



# Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

Issue 260 March 2026  
www.psychiatry-mps.org

## FROM THE PRESIDENT Jhilam Biswas, MD, DFAPA



### The Power of Community in a Time of Scrutiny, Fiscal Constraints, and Change

There is no shortage of news that impacts our daily lives, but some stories cut especially deep for psychiatrists. The recent headlines surrounding the Lindsay Clancy case and the subsequent medical malpractice lawsuits have brought significant anger and finger-pointing to our profession.<sup>1,2</sup> Personally, in reading the articles, I found the language about psychiatrists painful to read.

I am not commenting on the facts of the case here, or about whether the mental health system is broken or not. We know the system has real challenges, even as many people work tirelessly to improve it, and our field continues to evolve. What I find myself wondering about instead is the impact that highly public malpractice narratives have on our collective physician psyche. Once again, psychiatry is being asked to explain the inexplicable; to carry responsibility for societal wounds that extend far beyond any clinic, hospital, or single patient.

These lawsuits and the media narratives that follow often describe our work as if there were a clear right answer. When tragedy occurs, the accusations come from every direction: overprescribing, under prescribing, giving too much time or too little, over-sedating or under-treating, hospitalizing too quickly or not quickly enough, offering care in too many fragmented places or failing to coordinate it perfectly. At times, it can feel as though no clinical path would escape the force of hindsight-driven anger.

What is so often missing is recognition that fragmentation in care can mirror the very illnesses we are trying to treat; conditions that remain profoundly difficult within the constraints of the modern medical system. Psychiatric illness itself can drive disorganized patterns of help-seeking across patients, families, communities, and systems already shaped by stigma.

And while the public rushes to find someone to blame when horrible things happen, we carry the weight silently, as we know speaking up will bring more blame and anger. Sometimes there is no right answer in the face of a tragedy.

Media amplification of bad outcomes can be deeply demoralizing

to physicians as our patients lose trust in us that we have worked hard to build. Recent research has shown that physicians involved in malpractice suits report significantly higher levels of burnout, depression, and career dissatisfaction. Research has linked fear of malpractice with increased burnout. In one peer-reviewed study of over a thousand medical workers, investigators found that “respondents with higher levels of fear of malpractice were more prone to burnout,” underscoring how anxiety about legal exposure can contribute to emotional exhaustion and distress among clinicians.<sup>3</sup>

The data points to real lived experiences by all of us, whether personally or by witnessing it in colleagues or collectively in our environments. I just want to acknowledge this very difficult circumstance we work in; at times, even traumatic.

So, I want to offer this space, here, as a kind of collective moment of understanding. A compassionate pause for our MPS community. What the media says we are is not who we are. We are physicians, clinicians, advocates, scientists, and healers. We are human, medicine is not an exact science though we strive to get there and it is evolving. We are going to keep doing our best and remember who we are amidst angry noise while recognizing we are practicing in a world with many restrictions and boundaries to how we bring healing to our patients.

As we continue advocating for our patients and our profession, let us also support each other with solidarity and care.

#### Upcoming MPS Events: Connection, Celebration, and Community

In a time when so much around us feels fractured, we at MPS believe deeply in the power of coming together—to reflect, connect, and celebrate the meaningful work happening across our profession. While recent headlines may weigh heavily, we are building spaces where we can uplift each other, share ideas, and strengthen our collective voice.

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## RESIDENT FELLOW MEMBER CORNER

### Alexa Hooberman, MD

#### Hope as an Action

Having lived in Minneapolis for five years, the city and its people remain dear to my heart. On January 30th, 2026, Minneapolis, Minnesota, was nominated for a Nobel Peace Prize in recognition of community-led resistance against immigration enforcement, which has resulted in the brutal mistreatment and death of many.

These grassroots efforts are awe-inspiring and could not have occurred without hope.

As Rebecca Solnit aptly put it: “Hope locates itself in the premises that we don’t know what will happen and that in the spaciousness of uncertainty is room to act.”<sup>1</sup> The people of Minneapolis recognized that within the uncertainty of what was happening in their neighborhoods lay their power to influence. By organizing and looking out for one another, they acted as a living representation of hope.

What is hope? How can we understand hope as distinct from related concepts, in ways relevant to clinical care, larger systems, and current events?

#### Defining Hope

Hope is challenging to define, as it lies at the intersection of emotion, cognition, philosophy, spirituality, and culture.

