all over the world are already doing so. Whether it be alliances in advocacy, peer support, or bonds over shared interests or characteristics, online communities are booming with genuinely meaningful relationships. This is particularly important for users who are otherwise socially isolated due to geography, disability, and limited social skills, among other reasons. For example, one study found that participants with serious mental illness who used social media for at least thirty minutes daily participated significantly more in their communities.<sup>3</sup> Researchers continue to explore clever methods to utilize social media as a platform for mental health treatment and peer support for those with serious mental illness.<sup>4</sup>

Paradoxically, however, the rise of social media has correlated with increasing concerns regarding loneliness. In 2023, Former US Surgeon General Dr. Vivek H. Murthy released an advisory on the epidemic of loneliness and isolation alongside another advisory on the impact of social media on youth mental health.<sup>5,6</sup> Social media usage was among the multiple proposed contributing factors to this growing sense of social isolation.<sup>5</sup> For example, in one US-based study, participants who used social media for

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that wealth and celebrity would lead to an easy victory in a state that previously passed marijuana legalization.

But we knew better. We knew that psilocybin isn't cannabis, and mescaline isn't Tylenol. Buying them in a local store isn't a rational thing to do. We knew the public health risks were massive and ignored by the hallucinogen advocates. We protected the lives of the grandmother driving on the Cape Cod bridge, and the child coming across a mushroom that seems worth eating. We protected the lives of the undiagnosed person with depression, who becomes catatonic after trying ayahuasca, and ends up on a gastric tube for months – as happened with one of my patients. And we protected the teenager who gets addicted to psilocybin, followed by heroin.

What is the sound of a tree that doesn't fall? What's the noise of a disaster that doesn't happen?

You know you've succeeded when nothing happens. You're well, and I'm well, and you're alive, and life goes on. You do your work, see your children, have a family dinner. The "pursuit of happiness" sounds like it should be some Hollywood scene with Tom Cruise rappelling off the side of a cliff. In fact, it's you and me sitting down to dinner with our families, not worrying about car accidents and overdoses.

We achieved that success: MPS. We did it. The state needed us and listened to us. It needed to hear physicians who specialized in mental health to tell citizens whether it was true that they needed mescaline to have "mental health options," as the hallucinators named their political action group.

Voters listened to us, because they trust us, as doctors, as psychiatrists, as mental health experts. We needed to speak to them. In prior years, we had not. MPS made no statement in the cannabis ballot questions of the past decade, although the Massachusetts Medical Society unsuccessfully had opposed medical marijuana. We needed to speak when we needed to speak. And we did this year. And it mattered.

So that's why your membership matters. We can't speak unless you are a member. And we can't have impact unless we are united to speak in consensus, representing the majority of psychiatrists in our state. There was a minority, who made their unhappiness clear, who disagreed with the MPS position on hallucinogens. Some colleagues wanted to legalize hallucinogens. We can agree to disagree, but we don't need to let a minority view cow a reasoned majority perspective. The tail isn't the dog.

There is room in MPS for differing views on many topics. We can't, and don't, have consensus on everything. But we should work together where there is majority consensus, and we should be a society that allows for a diversity of opinions and encourages discussion and collegial engagement.

We tried to start a discussion last year about student college protests, and the mental health impact of police violence and administrative punishment, like suspension, as well the impact on others in college campuses, such as non-protestors who felt they experienced discrimination. These problems clearly affect mental health, which is our field, but personal, ethnic, religious, and political differences make it difficult for a simple response. Yet as psychiatrists, we are called to address uncertainty and complexity in the context of mental health. I still will try to move forward a discussion on college mental health, and I look forward to growing a diverse membership in MPS open to such discussions.

MPS is not just a guild organization, though we provide those services. We are there for you as members, if you want any advice or support about anything. Just today, a member called our offices for advice on what to do because he saw immigration officers outside his hospital.

We are here for you. Our legislative work moves along on quiet but important topics: timeliness of psychiatric admission; involuntary treatment laws; state board of medicine issues; simplifying license approval in other states. Over 7000 pieces of legislation have been filed for the 2025/26 legislation session, and MPS will take an active role in about a dozen of them. These include the following:

Even with the resounding defeat of the psychedelic ballot question last fall several bills have been filed to revisit the issue. We will have to meet with legislators and educate them and become active again in media opposed to many of these bills.

