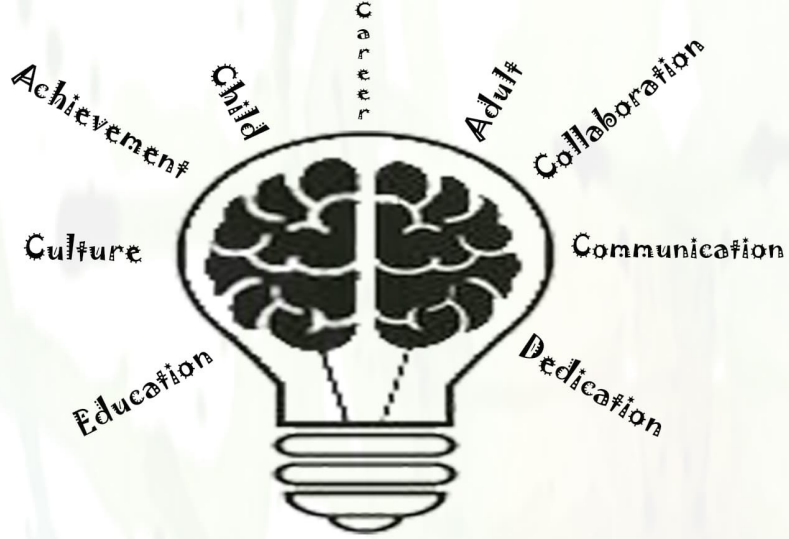


Psychademic

Issue 5

February 2018

Vidant-ECU Physicians

In This Issue

Welcome to the fifth issue of *Psychademic!* We are proud to present this media with goal of ***enhancement as physicians and medical professionals to improve quality of patient care.*** Given recent events, we use this issue to highlight safety in our child and adolescent community. Thank you and we hope you enjoy.

Nonsuicidal Self-Injury

By Nadyah John M.D.

Evaluating the child with self- injuring behavior is a challenge for any physician. The largest concern of course being the risk of death by suicide. Suicide remains the second leading cause of death in adolescents in the US[1]. It's assumed that psychiatrists are better at figuring out what's wrong, how to fix it and thus prevent suicide in the child who self-injures.

We use research tools and evidence to help us with treatment approaches for these patients. Evidence tells us that twice as many females attempt suicide as males and that males, because of using more lethal agents, are three times more likely to succeed[2]. The most commonly used method to complete suicide in adolescent males are firearms[3]. A psychiatric diagnosis of major depressive disorder increases the risk of suicide. These pieces of information all lend to improving assessment of risk.

A key risk assessment indicator is self-injuring behavior. Research now tells us that the nature of self-injuring behavior impacts the risk of suicide. Previously lumped under the category of parasuicidal behavior, nonsuicidal self-injury (NSSI) is the term more commonly found in the research and scholarly work on suicide. NSSI can be defined as intentional and non-socially acceptable behaviors that are intended to cause destruction or impairment of the bodily tissue but only minor or moderate physical harm, performed without any conscious suicidal intention[4].
As one author put it, "*the person's intent in NSSI is not to terminate consciousness but to modify it*[5]."

Much of the self-injury that we see in children may be NSSI. Research tells us that 18-25% of the general adolescent population reports at least one act of self-injurious behavior while less than half (35-45%) of those persons report suicidal ideations[4].

How does one factor NSSI into a suicide risk assessment? The following are associated with a higher rate of suicide acts: Duration of longer than one year; higher number of methods used; cutting as a method; high frequency of NSSI; absence of physical pain during the act; severe physical damage; and concealment of the act.

Take heart psychiatrists. Our skill is in negotiating the conversation with our patients that leads us to the information needed to plug into our acute risk assessment tools.