The Merriam-Webster Dictionary defines the verb hope as desiring something anticipated or expected in the future. As a noun, it refers to the desire accompanied by the expectation of fulfillment.<sup>2</sup>

However, hope differs from an expectation. An expectation implies a high degree of certainty that something will occur, while hope implies possibility without certainty. Similarly, hope is not optimism. Optimism implies confidence in a positive outcome, whereas hope is a disposition towards potential success, even amidst uncertainty.<sup>2</sup>

In 1959, Dr. Karl Menninger spoke at the American Psychiatric Association about the centrality of hope in clinical care. He argued that hope is a responsibility of physicians: for patients, it is intrinsic to efforts to alleviate suffering; for trainees, it is an ethical and educational obligation. Simply engaging in psychiatric practice presumes a degree of hope that patients can feel better.<sup>3</sup>

Dr. Charles Snyder, an American psychologist who pioneered positive psychology, extended Dr. Menninger’s insights by conceptualizing hope as a cognitive process involving two components: agency and pathways. Agency refers to the perceived capacity to initiate and sustain goal-directed actions. Pathways refer to the ability to plan and strategize to reach that goal.<sup>4</sup>

According to this theory of hope, individuals with low hope may struggle to generate alternative pathways or formulate new attainable goals. In some contexts, we may see this and label it learned helplessness. In contrast, individuals with high hope tend to set more goals and generate multiple pathways to them.<sup>4</sup>

Dr. Kaethe Weingarten, a Harvard psychologist who specializes in working with families with trauma, presented a definition of reasonable hope, which is grounded in what is attainable rather than distant or unrealistic desires. Reasonable hope is a practice oriented toward achievable goals, recognizing that the future is uncertain and therefore malleable. It allows for doubt, contradictions, and despair while sustaining a sense of possibility.<sup>5</sup>

There are many other aspects of hope to consider, however. Hope often arises from a greater sense of meaning, even in suffering. Hope has developmental, cultural, and spiritual bases. For example, hope later in life may be more reflective of a desire to leave a legacy than of achieving specific individual goals. Additionally, in general, individualistic cultures may emphasize achieving individual goals, while collective cultures may prioritize familial or community-based objectives.

To summarize, we can understand hope as:

- An action we practice, not a feeling we wait for
- Seeking goals that are in reach and the pathways to them
- Relational
- Involving a sense of possibility
- Thriving in uncertainty, which leaves room for doubt
- Having many contributors, such as culture, development, and so on.

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(continued from page 1) FROM THE PRESIDENT

We're thrilled to share a few upcoming opportunities to do just that.

On **March 11**, the newly launched MPS Membership Committee is hosting a social networking night at *Democracy Brewing* in downtown Boston. All members are welcome! Enjoy drinks, appetizers, and great company. Bonus: all attendees are entered into a raffle sponsored by PRMS, so stick around for the drawing! Space is limited, so RSVP early.

Then, on **April 28**, we'll gather for the MPS Annual Meeting and Awards Dinner at the MMS Headquarters in Waltham. The evening kicks off with a cocktail hour at 5:30 PM, followed by dinner, networking, and a program featuring inspiring speakers and award presentations. This will likely be our final event at the Waltham building, as the Massachusetts Medical Society transitions to new office space—so it's also a moment to mark the end of an era.

Finally, mark your calendars for the evening of **June 5**, when MPS and Austin Riggs will co-host a special evening in the Berkshires at Austin Riggs in Stockbridge, MA. Dr. David Mintz will offer a featured dinner talk, titled, "Meaning-Based Harm from Medications: Clinical and Ethical Implications," and President-Elect Dr. Anderson Chen and I will share reflections on the vision of our Society. We especially hope to welcome many of our Western Massachusetts members as we continue to grow the chapter and work toward selecting a new regional president.

These events aren't just about celebration—they're about anchoring ourselves in community, building momentum, and honoring the incredible efforts of our members. We hope to see you there.

### **Fiscal Year 2027 HHS Budget: What Psychiatrists Should Know**

Governor Healey's proposed FY27 House 2 budget includes significant investments across the Executive Office of Health and Human Services, with a total recommendation of \$33.774 billion, up 3% from FY26. Several areas directly impact the psychiatric workforce, access to behavioral health services, and system sustainability.

Behavioral health spending through MassHealth rose a notable 18% over the past year, with spending on Applied Behavior Analysis services growing at 25% annually for two consecutive years. In response to this rapid cost escalation, the FY27 proposal includes a moratorium on new provider rate increases and behavioral health program expansions. There will also be rollbacks of some optional services, including select care management contracts and weight-loss GLP-1 coverage. These fiscal measures will likely affect how psychiatric and behavioral services—especially for complex, high-utilizing patients—are delivered and reimbursed in the coming year.

The Department of Mental Health is slated to receive \$1.316 billion, roughly level with last year's funding. This ensures continuity of intensive services and current staffing levels, but does not allow for major programmatic expansion. Notably, Jail Diversion funding remains at \$4 million, and there is a plan to transition some MassHealth Community Partners clients to DMH case management to reduce redundancy. For many of us navigating fractured systems of care, this streamlining could be helpful, but only if the handoffs are well-resourced and coordinated.