The Study Act has been filed by Attorney General which will ban the use of cell phones for students during school hours. We have written a letter of support and will continue to advocate with legislators and media as helpful for this act.

The Timely Treatment act has been filed, which will streamline the process of treating a patient when the person has involvement of the Committee on Public Counsel Service. We support and promote this act.

And this year we filed our own legislation to abolish the Section 12e involuntary commitment process, because it involves apprehension and transport by police, shackling, and court lockup.

We do this important but quiet work for you. But we know that's just our baseline; it's necessary but not sufficient. We need to do more, because the world needs us to do more.

MPS, and APA generally, is expanding its scope of action, and its activities, as it tries to meet the needs of an increasing complex world where mental health is on the decline. Massachusetts needs us; it needs you; it needs your friend who isn't yet a MPS member. America needs us all.

Let's rise to the occasion and put aside any internal differences as we unite around our shared goals: to improve everyone's mental health.

As a melancholic man once said: A house divided against itself cannot stand. We might add: A house, united, can stand it all.

To meet that goal, please do two things: Renew your MPS membership, and just as importantly, *please ask at least one friend to join MPS/APA.*



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more than two hours a day were twice as likely to report feelings of social isolation compared to those who used social media for less than thirty minutes daily.<sup>7</sup>

In a meta-analysis of 98 studies including 102,683 participants, social media use was found to be significantly associated with depression and anxiety.<sup>8</sup> Correlation versus causation has yet to be determined.

In the same meta-analysis, ‘problematic social media use’—often referred to as ‘social media addiction’ in the literature—was found to significantly correlate not only with depression and anxiety but also with diminished well-being and sleep disturbances. Problematic social media use refers to excessive social media use with associated withdrawal symptoms, salience, mood fluctuations, and other characteristics that are typically associated with addictive behaviors.<sup>8</sup>

It is essential to note the complexities inherent in studying social media use. In platforms where every click leads you down a separate path, the innumerable variables and intricacies are challenging to capture comprehensively. This also means that there is significant heterogeneity among published studies on social media use, hindering universal conclusions.

**Social Media Use Disorder?**

Despite its challenges, many researchers study social media, particularly its impact on development and youth mental health. At what point does social media use become pathologic? Or is pathologizing excessive social media use a shortsighted response to an evolving cultural shift among younger generations? These questions are being explored.

Some argue that establishing diagnostic criteria for disordered social media use would be helpful to characterize the phenomenon further, noting that, similar to other mental health disorders, pathologic social media use would require an associated impairment in daily functioning.<sup>9</sup>

A comparable, although distinct, tech-related condition, Internet Gaming Disorder, is currently listed in the DSM-V-TR as a condition for further research. The proposed diagnostic criteria mirror those for other addictive behaviors, including preoccupation with gaming, withdrawal symptoms, tolerance, inability to reduce gaming, loss of interest in other activities, continuing to game despite adverse consequences, deceiving others regarding the amount of time spent gaming, gaming to relieve negative emotions, and jeopardizing important aspects of life (job, relationships, etc.) to game. The diagnosis would require five or more criteria within a year.<sup>10</sup>

The addictive potential of gaming, much like that of social media, can be traced to the dopamine release that floods neurons after completing a challenging task, winning a fight, or finding a hidden treasure in a video game. Considering humans are acutely attuned to social connection, it is no wonder receiving validation in the form of “likes” or comments on social media leads to that same gushing of dopamine, reinforcing continued use.

**The Hidden Dangers of Passive Scrolling**

Only some social media users engage in active content creation. That is, in social media terms, not everyone is posting. Many are simply scrolling passively, which may seem more benign. However, scrolling has been proposed to be more detrimental than when users are actively building connections, as it fosters a more insidious cycle of passive consumption and emotional disengagement.<sup>9</sup>

My first encounter with the psychological risks of social media scrolling occurred when I was a medical student. A teenager pre-

sented with significant emotional distress after accidentally viewing a live video of a completed suicide on a social media platform. What had occurred to lead her to view this video? She simply scrolled through her social media feed.

