

TEMPLE UNIVERSITY

DEPARTMENT OF PSYCHIATRY

NEWSLETTER
SUMMER 2021



LETTER FROM THE CHAIR

I am honored to have the opportunity to write my first Chair's Column. Following over a decade of leadership as Chair of the Department of Psychiatry and Behavioral Sciences at Temple University, William Dubin MD recently retired. As our residents and faculty are aware, he accomplished much during his time here at tenure at Temple, and his true legacy is our amazing department. I had the opportunity to reflect on our department's values and strengths at our July faculty meeting, and I would like to share some of what was said.

Who are we, and what are our values? We are an energetic and diverse group of physicians who are tied together by our values and commitment to outstanding patient care and education. We value the input of all of our team members, and we think that our members' individuality and diverse experiences make us a stronger and more effective team. We strive for our best in all of our academic and patient care endeavors, and we constantly look for ways to improve. Our group is cohesive, flexible, and resilient. We take care of ourselves and of our colleagues – both in and out of work. We believe in collegiality and find our daily work fun and rewarding!

Our department has many strengths. The need for our services is high throughout the health system and the region, and we frequently find ourselves in high demand. We are a stable department without much faculty turnover, and we are economically sound. We have a growing research program. In addition to our own departmental research, we frequently partner with the many other centers and departments at Temple for research projects. However, our biggest strength is clearly our people. Our doctors provide excellent care for some of the region's sickest and most disadvantaged patients.

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LETTER FROM THE CHAIR

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We are proud of our resident and medical student education programs. Our residents are caring and academically curious. They usually choose our program because they are dedicated to our patient population, share our appreciation of diversity, collegiality, and teamwork, and are invested in learning to be an excellent psychotherapist and doctor. Our residents appreciate being part of a program large enough to support their many interests but also with a focus on individual mentoring. While at Temple, our residents are actively involved in departmental, local, and national committees. Most of them present at least once at a national meeting, and many publish in peer-reviewed publications prior to their graduation. At the conclusion of their training, some residents will choose fellowship, while others will go on to private practice or a multitude of other opportunities throughout the area and country.

One of our strengths is that we are always looking for opportunities for growth. There are always areas where a department could grow. However, our faculty most appreciates the need for growth of clinical services to help stem the rising behavioral health needs in our area. Our country has seen rising tides of mental illness, addiction and suicide, but these issues are even more acute here in the Kensington and North Philadelphia area. Last year we added subspecialty faculty in Forensic, Consultation-Liaison, and Child and Adolescent Psychiatry. We started integrated behavioral health in primary care at Temple. The addiction program is growing with new areas of service delivery at Prevention Point, a new team of Certified Recovery Specialists supporting the inpatient medical and emergency areas, and resumption of Suboxone induction in our Crisis Response Center. I am pleased to report that our faculty are enthusiastic about building the patient care services that will serve our community and provide educational and research opportunities in coming years.

Jessica Kovach, M.D.

Interim Chair, Department of Psychiatry



LETTER FROM THE PROGRAM DIRECTOR



Never in a million years would I have guessed from my first days at Temple as a psychiatry intern that I would be sitting down to write the “Program Director” section of the newsletter from Dr. Dubin’s desk. Similarly, I would have also never guessed that I would be working as a physician during a

pandemic. I was honored to be asked to step into this role, something I had not given much thought to earlier on in my career but something I found to be surprisingly rewarding.

I am looking forward to guiding our newest residents, helping our most senior residents transition beyond residency, and everything in between. Temple Psychiatry has such a special group of residents that are intelligent, hardworking, eager to learn, and fun! I enjoy seeing the residents helping each other, socializing, volunteering for recruitment tasks, and engaging in departmental committees. I hope the residents know that I will continue to advocate for what is best for them especially as it comes to their training, education, safety, and well-being and that they reciprocate that trust during this leadership transition. I hope that you will continue to provide collective feedback on making this department be the very best place to train psychiatry residents for years to come. Other than focusing on adjusting to this grandiose role, I hope that we can focus our efforts this year on continuing to recruit the best and brightest residents who will be happy training here. I hope to focus on recruitment of more minority medical students, particularly black and Latinx, reflective of our patient population. People often ask what I look for in a resident or what I consider to be a “good” resident. Resilience would be at the top of my list; our residents have faced several challenges such as expansion, a pandemic, and call restructuring.

In addition, we serve a very challenging and medically complex patient population. I would like to recruit students who are curious and excited about psychiatry and the population we serve, who feel proud about the work they do and are driven to deliver the best care possible, who lift up their colleagues and help when needed, who can add diverse life experiences, who are team players, who study and read, who have compassion and integrity, who come prepared and contribute to didactic discussions, and those who help contribute to the growth and support of the residency.