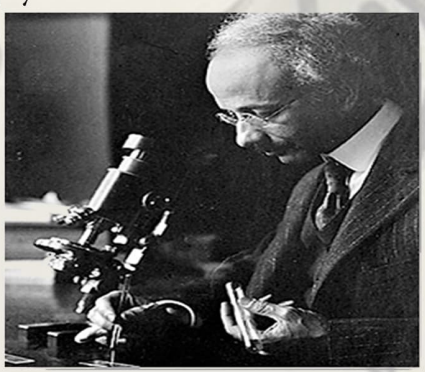
References on final page

SOLOMON CARTER FULLER: ALZHEIMER'S RESEARCH PIONEER AND AMERICA'S FIRST AFRICAN AMERICAN PSYCHIATRIST

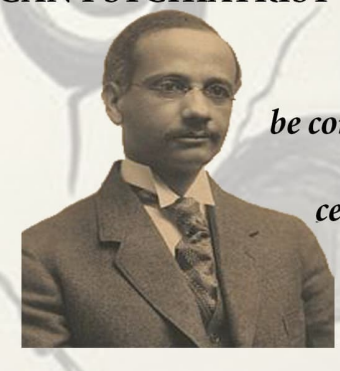
In honor of Black History Month, the *Psychademic* newsletter would like to highlight a pioneer not only in psychiatry, but also, in Black History: **Dr. Solomon Carter Fuller.**

Prior to his contributions to the study of Alzheimer's, Dr. Fuller was the grandson of an American slave who purchased his and his wife's freedom and subsequenty emigrated to Liberia in 1852. It was here that they helped establish a settlement of free African Americans. Solomon Carter Fuller was later born on August 11, 1872 in Monrovia, Liberia. Dr. Fuller initially showed interest in medicine after observing his grandparents work as medical missionaries in Liberia.

It was not until 1889 that he came to the United States to attend Livingston College in Salisbury, NC. He would go on to receive his M.D. from Boston University School of Medicine in 1897 and worked as a pathologist at Westborough State Hospital for the Insane in Boston, becoming the first African American psychiatrist.



In 1904, Dr. Aloi Alzheimer invited Dr. Fuller and four psychiatrists to be graduate research assistants at the Royal Psychiatric Hosptial, Munich. It was during his time in Germany with his thirst for additional medical training, that led to his many contributions to what we know about Alzheimer's dementia. In 1907, while serving as a pathologist again he made one of his greatest contributions to Alzheimer's research. While studying brain tissues of cadavers with history of mental disorders he found plaques, which he would later term amyloids.



"Alterations in the neurofibrils which might well be considered pathological, may be demonstrated in the cerebral cortex of persons dying insane"

This ultimately supported the notion that dementia was not due to senility, but rather was a disease in itself. He would later document his finding the **Study of Neurofibrils in Dementia Paralytica, Dementia Seniles, Chronic Alcoholismin, Cerebral Lues, and Microcephalic Idiocy (with thirteen plates)** in the American Journal of Insanity published April 1907.

Later in his medical career, following the opening of the Tuskegee Veterans Administration Medical Center after World War I, Dr. Fuller help develop the neuropsychiatric ward with an entirely Black staff. While there Dr.Fuller was instrumental in recruiting and training Black psychiatrists for key positions. He also trained professionals to correctly diagnose the side effects of syphilis to prevent Black war veterans from getting misdiagnosed, discharged, and ineligible for military benefits.

By the end of his career Dr. Fuller would teach pathology and work at Boston University Medical School for 34 more years until blindness caused by diabetes forced him to retire. He continued to practice privately subsequently. His prominence as a neuropathologist and physician would warrant his obituary to be published in the New England Journal of Medicine. His portrait hangs with those of psychiatry's founding fathers at APA headquarters in Washington, D.C. In 1974, the Black Psychiatrists of America created the Solomon Carter Fuller Program for young black aspiring psychiatrists to complete their residency. The Solomon Carter Fuller Mental Health Center in Boston is also named in honor of his accomplishments.

Grand Rounds

March 1, 2018 Dr. Kyle
March 15,2018 Dr. Krause
April 5, 2018 Dr. Pastis
April 19, 2018 Dr. Mutter

Journal Club

March 22, 2018
Dr. L. Chatham
Dr. A. Chatham
Dr. Roopma

History

In 1926, Carter Godwin Woodson established Negro History Week, which later in 1976 became Black History Month. The month of February was chosen in honor of Frederick Douglass, whom was born circa February 1818.