The budget maintains the Chapter 257 provider rate structure, pegging wages to the 53rd percentile of BLS benchmarks. This is a welcome attempt to retain behavioral health workers, but

may not go far enough to address the deeper workforce shortages plaguing psychiatry, particularly in inpatient and community-based settings. At the same time, a new centralized \$450 million line item will consolidate transportation supports across DMH, DDS, and MassHealth. While this could simplify administrative burdens, we will need to monitor for any unintended impacts on patient access—especially in rural or underserved areas.

While funding for youth mental health services remains steady, the budget does not propose major new investments in pediatric psychiatric infrastructure or crisis stabilization resources. As the youth mental health crisis deepens, this represents a gap in the long-term strategy. MPS will continue to elevate this concern in our advocacy.

This budget reflects a moment of balancing, but at least it recognizes the urgent need to fund mental healthcare. As always, we must ensure that psychiatric care is not just preserved in this process but recognized for its critical value to the Commonwealth's health system.

### **AI in Psychiatry: Policy, Ethics, and the Work Ahead**

Our Presidential Task Force on Artificial Intelligence in Psychiatry has started meeting. As part of this work, we will closely reviewing several pieces of legislation moving through the Massachusetts legislature that will shape how AI intersects with mental health care in the Commonwealth.

One bill seeks to regulate the direct use of artificial intelligence in providing mental health services, emphasizing patient safety, informed consent, and continuous oversight by licensed professionals. The bill requires that any AI-supported care remain under professional supervision and that patients be clearly informed when such tools are used, reinforcing the principle that technology must augment, but never replace, clinical judgment.<sup>4</sup>

A second, more expansive bill addresses the broader use of AI and software tools in healthcare decision-making. It restricts AI from making independent therapeutic decisions or engaging in direct therapeutic communication, mandates explicit patient consent for recorded or transcribed sessions, and requires transparency, fairness, and physician oversight when AI is used in utilization review or coverage determinations. Importantly, determinations of medical necessity must remain in the hands of licensed clinicians rather than in algorithms.<sup>5</sup>

As our Task Force continues its work, we remain committed to helping shape guidance that protects patients, supports clinicians, and keeps psychiatric care grounded in the irreplaceable presence of the therapeutic relationship.

### **In Conclusion**

As we navigate public scrutiny, the emotional toll of burnout, financial uncertainty in the Commonwealth, and the rapidly evolving landscape of artificial intelligence, one truth feels steady: psychiatry remains grounded in relationship and community. The challenges before us are real, but so is our collective strength, which is seen in the ways we gather, advocate, mentor, and continue showing up for our patients and for one another. If you would like to donate to the society beyond dues, or know someone who would, we have an active link on our webpage<sup>6</sup> to do so. Thank you for the care you provide every day and for the commitment you bring to this shared professional home.

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(continued from page 3) FROM THE PRESIDENT

Warm Regards,

Jhilam Biswas, MD DFAPA



President, Massachusetts Psychiatric Society

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(continued from page 2) - RESIDENT FELLOW MEMBER

### Differentiating Hope from Other Concepts

It is important to distinguish hope from related constructs, including what is often colloquially viewed as its opposite: hopelessness. Specifically, this raises the question of whether hope exists along a single continuum, with hopelessness at one extreme and high hopefulness at the other.

The leading theory of hopelessness was put forth by Dr. Aaron Beck, also known as the father of CBT. He defined hopelessness as negative attitudes toward the future stemming from anticipating perceived undesirable situations or consequences beyond one's control. This definition is based more on negative *expectations* rather than the opposite of hope, which could be best represented by a lack of possibility.<sup>6</sup>

Resiliency research suggests that a resilience factor (such as hope) should be viewed as separate from the risk factor (hopelessness). This is termed the buffering framework because often the resiliency factor can help buffer against the risks associated with the risk factor.

When researchers applied this model to hope and hopelessness using Dr. Snyder's theory of hope, they found that hopelessness correlates more strongly with the agency component of hope. However, even hopelessness and the agency component of hope were still conceptualized as two distinct constructs. Hope and hopelessness share a portion of their variance, suggesting they're related but likely distinct, as indicated by statistical modeling.<sup>7</sup>

Hope is likely related to, but distinct from, resilience as well. Resilience is defined as the ability to adapt to challenging life experiences; this is likely an outcome of having higher hope, as maintaining that the future is uncertain and seeking goals and pathways are thought to lead to better adaptability. In other words, it would be difficult to be adaptable without also being flexible towards future possibilities, which implies a level of hope.<sup>8</sup>

Low hope is also likely distinct from depression. Studies found moderate effect sizes between low hope and depression, suggesting but not proving that they are distinct concepts. Other studies have also postulated a possible bidirectional negative relationship between hope and depression. In other words, lower hope leads to later depression, and depression leads to later lower hope.<sup>9</sup>

### Hope in Patient-Physician Encounters & Systems of Care

Hope often manifests subtly in clinical settings. For example, adherence to treatment or consistent attendance at appointments implies a level of hope that one may feel better. Patients also look to clinicians for hope because they know we see other patients and therefore understand illness trajectory.