One dangerous aspect of scrolling is the risk of encountering disturbing content; another is its near-endless nature. It is difficult to stop when the finish line is never in sight while our brain’s search for the next rush of dopamine charges forward.

**The Infinite Feed: How Algorithms Drive Perpetual Engagement**

The all-encompassing, elusive algorithm is the root of all scrolling. The algorithm tracks interactions with different types of content and continuously refines what is presented to you based on your preferences. We, as users, don’t have to seek out more of our favorite content; social media platforms are tailored to show us what we consume most readily, further exacerbating scrolling habits.

The algorithm is one aspect that distinguishes social media from other potentially addictive behaviors. Addiction typically involves the need to pursue more of a substance or activity. For example, one has to purchase more alcohol to consume more of it. With many social media apps, the more of a specific type of content you consume, the more the platform provides. This is as if the more of your favorite beer you drink in one sitting, the more there is in your glass. You do not have to purchase more beer; your glass paradoxically becomes fuller the more you drink. While this concept may defy the laws of physics in the material world, in the digital world of infinite content, these rules do not apply.

**What is Doomscrolling?**

When one’s algorithm is set up to present it, social media can offer an unrelenting stream of distressing news explicitly curated to grab your attention.

According to the Merriam-Webster online dictionary, the term “doomscroll” is a verb defined as “to spend excessive time online scrolling through news or other content that makes one feel sad, anxious, angry, etc.” The first known use of the term “doomscroll” was in 2020.<sup>11</sup> You can likely remember the events that led to the conception of this term.

During the initial height of the COVID-19 pandemic and following George Floyd’s murder and subsequent protests, journalist Karen K. Ho popularized the term “doomscrolling” in 2020 on the social media platform formerly known as Twitter (currently “X”). Karen K. Ho used her social media account to educate others about the doomscrolling behavior she had first recognized in herself.<sup>12</sup>

As she began tweeting reminders to take breaks from screen time, ironically, her follower count increased dramatically.<sup>12</sup>

Doomscrolling is most prevalent among younger individuals and people with a history of trauma, the latter of which is thought to be related to hypervigilance.<sup>13</sup> In one study using a doomscrolling scale, participants who doomscroll reported less satisfaction with life, less harmony in life, poorer mental well-being, and heightened psychological distress.<sup>14</sup>

Doomscrolling can also induce physical manifestations of stress and anxiety, such as muscle tension, sleep disturbance, and elevated blood pressure. The endless scroll’s associated sedentary nature does not help, either. Although your pointer finger muscles may be getting a workout, the rest of your body is dormant.

**Agency, Power, and Us**

We are living through unsettled times. Every day, there appears

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to be a new, dramatic upheaval with striking consequences for ourselves, our loved ones, our community, and our patients. Our brains, however, are not evolutionarily equipped to process the overwhelming influx of novel, emotionally salient information.

The responsibility to remain informed of current events must be balanced by the necessity to persevere with sufficient stamina in the most crucial moments. The overwhelm is the point. Feeling defeated is the hope. The goal is for all of us to give up.

In times like these, we must remind ourselves of the collective strength we hold together. Together, across the arc of human history, we have weathered many storms. In preparation, we have gathered food, sought shelter, or crafted protection. In the face of war, we collected supplies, trained warriors, and fought. It was challenging and frightening, uncomfortable for most, and fatal for the unfortunate. Houses flooded. Lives were lost. We mourned deeply and then rebuilt.

If you have been feeling helpless, I'm right there with you. Agency requires active nurturing, a task more challenging when we succumb to passive doomscrolling. It is unlikely that any of us alone will change a news headline. However, many opportunities remain to exert meaningful influence within our locus of control. If we allow ourselves to become defeated by that which lies beyond our control, we risk neglecting the power that remains firmly within our grasp.

I am certain you know the opportunities for local advocacy and community support, such as donating to organizations, protesting, communicating with elected officials, or supporting small businesses. Although it is certainly not, it can feel futile in the face of far-reaching problems and uncertainty.