James McCune Smith was one of the first African-Americans to earn a medical degree. In 1837, Smith earned a his degree from the University of Glasgow in Scotland. He practiced general surgery and medicine in lower Manhattan.

For any questions or suggestions for the listings please email Psychademic ECU@gmail.com subject Business.

Resident Council Updates

Interested in a resident sub-committee? Contact your resident council representatives Dr. Brooks or Dr. Alami.

Resident Opportunities

**APA 100% Club for Residency Training Programs* The APA 100% Club was established to encourage residents throughout the United States and Canada to join the APA with fellow trainees in their programs.

AACAP's Douglas B. Hansen, MD, 43rd Annual Review Course,* **March 2 to April 13. *This is the first year the course is available online.*

AACAP has also introduced* **Pathways, *an online learning portal for educational activities that will enhance your practice in child and adolescent psychiatry.*

Conference Watch: *Local*

Opioid Use Disorders: Medication-Assisted Treatment, Harm Reduction, and Emerging Psychotherapeutic Interventions* **March 3, 2018 Cary, NC. Present the latest research and cutting edge approaches relevant to the treatment of opioid use disorders from a systemic perspective.

CHS Sleep Symposium 2018* -Tailored to clinicians who have an interest in Sleep Medicine. Increase knowledge base about this fascinating multidisciplinary field and take home practical information. **March 9, 2018 Charlotte,NC

**ASAM Criteria Overview One-Day Workshop* Provides an overview of The ASAM Criteria for prescribers providing Office-based Opioid Treatment (OBOT) or working with Opioid Treatment Programs (OTPs), and for treatment teams working with prescribers on state of the art addiction treatment, especially as it relates to implementing the content and spirit of The ASAM Criteria (2013)

March 14, 2018 Winston Salem
March 19, 2018 Ashville, NC
March 21, 2018 Fayetteville, NC
March 28, 2018 Greenboro, NC

**ASAM Criteria Skill Building Two-Day Training* Application-focused training, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay and transfer/discharge criteria

March 6-7, 2018 Wilmington, NC
March 15-16,2018 Winston Salem, NC
March 20-21, 2018 Asheville, NC
March 22-23, 2018 Fayetteville
March 26-27, 2018 Greensboro, NC
April 18-19, 2018 Charlotte, NC
April 19-20, Raleigh, NC
April 23-34, 2018 Greenville, NC

The Masters Series in Mental Health - Autism Spectrum and Related Disorders :* Diagnosis and Treatment throughout the Life Span **Mar 14 , 2018 Asheville,NC *Reviews current diagnosis and presentation of Autistic Spectrum Disorders and highlights psychosocial, somatic and pharmacological approaches shown to optimize management and promote success.*

AACAP's Legislative Conference,* **April 8-9 *Washington, DC.*

Geriatrics Psychiatry and Palliative Medicine* **Jun 22 - 24, 2018 Asheville, NC

NCPA 2018 Annual Meeting & Scientific Session September 27-30, 2018 Asheville, NC
*****Submission Deadline: June 30 Applicants Notified by: July 31*****

Requiring Travel

National Rx Drug Abuse & Heroin Summit **April 2-5, 2018 Atlanta,GA**

Society of Behavioral Medicine 39th Annual Meeting & Scientific Sessions **April 11-14, 2018 New Orleans, LA**

International Stress and Behavior Society (ISBS) 14th International Regional Neuroscience and Biological Psychiatry Conference **June 22-23, 2018 Miami Beach, FL** *****Abstract submission deadline: April 30, 2018*****

2018 APA Annual Meeting 5/5-5/9 NYC, NY

The 73rd SOBP Annual Meeting will take place in New York City May 10th to 12th, immediately AFTER the APA meeting. The theme of the 2018 Annual Meeting is, "Biomarkers, Biomodels, and Psychiatric Disorders

Southeastern Symposium on Mental Health 2018 (SESMH 2018) The 2018 Symposium will be held on May 18-19th Greenville, SC. The theme for 2018 is Mental Health Collaborations: Diversity and Inclusion – Integrating Research, Education, and Practice.