As part of a collaborative strategy, Dr. David Mintz, well known for his expertise in psychodynamic psychopharmacology, proposes that we be upfront about the limitations of our medications: what they can help with and what they can't. Overemphasizing the effects of psychiatric medications can foster passivity, taking away a sense of agency in treatment from patients.<sup>10</sup>

Instead, we can offer hope that patients may feel better when the clinician recognizes and expresses both the benefits and limitations of interventions, when the patient practices agency in relation to their illness, and when all of this occurs within the context of a supportive therapeutic alliance.<sup>10</sup>

Much of what we already do, such as providing treatment options, diagnostic clarification, psychoeducation, crisis stabilization, and addressing social determinants of health, can all be hope-promoting.

We can further foster the practice of hope by helping patients redefine their goals, emphasizing quality of life and personal meaning. This involves guiding and orienting them toward areas where they retain agency, highlighting their strengths, and sitting with their lack of hope rather than rushing to fix it. One helpful model

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for this is Dr. James Griffith's "Hope Modules", which I highly recommend exploring further.<sup>11</sup>

At a systemic level, access to care, continuity, transparency, and responsiveness can also foster hope. Conversely, when our system fails our patients or ourselves, we may lose hope and feel powerless. Yet even in such circumstances, orienting toward achievable goals grounded in realistic possibilities can help restore a sense of reasonable hope.

### Conclusion

There is absolutely an element of privilege in hope. Some of us may have had experiences in life that make it easier or more challenging to practice hope. It's important to recognize when hope feels difficult and to cultivate cultures that allow us to lean on one another during those times.

As we move through a time of significant uncertainty and threat, we can both mourn and help hope thrive so that we can act effectively. This does not require believing that a positive or desired outcome is likely. Rather, hope is a practice: taking small, achievable steps towards change because the future is uncertain, and, therefore, possibilities remain open, despite the understandable doubts we all may hold.

As Rebecca Solnit writes, "It's important to say what hope is not. It is not the belief that everything was, is, or will be fine. The evidence is all around us of tremendous suffering and tremendous destruction. The hope I'm interested in is about broad perspectives with specific possibilities, ones that invite or demand that we act..."<sup>1</sup>

This article was adapted from the University of Massachusetts Psychiatry Department Grand Rounds given by myself on January 29th, 2026.

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## Psychiatry and Law Committee on Tuesday, March 31 at 7:00 PM

The Psychiatry and Law Committee warmly invites you to join us on Tuesday, March 31 at 7:00 pm via Zoom for an engaging discussion titled "Preparing for Forensic Psychiatry Fellowship: Timeline, Tips, and Insights." Forensic faculty and current fellows will walk through the fellowship application process, share practical advice, and offer real-world perspectives on training and careers in forensic psychiatry. Whether you're actively considering applying or just beginning to explore the field, this will be a welcoming space to learn, ask questions, and connect with colleagues who share an interest in forensic psychiatry. We hope you'll join us—and please feel free to invite others who may be interested.

If you would like join the committee and / or attend the meeting, please contact Mayuri Patel @mpatel@mms.org

## From the Treasurer - Mark J. Hauser, MD, DLFAPA

Over the past several years, like many professional societies, the Massachusetts Psychiatric Society has faced increasing financial pressures as costs have risen faster than some traditional revenue sources. At the Council's recent meeting, we reviewed the Society's financial position and adopted the FY 2026 operating budget with full awareness of these challenges.

Council approved a budget that includes a projected operating deficit and authorized a limited, non-recurring use of investment funds to support ongoing operations. These actions allow the Society to meet its obligations while leadership continues to examine how best to align future expenses with sustainable revenue.

Importantly, adoption of the budget does not obligate the Society to spend all funds allocated for discretionary activities. Council retains the ability to adjust spending during the year as circumstances warrant, and thoughtful stewardship of member resources remains a priority.

I want to assure members that the Society's finances are being managed carefully and transparently. Council and leadership recognize the importance of maintaining financial stability while continuing to support the programs, advocacy, and professional community that are central to MPS's mission.

Thank you for your continued engagement and support of the Society.

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Massachusetts licensed board-certified psychiatrists to conduct fit-for-duty interviews and second opinions of police, fire, and corrections applicants. As needed/flexible scheduling. Friendly, supportive, team environment.

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Are you eligible and interested in applying for Fellow or Distinguished Fellow Status?

Contact the MPS Office.

We would be glad to assist you in completing your application.

## Massachusetts Psychiatric Society Election 2026 – 2027

**Below is the slate of candidates for the 2026/27 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. Nassir Ghaemi and Anderson Chen, and committee members, Drs. Daria Hanson, Amy Harrington, Elizabeth Langmore-Avila, Daniel Morehead and David Silbersweig) 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, 2026 and can be submitted via email to [mps@mms.org](mailto:mps@mms.org).

Voting begins for the 2026/27 MPS election on April 1, 2026 at [www.psychiatry-mps.org](http://www.psychiatry-mps.org). Please log on to the MPS website as a member and click on the 2026 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 17, 2026.