As psychiatrists, we are often sought for support and guidance. This is a privilege, although it can also feel taxing in moments of turmoil. We can and should decide to persist in doing what we know best: caring for our patients and our communities. However, we can only do this well if we also tend to ourselves. In these choices, we find our agency.

I am trying to remind myself to take the time to grieve if it feels necessary. To step away from the news if it helps. To acknowledge positive stories as they happen. To do what I can to stay present. To pay attention to what makes me feel joy and then cultivate more of it. Taper yourself from doomscrolling and instead find a fulfilling activity. Notice how you feel.

Importantly, maintain focus to take effective action—this is the antidote. We need all hands on deck.

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## Massachusetts Psychiatric Society Election 2025 – 2026

Below is the slate of candidates for the 2025/26 MPS election. We want to thank the MPS members who nominated candidates, and to the candidates who have agreed to run for office. We would also like to thank the Nominating Committee (Co-Chairs: Drs. John Fromson, Jhilam Biswas and committee members, Drs. Nitigna Desai, Eric Lederman, Daniel Morehead, Manuel Pacheco, and Kimberly Yonkers) for their work on the committee.

According to the Massachusetts Psychiatric Society Bylaws, additional nominations to those listed below may be made by a petition signed by twenty-five (25) or more members eligible to vote. The nominating petitions must be filed with the MPS Secretary by March 25, 2025 and can be submitted via email to [mps@mms.org](mailto:mps@mms.org).

Voting begins for the 2025/26 MPS election on April 1, 2025 at [www.psychiatry-mps.org](http://www.psychiatry-mps.org). Please log on to the MPS website as a member and click on the 2025 Ballot link on the home page to cast your votes. If you have trouble logging onto the website, please contact the MPS office at (781) 237-8100 or [mps@mms.org](mailto:mps@mms.org). If you would like to opt-out of online voting, please contact the MPS office and we can mail you a paper ballot. Voting must be completed by the close of business on April 18, 2025.

### **President-Elect: (1 Position)**

Anderson Chen, MD

### **Treasurer: (1 Position)**

Mark J. Hauser, MD, DLFAPA\*

### **Councilors: (2 Positions)**

Siu Ping Chin Feman, MD, DFAPA\*

Elizabeth Langmore-Avila, DO., MA., R-DMT

Hannah Larsen, MD\*

Ashwini Nadkarni, MD

### **APA Representative: (2 Positions)**

Cynthia S. Peng, MD

Adrienne D. Taylor, MD

Olga Terechin, MD\*

Rick Peter Fritz Wolthusen, MD, MPP

### **Nominating Committee (2 Positions)**

Daria Hanson, MD, MBA

Amy Harrington, MD, CPE, FAPA

\*Denotes Incumbent

# Vinfen

Transforming lives together

## Seeking Medical Director for

### Community Behavioral Health Clinic based in the Merrimack Valley

Vinfen is seeking a Medical Director for our Community Behavioral Health Clinic (CBHC) based in Lowell. Working a part-time schedule (and ability to increase to full-time) the Medical Director leads a comprehensive medical team in the provision of community-based services within a continuum of care, for people and families impacted by mental health, substance use and co-occurring disorders. The Medical Director is responsible for the clinical and medical oversight and quality of care across all CBHC Programs and is an integral part of the development and management of a model designed to support individuals and families in the community, reduce use of emergency rooms for behavioral health, increase flexibility of service delivery through bundled payments, provide seamless access to outpatient, urgent and crisis interventions, psychopharmacology, Medication Assisted Treatment (MAT) and increased use of social supports and community-based staff.

#### The successful candidate will have:

- MD is required. Medical license and board certification in Psychiatry in Massachusetts required. Dual certification in Adult Psychiatry and other related areas, such as Substance Abuse or Child Psychiatry preferred.
- DEA certification to prescribe medication required.
- Malpractice insurance required. Insurance options available through Vinfen
- Current Federal DEA and State Controlled Substances Certificates are required.
- Ability to successfully pass a CORI, reference, multi-state background, and professional licensure check.