The 2018 ASCP Annual Meeting will be held in Miami Beach, FL from May 29 - June 1, 2018. Key aspects of neuropsychiatric drug development, including the impact of diagnostic changes and personalized interventions based on biomarkers or genetic information.

Current Psychiatry and American Academy of Clinical Psychiatrists (AACP) Focus on Neuropsychiatry Jun 15 - 16, 2018 Arlington, VA

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
26	27	28	1	2	3	4
-8th Annual Black History Month Art Exhibition- Pitt Community College -Kicking Cancer with Cuisine-Starlight Cafe	-8th Annual Black History Month Art Exhibition	-8th Annual Black History Month Art Exhibition -Karaoke at Fire American Tavern		-Starlight Cafe and Farm Jazz Night -North Carolina in the First World War	-G3Ectacular 2018- American Legion Post 39	-Downeast National Juried Exhibition- Emerge Gallery
5	6	7	8	9	10	11
-2018 MFA Exhibition: Wellington Art Gallery		-Trivia Night at Crossbones	-E. AHEC: Being Resilient and Renewing your purpose in Healthcare	-E. AHEC: Sex, Internet, and Gambling: Treating the 'Other Addictions' by Breaking Cycles and Restoring Trust -African American Music Series- Emerge Gallery		
12	13	14	15	16	17	18
-Mellow Mushroom Summer Trivia Contest	The Art of Recycling March 13, 2018 through March 15, 2018	Karaoke at Fire American Tavern		-E. AHEC: Opioid Crisis: Effects on Children and Families -Salsa Dance- Crave -Junie B. Jones Musical: Wright Auditorium		-Golden Dragon Acrobats- Wright Auditorium
19	20	21	22	23	24	25
-World Tavern Poker- Fire American Tavern		-Harlem Globetrotters- ECU	-E. AHEC: Intellectual and Developmental Disabilities Services Conference Dance 2018- ECU	-E. AHEC: Intellectual and Developmental Disabilities Services Conference	-Kidsfest- Greenville Convention Center	
26	27	28	29	30	31	
-Mellow Mushroom Summer Trivia Contest		-E. AHEC: Mood Dysregulation & Bipolar Disorder in Youth and Early Adults: Practical Assessment, Better Outcomes	-E. AHEC: Mental Illness in Older Adults	-Moxie Pop Sup Yoga- Port Terminal Boat Ramp		

Advice

Tips on how to approach conversation about guns with patients:

We all realize how important this is becoming an issue in the news and in our practice. As psychiatrist, most of the people we see on a daily basis are high risk for self-harm, suicide, or violence. We have to get comfortable with asking patient's about gun safety and presence in the home.

1. Ask. In order to know about access to we have to ask patient's and their families. We cannot assume based on looks and appearance if someone has access to firearms.

2. Assess risk.
   -If patient is high risk: Counsel in regards to decreased access to firearms or disposal
   -If patient is low risk: Counsel patient on safe storage

We do not always advocate for removal of guns (depending on patient's presentation or risk). Make sure that guns are stored safely. Give examples such as in a safe or location with limited access, child proof locks on firearms, storing firearms in locked cabinet with key or passcode being held by someone responsible. Our goal is to assess risk and mitigate risk.

3. Discuss this as a public health issue. Below are statistics that can be helpful to start a discussion with patients. Remember that most gun owners are knowledgeable about and committed to gun safety. Focus on health.

4. Provide context for questions. Make sure questions or statements are not accusatory.

5. Help families consider the risk of other's in the household. Ex. Parents may feel comfortable with firearm unlocked at home on the coffee table, however child in the home has depression. You'd be surprised how many family members do not think about mental state of other's in the household when it comes to firearm access.