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

Margaret Cheng Tuttle, MD, MS, MM, FAPA

### **Secretary: (1 Position)**

Katiuska Ramirez, MD

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

Rachel K. Berlin, MD, MSCP

Ljiljana Markovic, MD

Ashwini Nadkarni, MD, FAPA\*

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

Kevin P. Hill, MD, MHS, DFAPA

Olga Terechin, MD\*

Rick Peter Fritz Wolthusen, MD, MPP

### **Resident Fellow Member (1 Position)**

Arlen Gaba, MD

Amir Hassan, MD

Rachel Jenkins, MD

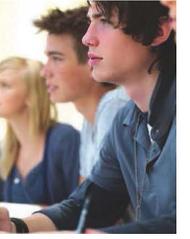
Bernie Sarmiento, MD, MBA

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

Kalyani Subramanyam, MD

David Silbersweig, MD

**\*Denotes Incumbent**



**Saturday, March 21, 2026**

**8:30 a.m.–3:30 p.m.**

**Via Zoom Videoconference**

## Massachusetts Psychiatric Society's 2026 Risk Avoidance & Risk Management Conference

### Program Overview

We are pleased to present the 2026 Risk Avoidance & Management Conference. This is the Mass 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 reviewing major issues relevant to general risk management and fielding participant risk management questions; Dr. Nikhil Mathews will discuss violence risk assessment and management

in the psychiatric patient; Dr. Rohn Friedman will discuss implications of the American Law Institute's 2024 Restatement of Torts for medical malpractice and general psychiatric practice; President Jhilm Biswas will provide guidance on issues facing our field in 2026 due to regulatory, economic, and political circumstances; Dr. Matthew Lahaie will discuss privacy, privilege and HIPAA as it pertains to psychiatric practice; Dr. Christopher Myers will discuss the forensic and correctional mental health system of the state and issues related to working with judicially and correctional system involved patients; Dr. Margarita Abi Zeid Daou will discuss vicarious trauma for clinicians and the importance of self-care; and Dr. Samia Osman will review an approach to collaborative safety planning for the suicidal and self-injurious patient; finally, Dr. Douglas Brennan will discuss practical firearm safety for the mental health professional. Please consider joining us for this tremendous line up of speakers while fulfilling your risk management credit requirement for licensure.

### Program Objectives

- Utilize risk reduction tools and strategies in daily practice
- Appreciate liabilities and risk management issues related to assessing and managing risk of violence in patients across clinical settings
- Understand the potential impacts of greater adoption of the ALI 2024 Restatement on Torts
- Review current status of privacy and HIPAA laws and their impact on various aspects of practice
- Appreciate issues related to economic, political, and regulatory environments and how they may impact important aspects of psychiatric practice, systems, reimbursement, and patient care
- Understand issues related to vicarious trauma and the importance of adequate self-care
- Highlight the utility of collaborative safety planning in the context of self-injurious and suicidal patients
- Discuss general risk management issues related to the evaluation and treatment of patients
- Learn about the Massachusetts forensic correctional mental health system and factors related to the care of patients involved with the judicial and correctional systems of the state

**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	\$175
<input type="checkbox"/> NON-MEMBER	\$225
<input type="checkbox"/> RESIDENT/FELLOW	\$15
<input type="checkbox"/> MEDICAL STUDENT <small>(PROOF OF MEDICAL SCHOOL REQUIRED)</small>	\$0

#### NEW OFFERING:

Want access to the program recordings, too? Register for the **bundle** to attend the live sessions and receive fully edited recordings. *(Recordings will be shared approximately one week later once edited)*

<input type="checkbox"/> MPS/APA/MMS MEMBER	\$225
<input type="checkbox"/> NON-MEMBER	\$275
<input type="checkbox"/> RESIDENT/FELLOW	\$65

#### Questions?

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

Please note the link for the conference will be sent on March 20



## Program Schedule

- 8:30-8:45 a.m.**                      **Welcome and Introduction**  
*Matthew Lahaie, MD, JD*
- 8:45-9:30 a.m.**                      **Practical Violence Risk Assessment and Management**  
*Nikhil G. Mathews, MD, JD*
- 9:30-10:45 a.m.**                      **Risk Management for the Psychiatric Professional**  
*Thomas G. Gutheil, MD*
- 10:45-11:15 a.m.**                      **American Law Institute 2024 Restatement of Torts: Potential Implications for Psychiatric Practice**  
*Rohn S. Friedman, MD, DLFAPA*
- 11:15-11:45 a.m.**                      **President's Perch: Risks for the Field on the Horizon**  
*Jhilam Biswas, MD, DFAPA*
- 11:45-12:30 p.m.**                      **LUNCH BREAK**
- 12:30-1:15 p.m.**                      **Mums the Word: An Update of HIPAA, Privacy, & Privilege**  
*Matthew Lahaie, MD, JD*
- 1:15-1:45 p.m.**                      **The Correctionally Involved Patient: Challenges for Managing Correctional Patients in Community Settings**  
*Christopher Myers, MD, MPH&TM*
- 1:45-2:15 p.m.**                      **Practical Firearm Safety for Mental Health Professionals**  
*Douglas Brennan, MD, MPA*
- 2:15-2:45 p.m.**                      **Vicarious Trauma & Self-Care**  
*Margarita Abi Zeid Daou, MD*
- 2:45-3:15 p.m.**                      **Collaborative Safety Care Planning: A Practical Framework for Mitigating Suicide Risk**  
*Sami Osman, MD, MPP*
- 3:15-3:30 p.m.**                      **Questions & Answers Session and Wrap Up**  
*Matthew Lahaie, MD, JD*