#### Vinfen's competitive offer package includes:

- Competitive salary and sign on bonus
- Ability to accrue up to five weeks of time off within first year
- Time off to attend conferences
- Medical, Dental and Vision Insurance for employees working 20 hours or more
- Flexible Spending Reimbursement Accounts (Health and Dependent care)
- Company paid Life, Accidental Death & Dismemberment and Long-Term Disability Insurance
- Voluntary Term, Whole Life, Accident and Critical Care Insurance
- Retirement savings programs, including a fully funded, employer sponsored retirement plan and an employee funded (b) plan
- Malpractice insurance offered with no tail
- \$1,000 in reimbursement for continuing medical education credits
- Reimbursement for cost of renewing licenses
- Virtual New Employee Orientation and Virtual Training
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Founded in 1977, for 40 years Vinfen has been a leading nonprofit human services organization that "transforms lives" by building the capacity of individuals, families, organizations and communities to learn, thrive and achieve their goals. To learn more about Vinfen, and/or to apply to this or other Vinfen positions, please visit our website at [www.vinfen.org/careers](http://www.vinfen.org/careers).

Vinfen is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, protected veteran status, or disability status



**Saturday, March 8, 2025**

**8:30 a.m.–3:30 p.m.**

**Via Zoom Videoconference**

## Massachusetts Psychiatric Society's

# 2025 Risk Avoidance & Risk Management Conference

### Program Overview

We are pleased to present the 2025 Risk Avoidance & Management Conference. This is the Massachusetts Psychiatric Society's annual risk management conference with its successful record spanning decades. The conference focuses on actual issues faced by practicing psychiatrists. The conference aims to increase the understanding of various roles of psychiatrists interfacing with the law and regulatory agencies and to foster appreciation of the challenges of psychiatrists in court. Each year experts review timely and relevant risk management issues. We utilize several didactic lectures with significant time for questions raised by conference attendees to foster learning.

This year, topics addressed will include: Dr. Thomas Gutheil will review major issues relevant to general risk management and fielding participant risk

management questions; Dr. Chinmoy Gulrajani will discuss disability assessment and posttraumatic stress disorder; Dr. Renee Sorrentino will discuss practical considerations for the general practitioner related to problematic sexual behaviors in patients; Attorney Joshua Abrams will provide guidance on issues related to patient incapacity, surrogate decision makers, health care proxies, and guardianship, in psychiatric practice; Dr. Andrew Nanton will discuss issues related to artificial intelligence and its impact on clinical care and patient interactions; and Dr. James Luccarelli will review indications and risk considerations in neurotherapeutic treatments, including electroconvulsive therapy, transcranial magnetic imaging, and ketamine treatment.

### Program Objectives

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

- Utilize risk reduction tools and strategies in daily practice
- Understand the practice of assessing problematic sexual behaviors and managing their treatment and risks in general psychiatric practice
- Review disability assessments and posttraumatic stress disorder
- Appreciate issues related to the increased implementation of artificial intelligence systems in clinical practice and its impact on patients lives and their interactions with clinicians
- Understand issues related to neurotherapeutic interventions, including electroconvulsive therapy, transcranial magnetic stimulation, ketamine, and other emerging treatment modalities
- Learn about practice approaches to considerations about patient decision making capacity, surrogate decision makers, health care proxies, and guardianships, as they relate to psychiatric practice

[\*\*CLICK TO REGISTER ONLINE\*\*](#)

#### Accreditation Statement

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

#### AMA Credit Designation Statement

The Massachusetts Psychiatric Society designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

#### REGISTRATION FEE

<input type="checkbox"/> MPS/APA/MMS MEMBER	\$150
<input type="checkbox"/> RESIDENT/FELLOW	\$15
<input type="checkbox"/> NON-MEMBER	\$175
<input type="checkbox"/> MEDICAL STUDENT	\$0