Keeping Children Safe in the Wake of Gun Violence

Adapted from resources provided by American Academy of Child and Adolescent Psychiatry. For more information, visit www.aacap.org.

Gun legislation is a very controversial topic today, especially after the recent Florida school shooting. No matter where you stand on the spectrum of legislation, I think we can all agree that we want to keep our children safe. The United States has the highest rates of firearm-related deaths among industrialized countries, with almost one-third of all homes containing guns. It is estimated that approximately one million children bring guns to school each year. Many accidental shootings occur in the homes of friends and relatives.

What to say:

Past events have resulted from many causes including mental illness rage, extreme political or religious beliefs, and frank hatred. It does not help children to have them fear groups of people who fall into any specific demographic categories. Talking about the event with children can decrease their fear. Discuss the event in words the child can understand and in a way that will not overwhelm them. Help children understand that adults work hard to identify and stop dangerous events before they happen. Pretending there is not danger will not end a child's concerns. Provide reassurance regarding his/her own safety in simple words emphasizing that you are going to be there to keep him/her safe.

What to do:

If a gun is stored in a home, the risk of homicide increases threefold and the risk of suicide increases up to fivefold. AACAP believes that the most effective way to prevent firearm-related deaths and injuries in children and adolescents is to reduce the presence of guns in homes and communities. If guns are in the home, the following actions are necessary to lessen dangers. Store all firearms unloaded and uncocked in a securely locked container. Only the parents should know where the container is located. Store the gun and ammunition in separate locked locations. Place a padlock around the top strap of a revolver. For a pistol, use a trigger lock. Never leave a gun unattended when handling or cleaning. Parents should check with the parents at other places where their children play about the presence of guns.

Know your children's whereabouts, and set clear and consistent curfews.

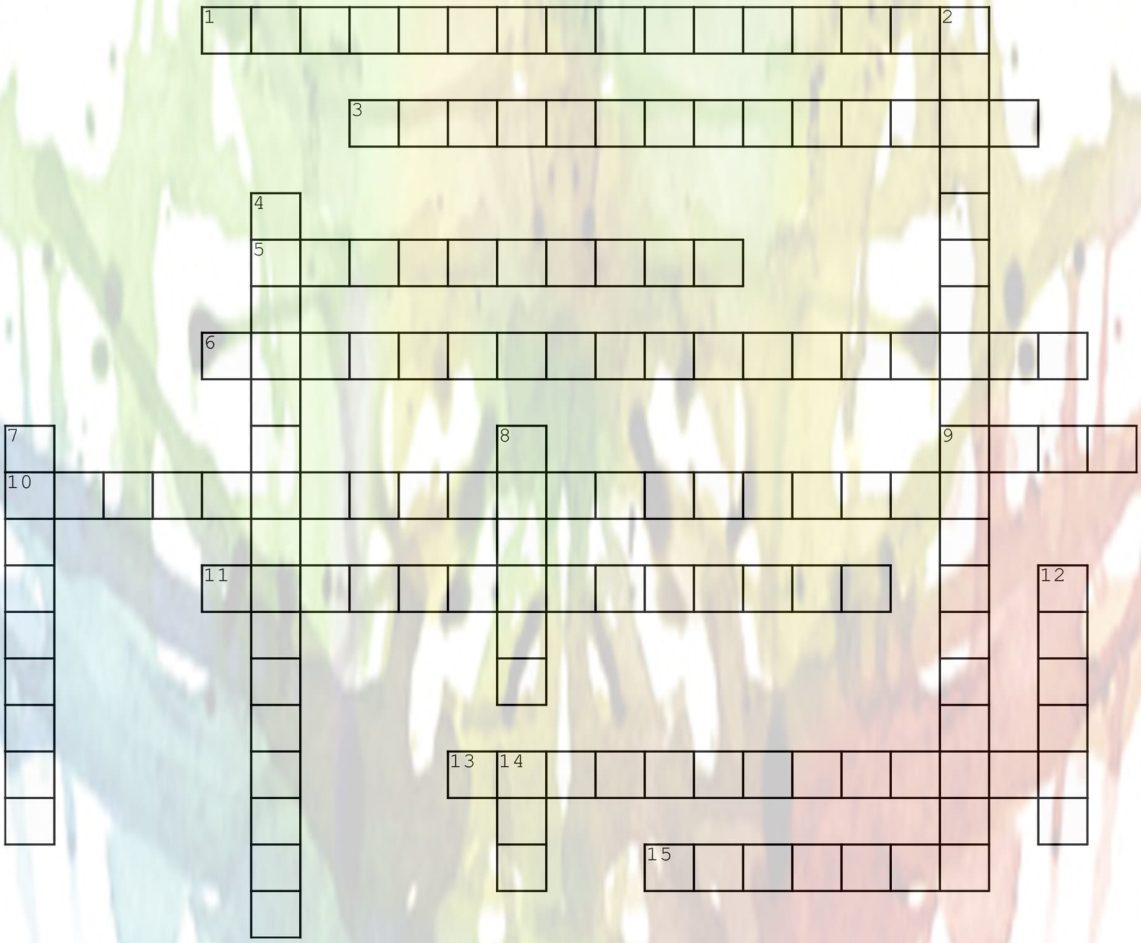
Be aware:

Seeing and hearing about local and world events, may cause children to experience stress, anxiety, and fears. A child's age affects how the child will respond to the disaster, so look out for the following signs.

*Refusal to return to school
*Continuing fears about the event
*Sleep disturbances
*Loss of concentration and irritability
*Behavior problems
*Physical complaints
*Withdrawal from family and friends

Be alert to these changes in a child's behavior, and the need for possible further evaluation by a child and adolescent psychiatrist.

The Wonderful World Of Child Psychiatry



Across

1. Cruelty to animals often an early symptom.
3. It is not a psychiatric disorder and can have many causes.
5. Repeated passage of feces into inappropriate places.
6. The most common anxiety disorder of childhood.
9. Extreme and persistent restlessness, sustained & prolong motor activity, difficulty in maintaining attention and impulsivity.
10. Pervasive pattern of negativistic, defiant, disobedient, and hostile behaviors toward authority figures.
11. Lack of purposeful hand movements; flapping.
13. A parent states "He won't be still and he makes noises."
15. Can persist and develop into antisocial personality and lifelong criminality.

Down

2. Persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions.
4. Failure to speak in specific social situations despite speaking in other situations.
7. Multiple motor and one or more vocal tics lasting at least 1 year.
8. Infection may precipitate abrupt onset of tics, compulsions, emotional lability, episodic and recurrent.
12. Abnormalities of communication, abnormalities of social relationships and restriction of behavior & interest.
14. Sudden, unpredictable physically/verbally aggressive outbursts.

References

1. https://www.cdc.gov/nchs/fastats/adolescent-health.htm
2. Benjamin Shain and COMMITTEE ON ADOLESCENCE. Suicide and Suicide Attempts in Adolescents. Pediatrics 2016;138; DOI: 10.1542/peds.2016-1420 originally published online June 27, 2016
3. https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf
4. Whitlock, J and Knox, K.L. Arch Pediatr Adolesc Med. 2007;161(7):634-640 The Relationship Between Self-injurious Behavior and Suicide in a Young Adult Population
5. Butler, A.M. and Malone, K. BJP 2013, 202:324-325. Attempted suicide v. non-suicidal self-injury: behaviour, syndrome or diagnosis? DOI: 10.1192/bjp.bp.112.113506

For resources to find out more about guns and violence:
https://www.umassmed.edu/globalassets/family-medicine-and-community-health/grand-rounds-2017/talking-to-your-patients-about-gun-safety_11.13.pdf
https://everytownresearch.org/gun-violence-by-the-numbers/
https://www.bradycampaign.org/key-gun-violence-statistics
http://www.projectchildsafe.org/news/ten-tips-firearm-safety-your-home