## MPS is pleased to welcome the following New Members

### General Member:

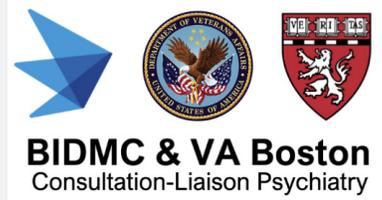
Suzanne E Bloore, MD  
 Ilana Braun, MD  
 Jonathan Jacobson, MD  
 Monthe Kofos, DO  
 Alexandra M Odom, MD  
 William Olcott, MD  
 Kamolika Roy, MD  
 Sen Xu, MD

### Resident Fellow Member:

Vincent Betti, MD  
 Lakshan Fonseka, DO; MS  
 Tobi Okopie, MD  
 Dennis Zhou, MD

### Transfer In

Lana Elhalabi, MD  
 Fatma Ozlem Hokelekli, MD; PhD



Our fellowship has availability for the upcoming academic year, July 2026-June 2027.

This opportunity may be a good fit for graduating psychiatry residents or fellows and early-career psychiatrists interested in high-acuity, hospital-based Consultation-Liaison Psychiatry. The fellowship is a one-year, AC-GME-accredited program affiliated with Harvard Medical School, with training across Beth Israel Deaconess Medical Center and the VA Boston Healthcare System. Fellows focus on complex inpatient consultation, longitudinal outpatient clinics, and emerging subspecialty Pathways such as Psycho-Oncology and Women's Mental Health.

Full-time positions are available. Part-time training may be considered.

If you're interested, curious, or know a colleague or trainee who might be a good fit, I'd be very happy to connect.

Joshua R. Leo, MD, MPH, Program Director, [jleo@bidmc.harvard.edu](mailto:jleo@bidmc.harvard.edu)

Learn more about the program:

<https://research.bidmc.org/psychiatry-gmc/consultation-liaison-psychiatry-fellowship>



Scan to view program details

**The MPS Alcohol & Addiction and Public Sector Committees** welcome all MPS members to a joint hybrid meeting featuring Dr. Kevin Simon, Boston's Inaugural Chief Behavioral Health Officer, for a presentation on addressing disparities in mental health, particularly addiction, on **Thursday, April 2nd at 7pm both in person (location TBD) and on Zoom**

Watch your email for more information and how to register!

## Reminder.....

The MPS welcomes article submissions from its members!

Your submission can be something you are passionate about and think members would like to read about. The deadline for submissions is the 10<sup>th</sup> of the month.

Reach out to Mayuri Patel at [mpatel@mms.org](mailto:mpatel@mms.org) for details to submit your article today!



# Inpatient Psychiatry



## Have we got a career for you!

We have several exciting opportunities to join the Psychiatry Department at Emerson Hospital, a vibrant community hospital located in historic Concord, Massachusetts. We are currently looking for a full-time physician and moonlighters

- **Treat patients on our adult inpatient unit**
- **Collaboration with medical colleagues**
- **Enjoy a competitive salary and compensation package**

Find out why so many top physicians practice at Emerson Health—a desirable practice location, strong relationships with academic medical centers, superb quality of life, competitive financial packages and more.

## For inquiries, please contact:

### **Diane Forte Willis**

Director of Physician Recruitment and Relations

dfortewillis@emersonhosp.org

Phone: 978-287-3002 | Fax: 978-287-3600

## About Concord, MA and Emerson Health

Emerson Health is a regional health system providing advanced healthcare to more than 300,000 people across 25 towns in Massachusetts. We make high-quality healthcare more accessible to those who live and work in our community at Emerson Hospital in Concord, health centers in Bedford, Groton, Sudbury, Westford, and Concord, and Urgent Care settings in Hudson, Littleton, and Maynard.

Emerson has strategic alliances with several academic centers in Boston, including Mass General Brigham and Massachusetts Eye and Ear Infirmary.

Concord, MA and the surrounding communities are among the best places to live in Massachusetts, with several top-ranked school systems in the state and located just 20 miles west of Boston.