**Please note the link for the conference will be sent on March 7.**

#### Questions?

Call (781) 237-8100, 8 a.m.–4 p.m. Monday thru Friday





## Program Schedule

- 8:30-8:40 a.m.**                      **Welcome and Introduction**  
*Matthew Lahaie, MD, JD*
- 8:40-9:45 a.m.**                      **Risk Management for the Psychiatric Professional**  
*Thomas G. Gutheil, MD*
- 9:45-10:45 a.m.**                      **PTSD and Disability**  
*Chinmoy Gulrajani, MD, DFAPA*
- 10:45-11:45 a.m.**                      **Problematic Sexual Behavior: Practical Considerations for the General Psychiatric Practitioner**  
*Renee Sorrentino, MD*
- 11:45-12:30 p.m.**                      **LUNCH BREAK**
- 12:30-1:30 p.m.**                      **Incapacity: Surrogates, Proxies, Guardians, Oh My...**  
*Joshua Abrams, JD*
- 1:30-2:30 p.m.**                      **Artificial Intelligence: Implications for Psychiatric Practice**  
*Andrew Nanton, MD*
- 2:30-3:30 p.m.**                      **Neurotherapeutics: Risk Management Considerations for ECT, TMS, and Ketamine**  
*James Luccarelli, MD, DPhil*
- 3:30 p.m.**                                **Wrap Up**  
*Matthew Lahaie, MD, JD*

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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 UMass Chan are invited to identify themselves during the application process.

### UMass Chan Medical School

### UMass Memorial Health

**Facility Medical Director (Brockton Multi-Service Center, Brockton, MA)** - Provides administrative and clinical oversight for the DMH-operated and contracted state hospital and community support programs. Clinical Care in our Partial Hospital program.

**Attending Psychiatrists, Southeast Area** –Brockton, Fall River and Taunton MA

**Assistant Director of Psychiatry, Director of Child and Adolescent services, Adolescent Continuing Care Units (ACCU)** -provides child and adolescent clinical leadership and comprehensive psychiatric care to adolescents admitted to the ACCU in Worcester, MA

**Full-Time Attending Psychiatrist, Worcester Recovery Center and Hospital (WRCH)**

**Full-Time Attending (Forensic) Psychiatrist, Worcester Recovery Center and Hospital (WRCH)**

Full-Time Child & Adolescent Attending Psychiatrist, Worcester Recovery Center and Hospital (WRCH)

Forensic Psychologist, Law and Psychiatry Program, Mobile Forensic Evaluation Service, Worcester, MA

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

**Medical Director- Health Alliance** with clinical consultation  
Part-Time

**Medical Director- Community Healthlink**  
Part-Time

**Attending Geriatric Psychiatrist – Clinton Hospital** provide direct clinical services and work with medical students & residents on this teaching unit  
Full-Time

**Attending Psychiatrist – Inpatient Psychiatric Treatment and Recovery Center**  
Full-Time

**Attending Psychiatrist- Inpatient**  
Full-Time

**Attending Psychiatrist- Inpatient Consultation-Liaison**  
Full-Time

**Attending Psychiatrist- Emergency Mental Health Services**  
Full-Time

**Interested applicants should submit a letter of interest and curriculum vitae addressed to  
Kimberly A. Yonkers, MD  
c/o Krystal Vincent  
[krystal.vincent@umassmemorial.org](mailto:krystal.vincent@umassmemorial.org)**

[Careers \(myworkdayjobs.com\)](https://www.umassmemorial.org/careers)

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**Back Bay, Boston** - Prestigious professional building, a former 19th century mansion with all original detail, on Marlborough Street near Public Gardens. Beautiful offices with large windows, high ceilings, and fireplaces, with hours to sublet. Shared waiting areas, friendly, collegial atmosphere, elevator, internet. Call Elizabeth: 617-267-0766 or email: erm82@aol.com

**Cambridge between Harvard Square and Central Square** - Attractive, fully furnished office available to rent (option to assume lease) June 1, 2025. Office is part of a 4-office suite in a desirable building with many collegial therapists and psychiatrists located in Cambridge between Harvard Square and Central Square at 875 Mass Ave and includes a parking space in the underground garage. The office comes furnished with beautiful cherry furnished furniture including couch, desk, bookcase, and patient and therapist chairs.

Contact: Jeffrey Friedman MD at 617-864-5560 or jeffrey\_friedman@hms.harvard.edu or Dolan Power, PhD at dolanpower09@gmail.com or 617 354-7209.