It is easy to get bogged down in our work but I encourage you to take a few moments to come up for air (and out of EPIC outpatient notes) to be mindful of what you have already accomplished, check in on a colleague, and appreciate the opportunity to train amongst some wonderful people. I am excited about incorporating a few new items into the didactic schedule this year such as an ongoing CBT case conference with Dr. Pastrana-Lopez as well as the trauma informed curriculum and supervision. I am thankful for the opportunity to begin the year with the return of in-person didactics as it is especially important for cohesiveness, well-being, and a richer educational experience. The virtual alternative is here to stay for those who cannot be on the same campus and one of the few pandemic benefits many of us have grown accustomed to. I could not do this magnanimous role without the assistance of our former PD and now chair, Dr. Kovach and my Associate Program Directors, Dr. Faden and Dr. Musselman. Last but not least, I am lucky to have support from the person who really runs the show—Alex Owen. Wishing everyone a successful academic year!

Ruby Barghini, M.D.

Program Director of Residency Training

PSYCHOTHERAPY INSIGHTS: CHANGE



Peter A. DeMaria, Jr., M.D., FASAM, DFAPA

We traditionally equate New Years with the dropping of the ball in New York's Times Square on January 1st . However, there is another New Years for those of us in academic medicine on July 1st . It is a time of change when medical students and house staff advance to the next year of their training. The fourth-year residents graduate, while the rising fourth-year residents reminisce about their first few outpatient therapy sessions when they struggled to know what to say. The PGY-2 residents ask, "Was I like that when I was an intern?" Most find it a time of reflection as they ponder the progress they have made. Some residents do not appreciate their growth as clinicians until the class following them arrives. Yet, they are smarter and wiser. Change is inevitable.

Change happens among faculty, too. I would like to acknowledge the retirement of Drs. Dubin and Steinhouse and thank them for their guidance and mentorship through the years; both are amazing role models. I wish both Drs. Kovach and Barghini well as they assume their new roles as interim chairperson and residency director, respectively. Also, I would like to thank the editorial staff for inviting me to continue the column focusing on understanding practical psychiatry formerly penned by Dr. Steinhouse. Change is inevitable.

As for patients, they enter therapy to change, right? Well, not so fast. A supervisor once told me that patients do not enter therapy to change, but rather to sure up their neurotic defenses. They want to be told there is nothing wrong with them; instead, it is the people around them who have the problems. This poses an interesting dilemma for the therapist. Maybe the other people in a patient's life should be coming to see us. Perhaps the core question is, how do people change? Prochaska and DiClemente developed their stages of change model to help guide clinicians. The model is the foundation of motivational interviewing, which is employed in working with individuals with substance use disorders whose desire to change is often ambivalent. Similarly, beginning therapists need to learn that while their interpretation may be correct, if it is improperly timed, it goes nowhere. So, we see here the great axiom of medicine – it is an art and a science.

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PSYCHOTHERAPY INSIGHTS: CHANGE

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Helping to guide our patients requires listening, thinking, conceptualizing, and timing. And even when we are on target, we are reminded of Freud's dictum that we are compelled to repeat until we work through (the concept of repetition compulsion). We may have gone over a dynamic a thousand times, and patients may complain about this, yet until there is the marriage of cognitive and affective insight there cannot be growth. So, we are patient and realize that change is hard and may take time, recognizing that the process of sitting with the patient, feeling their struggles, and helping them gain insight ultimately helps catalyze change. What started out as the patient complaining about everyone else in their life gradually turns to a serious and sometimes painful exploration of themselves, and with that, growth and freedom from the suffering that brought them into therapy.

Some changes are gradual and incremental, while others are more abrupt and momentous. This holds true in psychotherapy. Many patients believe that there will be a breakthrough in their therapy room like on television, perhaps punctuated by a strong affective response. They wonder what amazing thing their therapist will say that will unlock the mystery they have been struggling with and that brought them into treatment. This rarely happens. Some patients will complain to their therapist that there is not enough change and that the therapist's interventions and the medications they have been taking have not worked. As therapists, our job is to monitor our patients' progress and help shepherd them through the process. With time, the glacial movement occurs, and patients improve. Ultimately, the therapist recognizes it. A patient comes in and starts the session relaying a specific situation in their life, explaining to the therapist how they processed it utilizing dynamics that have been uncovered and worked through during the therapy. A warm smile comes over the therapist's face. Yes, therapy works.