[emersonhealth.org](http://emersonhealth.org)

## OFFICE SPACE

**Attractive**, fully furnished office available to rent November 1, 2026. If wish to begin earlier rental, may start to sublet space part- or full-time any time between now and Nov 1. 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 jeffrey\_friedman@hms.harvard.edu or 617-864-5560

**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

**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.



Cambridge Health Alliance



HARVARD  
MEDICAL SCHOOL  
TEACHING AFFILIATE

### CAMBRIDGE HEALTH ALLIANCE

#### Fellowship in Consultation-Liaison Psychiatry Harvard Department of Psychiatry

<b>Fellowship Title:</b>	<b>Consultation-Liaison Psychiatry Fellowship</b>
<b>FTE/Hours:</b>	<b>Full-time</b>
<b>Accreditation Status:</b>	<b>ACGME Accredited</b>
<b>Location:</b>	<b>Cambridge Health Alliance</b>
<b>Available:</b>	<b>July 1, 2026</b>

#### **Description:**

**The Fellowship in Consultation-Liaison Psychiatry at Cambridge Health Alliance and Harvard Medical School is an ACGME-accredited 1 year training program for a PGY5 psychiatrist.** The fellowship provides training in psychiatric consultation and management of medical and surgical inpatients as well as training in integrated care programs in primary care centers. Fellows will have exposure to population focused care and psychiatric e-consultations. Specialty training in geriatrics, palliative care, reproductive psychiatry, and substance use disorders is also available. Faculty will mentor fellows in the development of a scholarly project. Our program takes advantage of Cambridge Health Alliance's unique blend of community and academic resources. Clinical fellows receive appointments to Cambridge Health Alliance and Harvard Medical School.

#### **Contact:**

Hsiang Huang, MD, MPH  
Program Director, Consultation-Liaison Psychiatry Fellowship  
Cambridge Health Alliance ([www.challiance.org](http://www.challiance.org))  
1493 Cambridge Street, Cambridge, MA 02139  
Email: [hhuang@cha.harvard.edu](mailto:hhuang@cha.harvard.edu)

## The Massachusetts Psychiatric Society Invites you for An Exclusive Evening with Our Members

-  **Date:** Wednesday, March 11, 2026  
 **Time:** 6:00 PM  
 **Venue:** Democracy Brewing, 35 Temple Pl, Boston

This event is **open to all members** — This is a valuable opportunity to reconnect with colleagues, expand your network, and enjoy a relaxed evening in a collegial setting.

### **What's Included:**

- Heavy appetizers
- 1 drink ticket per attendee

 **Bonus perk:** All attendees will be entered into a raffle for a chance to win a basket donated by PRMS, a sponsor of the event! The winner will be announced during the event, so make sure you stick around!

### **Admission:**

- **\$10** for members
- **\$5** for trainee members
- **\$30** for non-members

 **Space is limited**, so be sure to RSVP early to secure your spot! [Click HERE to Register!](#)

We look forward to seeing you there!

## You asked, we listened—because your learning matters

### For the first time, the 36th Annual Psychopharmacology Conference is now offered online!

The Massachusetts Psychiatric Society is pleased to offer the 36th Annual Psychopharmacology Update online giving you convenient access to the same trusted experts, evidence-based updates, and high-impact sessions you rely on each year.

Each year the psychopharmacology update course chair and co-chair review feedback from the previous year including suggestions for topics of interest. Also, the organizers have extensive experience consulting with psychiatrists who have psychopharmacology questions and become aware of prescribing issues that are not well understood by practitioners. From these sources a set of presentations was developed.

The program begins with an appraisal of new and newer drugs in psychopharmacology. A second speaker focuses on schizophrenia, understanding the role of muscarinic cholinergic system in its etiology and treatment. This is followed by a speaker describing bipolar disorders across pregnancy and the postpartum. The program then continues with a discussion on the treatment of insomnia secondary to major depressive disorder and generalized anxiety in adults. There is also a discussion on integrating focal psychotherapy interventions into routine pharmacotherapy. The final lecture is on the topic of neuromodulation. The program ends with questions and answers on any topic in psychopharmacology with a panel of the day's speakers.

Click [HERE](#) to register for this online offering, or visit the MPS website at [www.psychiatry-mps.org](http://www.psychiatry-mps.org) to access the program at your convenience. After completing the course and evaluation, MPS will send your CME certificate



Beth Israel Lahey Health  
Beth Israel Deaconess  
Medical Center

## PSYCHOPHARMACOLOGY 2026: A MASTER CLASS

### Course Directors

#### Matcheri Keshavan, MD

Stanley Cobb Professor 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 [learn@hms.harvard.edu](mailto:learn@hms.harvard.edu).

### Course Dates

March 20-21, 2026

### Course Format

Live Virtual

Discounted Pricing Available  
through February 14, 2026

Earn up to 14.50 AMA PRA Category  
1 Credit(s)<sup>TM</sup>/14.50 ANCC Contact  
Hours. Please see website for  
further credit information.