**Harvard Square** sublet available Wednesdays and Fridays: furnished office in a historic psychotherapy suite. Beautiful windowed space with hardwood floors, high ceilings, AC, large waiting room, and private bathroom. One block from Charles Hotel/Red Line. \$475/month for 8 hours weekly. Please contact ssanders@challiance.org if interested.

**Winchester** - Offices for rent in charming, fully renovated 19th century building on Main Street. High ceilings, large windows, beautifully furnished, with WiFi, common waiting rooms. Full or part-time. For more information, contact Dr. Michael Marcus at mwm82@aol.com.

## MPS is pleased to welcome the following New Members

### General Member:

Johanna Burke, MD  
 Claire Carswell, MD  
 Serena Fernandes, MD  
 David Kaminester, MD  
 Bradford M. Lewis, MD  
 Andrea M. Pliakas, MD  
 Erica Sorrention, MD  
 Marie Lyse Turk, MD

### Resident Fellow Member:

Maria Jose Rivera Criado, MD  
 Joshua Goldenberg, MD  
 Bryce Hill, MD  
 Shadab Kazi, MD  
 Julia Moss, MD  
 Nealie Tan Ngo, MD  
 Coutney Nikole Olson, MD  
 Laury Anne Elizabeth Jean Paul, MD  
 Elizabeth Reynolds, MD  
 Juan Correa Rubianes, MD  
 Keri Seo, MD  
 Isaiah Thomas, MD

## Kalyani G. Subramanyam, MD was Awarded the 2024 Irma Bland

Kalyani G. Subramanyam, MD was awarded the 2024 Irma Bland, MD Certificate of Excellence in Teaching Residents by the APA. The award recognizes her outstanding and sustaining contributions made as a faculty member at Yale Psychiatry Residency Program. This award was established in honor of the late Irma Bland, MD, and serves as a tribute to her unique and creative contributions to psychiatric education.

Dr. Subramanyam is a graduate of the Yale Psychiatry Residency Program and currently resides in western MA where she works in community mental health. Congratulations to Dr. Subramanyam!



## Vinfen is hiring for Psychiatrists for Outpatient and Community-Based teams

Vinfen, the largest provider of community based clinical services in Massachusetts, is seeking Psychiatrists to provide consultation to our outpatient and community-based teams. The Psychiatrists will work with interdisciplinary teams to provide evidence-based outpatient, intensive home, and community-based services to adults and adolescents with severe, persistent mental illness living in the Merrimack Valley or Greater Boston area.

In conjunction with team leadership and clinical staff, the Psychiatrists will advise on risk mitigation for Persons Served with high-risk behaviors, suggest appropriate interventions to guide treatment and work with team leadership to collaborate with various health care providers to gain access to needed health care.

The number of scheduled hours will be negotiated upon interview with current needs being between 20 and 40 hours per week. The successful candidate will have a valid license to practice medicine in Massachusetts in addition to prior experience working in related settings.

### Vinfen's competitive offer package includes:

- Competitive salary and sign on bonus
- Ability to accrue up to five weeks of time off within first year
- Time off to attend conferences
- Medical, Dental and Vision Insurance for employees working 20 hours or more
- Flexible Spending Reimbursement Accounts (Health and Dependent care)
- Company paid Life, Accidental Death & Dismemberment and Long-Term Disability Insurance
- Voluntary Term, Whole Life, Accident and Critical Care Insurance
- Retirement savings programs, including a fully funded, employer sponsored retirement plan and an employee funded 403 (b) plan
- Malpractice insurance offered with no tail
- \$1,000 in reimbursement for continuing medical education credits
- Reimbursement for cost of renewing licenses
- Virtual New Employee Orientation and Virtual Training
- Laptop and iPhone provided

For more information, please send a CV and letter of interest to [Recruiters@vinfen.org](mailto:Recruiters@vinfen.org)

Founded in 1977, for 40 years Vinfen has been a leading nonprofit human services organization that "transforms lives" by building the capacity of individuals, families, organizations and communities to learn, thrive and achieve their goals. To learn more about Vinfen, and/or to apply to this or other Vinfen positions, please visit our website at [www.vinfen.org/careers](http://www.vinfen.org/careers).