Peter A. DeMaria, Jr., M.D., FASAM, DFAPA

Clinical Professor of Psychiatry & Behavioral Sciences

Coordinator of Psychiatric Services Tuttleman Counseling Services Temple University



WELLNESS COMMITTEE UPDATE



Ashby Mammen MD (PGY3)
Co-Chair of Wellness Committee

Resident physicians face the insurmountable task of meeting the expectations of their clinic work, completing increasing demands of healthcare bureaucracy, confronting the challenges of the COVID-19 pandemic, keeping the flame of their idealism to change the world still lit, and somehow finding time to maintain their personal lives. According to the American Medical Association, 1 out of 4 residents screen positive for depression at any time during residency. Over 70% of respondents in a 2021 survey from Medscape reported that their burnout was serious enough to have a moderate or severe impact on their lives. The gravity of this problem is why Temple Psychiatry has strived to place the utmost emphasis on facilitating resident well-being. Our Wellness Committee started the year with a survey asking how the program can augment the rewarding aspects of the job and target issue creating burnout.

We found that with food being a major reported factor for wellness, we're now ordering lunch during more Grand Rounds and lectures. We understood that many of the challenges residents faced during the pandemic were unspoken, so we're creating a monthly balint group to offer a safe space to process our emotions. The program is also aiming to expand work spaces in the CRC and hospital, to create a more efficient and safe work environment. The administration has promised to be receptive to any concerns, but in case residents are uneasy with directly raising concerns, we installed an anonymous feedback drop box in the call room. Speaking of call room, we're putting more effort than before to keep this space clean and well-stocked with snacks. We will continue to ask residents about what we can do better and how to tackle the problem of resident burnout head-on, making sure that this is always the top priority of our administration. We are confident that we can create a more positive atmosphere that all resident programs at Temple can mirror.

Ashby Mammen MD
Co-Chair of Wellness Committee

DIVERSITY COMMITTEE UPDATE



Divya Patel MD (PGY3)
Co-Chair of Diversity Committee

The Diversity and Inclusion committee currently includes Alison Liss and I as resident chairs as well as Dr. Musselman as our faculty chair. Recently the diversity committee hosted a movie night where residents and faculty watched the movie “How to Survive a Plague.” We gathered at Frankford Hall to discuss the many feelings and thoughts that came up while watching the movie! These events are a great opportunity for residents and faculty to come together to discuss topics relating to Diversity and Inclusion, many of which help us better understand and treat our patients. Some topics we’ve discussed include race and racism in medicine, LGBTQ health, as well as disparities in socioeconomic status as barriers to access care.

Through book clubs and movie nights, our goal is to continue engaging our colleagues in order to create productive dialogue regarding important issues within Psychiatry and Medicine as well as society as a whole. The Diversity committee is also continually involved in providing feedback and suggestions regarding improving our already robust didactics curriculum. Currently my co-resident chair, Alison Liss, is working on planning our next book club reading, “The Wretched of the Earth” by Frantz Fanon. Keep an eye out for an email with details and thank you Sarah Hmada for suggesting this book! We are excited and looking forward to our residents and faculty joining us for future events!

Divya Patel MD
Co-Chair of Diversity Committee

FACULTY SPOTLIGHT: DR. PETER DEMARIA



Peter A. DeMaria, Jr., M.D., FASAM, DFAPA

Dr. DeMaria has been a Clinical Associate Professor at Temple for the past 18 years, practicing through the Tuttleman Counseling Services Program, which offers mental health services to registered students at Temple University. His journey to psychiatry began with a fascination with science, particularly organic chemistry, where he graduated from Lafayette University with Honors in Chemistry studying nitrogen analogues of cannabinoids in his senior year. He subsequently went to Jefferson Medical College and completed a NIMH summer fellowship after his second year, working under a mentor who specialized in addiction. Through that experience, he was exposed to how drugs can affect behavior and developed a curiosity for biological psychiatry, chronic pain, and substance misuse. Dr. DeMaria then matriculated to Jefferson for residency in psychiatry, and during his training, became increasingly more interested in psychoanalysis. He was able to apply his passions for the psychoanalytic process to his patients who suffered with addiction, finding their cases to be both biologically complex and their stories to be some of the most moving he has heard.

Shortly after graduating, Dr. Demaria worked as a Medical Director of methadone treatment through the Narcotic Addict Rehabilitation Program of Thomas Jefferson University and served as faculty there for 13 years. He also consulted at Jefferson's Family Center Program, which worked closely with new parents and pregnant women who struggle with addiction. In 2002, Dr. DeMaria joined Temple University after applying for a position at Tuttleman and starting as the only psychiatrist on the team. Since that time, services have expanded significantly, and Dr. Demaria works closely with several psychiatrists, counselors, and additionally supervises Temple psychiatry residents.

As volunteer faculty, he teaches residents courses in psychodynamic psychotherapy, interviewing, and addictions. While he works primarily in medication management at Tuttleman, he continues to formulate cases psychodynamically, and carries a small caseload of therapy patients. His approach to mental health treatment is eclectic, explaining "we are students of human behavior because every patient we meet is unique." He applies this principle to his patient care, providing a diversity of interventions including CBT, DBT, ACT, and even going the extra mile to help students complete their homework or search for jobs.