[https://learn.hms.harvard.edu/pr  
ograms/psychopharmacology-  
master-class](https://learn.hms.harvard.edu/pr<br/>ograms/psychopharmacology-<br/>master-class)

## Speakers

Roscoe Brady, MD, PhD • Anthony Cunningham, PhD • Melissa DelBello, MD • Kristina Deligiannidis, MD • Ryan Henner, MD • Kevin Hill, MD, MHS • Matcheri Keshavan, MD • Alejandro Dan Mendoza, MD • Charles Nemeroff, MD, PhD • Carl Salzman, MD • Pooja Sarkar, DO • Alan Schatzberg, MD • Stephen Stahl, MD, PhD, D.Sc. (Hon) • John Torous, MD, MBI • John Winkelman, MD

## Course Overview

We are pleased to offer our 15th annual two-day Master Class uniquely designed for practicing clinicians, clinical researchers, and trainees in psychiatry. Presentations will focus on typical psychiatric patients with emphasis on those who are difficult to treat or are treatment resistant. Newer treatments and developing treatment strategies will be discussed including the use of genetic tests, blood level measurements, and drug combinations. New research that can inform clinical practice will be emphasized. There will be considerable opportunity for interaction with the presenters.

## Who Will Benefit from This Course

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



## **BIDMC Division Chief Interventional Psychiatry**

The Department of Psychiatry at Beth Israel Deaconess Medical Center (BIDMC) is seeking a Division Chief of Interventional Psychiatry to provide strategic, clinical, and academic leadership across the Department's interventional psychiatry programs, including electroconvulsive therapy (ECT), esketamine, transcranial magnetic stimulation (TMS), and transcranial direct-current stimulation (tDCS), as well as growth opportunities for the field of interventional psychiatry and neuromodulation. A Harvard Medical School appointment at the rank of instructor, assistant, or associate professor would be commensurate with the record of accomplishments.

The Department of Psychiatry is deeply committed to delivering high-quality, safe, and equitable psychiatric care to a diverse patient population while advancing excellence in education, research, and innovation. Interventional psychiatry and neuromodulation are central to this mission, providing advanced, evidence-based treatments for patients with psychiatric illnesses warranting these treatments. Encompassed within this role is a growing portfolio of interventional and neuromodulatory treatment programs across inpatient and outpatient settings, including TMS and tDCS delivered in collaboration with the Center for Noninvasive Brain Stimulation (CNBS).

Beth Israel Deaconess Medical Center, a 743-bed hospital and Level 1 Trauma Center, is a founding member of Beth Israel Lahey Health (BILH). BILH, a health care system with 14 hospitals, brings together academic medical centers and teaching hospitals, community and specialty hospitals, and more than 4,000 physicians and 39,000 employees in a shared mission to expand access and advance the science and practice of medicine through groundbreaking research and education.

Harvard Medical Faculty Physicians (HMFP) is an equal opportunity employer. HMFP respects diversity and accordingly is an equal opportunity employer that does not discriminate on the basis of race, traits historically associated with race, including but not limited to, hair texture, hair type, hair length, and protective hairstyles, color, creed, religion, national origin, ancestry, citizenship status, age, disability, pregnancy (which includes pregnancy, childbirth, medical conditions related to pregnancy and childbirth, and breastfeeding), sex, gender, marital status, sexual orientation, gender identity or expression, veteran status, genetic information, or any other characteristic protected by applicable federal, state, or local laws.

Candidates should apply directly to this posting [https://hmfp.wd5.myworkdayjobs.com/HMFP/job/BIDMC---Main-Campus/Division-Chief-Interventional-Psychiatry\\_R1504](https://hmfp.wd5.myworkdayjobs.com/HMFP/job/BIDMC---Main-Campus/Division-Chief-Interventional-Psychiatry_R1504)



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PSYCHIATRIC SOCIETY  
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Waltham, MA 02451-1411

ADDRESS SERVICE REQUESTED

## MPS Calendar of Events

SEMPs/WMPs	March 4 at 7:00 PM Via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
Chairs & Council	March 10 at 5:00 PM Via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
An Exclusive Evening with Our Members	March 11, at 6:00 PM - 9:00 PM at Democracy Brewing, 35 Temple Pl, Boston	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Healthcare Systems & Finance	March 17 at 7:00 PM Via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Public Sector	March 19 at 7:00 PM Via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
Risk Avoidance & Risk Management	March 21 at 8:30 AM - 3:30 PM Via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Executive Committee	March 24 at 5:00 PM Via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Child & Adolescent Psychiatry	March 25 at 7:00 PM Via Zoom	<a href="mailto:dbrennan@mms.org">dbrennan@mms.org</a>
Fellowship Committee	March 25 at 7:00 PM Via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>
Membership Committee	March 26 at 12:00 PM Via Zoom	<a href="mailto:mpatel@mms.org">mpatel@mms.org</a>