Vinfen is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, protected veteran status, or disability status.

## Law and Psychiatry Committee Meeting

**Tuesday, April 1 from 7pm- 8pm:** introducing MA psychiatry residents to Forensic Psychiatry Fellowship

**Tuesday, June 3 from 7pm-8pm:** Attorney Nathan Frommer, JD and Dr. Danielle Rynczak, JD, PhD will do presentation on *Legal Updates in Massachusetts*

If you're interested in attending, please RSVP to Mayuri Patel by email @ [mpatel@mms.org](mailto:mpatel@mms.org) or (781) 237-8100 x1 in order to receive the zoom link.

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### Psychiatrist Wanted for Lumin Health, a Leading Boston-Area Ketamine and Esketamine Therapy Clinic

Lumin Health, a growing, multisite Boston-area esketamine/ketamine clinic, is seeking a **compassionate psychiatrist** to provide cutting-edge care for patients with treatment-resistant depression, OCD, PTSD, and more. Lead a multidisciplinary team, collaborate with outpatient providers, and enjoy opportunities for teaching residents and fellows.

- ✓ **Full-time | \$280K-\$300K + Bonus**
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**Requirements:** Board-certified Psychiatrist (MD/DO), licensed in-state. Esketamine/ketamine experience preferred but not required.

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### Course Directors

**Matcheri Keshavan, MD**

Stanley Cobb Professor and Academic Head of Psychiatry;  
Beth Israel Deaconess Medical Center  
and Harvard Medical School

**Roscoe Brady, MD, PhD**

Associate Professor and Vice-Chair of Psychiatry, Harvard  
Medical School and Beth Israel Deaconess Medical Center

**Carl Salzman, MD**

Professor of Psychiatry, Harvard Medical School  
and Beth Israel Deaconess Medical Center

Please contact the Continuing Education Programs with any  
questions by email at [ceprograms@hms.harvard.edu](mailto:ceprograms@hms.harvard.edu).

### Course Dates

March 28-29, 2025

### Course Format

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### Speakers

Roscoe Brady, MD, PhD • Anthony (Tony) Cunningham, PhD • Melissa Delbello, MD, MS • Kristina Deligiannidis, MD • Ryan Henner, MD • Kevin Hill, MD • Matcheri Keshavan, MD • Alejandro (Danny) Mendoza, MD • Charles Nemeroff, MD, PhD • Carl Salzman, MD • Alan Schatzberg, MD • Stephen Stahl, MD, PhD, DSc(Hon) • John Torous, MD, MBI • John Winkelman, MD

### Course Overview

We are pleased to offer our 15th annual two-day Master Class in Psychopharmacology uniquely designed for clinicians, clinical researchers and trainees in psychiatry. Presentations will focus on treatment of difficult patients as well as emerging research that points to potential new medications and new treatment strategies. We will emphasize the diagnostic and therapeutic role of early development and family history, childhood, aging, genetics, blood and imaging testing, medical and hormonal assessment. Treatment of substance abuse, trauma, and use of new drugs as well as helpful drug combinations and dosing strategies will be included.

### Who Will Benefit from This Course

- Psychiatrists
- Researchers in Psychopharmacology and Neuroscience
- Substance Abuse and Mental Health Clinicians and Researchers
- Pharmacists
- Nurses
- Nurse Practitioners
- Primary Care Physicians
- Specialty Physicians
- Psychologists
- Physician Assistants
- Trainees in psychiatry, medicine, psychology and other mental health disciplines



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## MPS Calendar of Events

Women in Psychiatry	March 3 at 7:00 PM via Zoom	mpatel@mms.org
SEMPs	March 5 at 7:00 PM via Zoom	mpatel@mms.org
Antiracism	March 6 at 7:00 PM via Zoom	mpatel@mms.org
Distinguished Fellowship	March 12 at 7:00 PM via Zoom	mpatel@mms.org
Healthcare Systems & Finance	March 18 at 7:00 PM via Zoom	dbrennan@mms.org
Public Sector	March 20 at 7:00 PM via Zoom	mpatel@mms.org