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FACULTY SPOTLIGHT: DR. PETER DEMARIA

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Dr. Demaria's commitment to his patients is paralleled in his dedication to resident education, going over hours of taped clinical interviews and offering his seasoned perspective. He finds it most rewarding to prompt his residents to take pause, study the subtleties of the interactions, and reflect in real-time: What conflicts are present? What is happening in the room with respect to transference & countertransference? What are the dynamics? While he notes it can be challenging for new therapists to open themselves to evaluation, he works to foster a light-hearted environment where residents can challenge him, ask questions, and grow together as psychiatrists.

In his personal life, he notes his family is very important to him as he has three "grown & growing" children, with his youngest a rising senior in college. In his free time, he enjoys baking and is a polyglot, studying Italian and Spanish. Similar to his approach to psychiatry, Dr. Demaria's music tastes are eclectic as he

Interviewed by Pratheek Mangini MD



Dr. DeMaria's current outpatient practice is located at Tuttleman Counseling Services

STAFF SPOTLIGHT: ALEXANDRIA OWEN

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Written by Jamie Karasin MD

MEET OUR NEW INTERNS!

Compiled by: Ryan Serdenes DO

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Sarah Hmada, MD

Medical School: Lewis Katz School of Medicine at Temple University

Professional Interests: Psychodynamic Psychotherapy, PTSD, Community Psychiatry, Mental Health in the Arab Community

Hobbies: Fashion, thrifting, skincare, singing, netflix, spending time with my cat



Kittaporn "Gift"
Jonglertjanya, DO

Medical School: Midwestern University Arizona College of Osteopathic Medicine

Professional Interest: psychotherapy and child/adolescent psychiatry

Hobbies: camping, eating, baking and playing with my two doggies



Priyanka Kolli, MD

Medical School: Albany Medical College

Professional Interests: Child and Adolescent, Interventional, Consultation-Liaison

Hobbies: cooking, gardening, traveling, and decorating



Kevin Kurack, MD

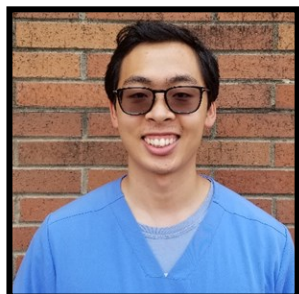
Medical School: Virginia Commonwealth University School of Medicine

Professional Interests: outpatient and psychotherapy, schizophrenia, possibly child and adolescent

Hobbies: travel, hanging out with my dog, watching the NY Giants, finding new restaurants, books, movies, and critiquing pizza

MEET OUR NEW INTERNS!

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Eric Lee, MD

Medical School: McGovern Medical School at the University of Texas Health Science Center at Houston

Professional Interests: Consultation-Liaison Psychiatry, Inpatient, HIV psychiatry

Hobbies: traveling, hiking, starting to get into bouldering



Pratheek Mangini, MD

Medical School: Rutgers-Robert Wood Johnson Medical School

Professional Interests: Trauma-informed care, Psychodynamics, Addiction, Child & Adolescent

Hobbies: Hiking, Karaoke, Meditating, Watercoloring



Vanessa Martinez, MD

Medical School: University of Texas Medical Branch

Professional Interests: Child and Adolescent Psychiatry, Addiction, Community Psychiatry

Hobbies: Dancing (contemporary, jazz, ballet), yoga, playing with my cat Dill and



Samuel Rosenblatt, MD

Medical School: State University of New York Upstate Medical University

Professional Interests: Forensics, Psychodynamics

Hobbies: Tennis, dogs, philosophy, chess, books, Bitcoin

MEET OUR NEW INTERNS!

~Page 3/3~

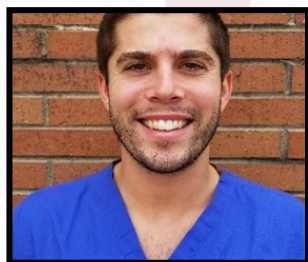


Nicholas Schmidt, MD

Medical School: Drexel University College of Medicine

Professional interests: child & adolescent psychiatry, eating disorders, psychotherapy

Hobbies: Working out, vegan food



Robert Simons, MD

Medical School: Central Michigan University College of Medicine

Professional Interests: Geriatric, Consultation-Liaison, and Interventional Psychiatry

Hobbies: Downhill Skiing, Water Skiing, Golf, Basketball, Pickleball, Traveling



Elsa Stoff, MD

Medical School: Cooper Medical School of Rowan University

Professional Interests: Addiction Psychiatry, LGBTQ healthcare, psychotherapy

Hobbies: cooking, baking, biking, rollerblading, playing D&D



Qianyu Wang, MD

Medical School: University of Oklahoma College of Medicine at Oklahoma City

Professional Interests: Outpatient psychiatry, Asian-American mental health, and psychotherapy.

Hobbies: kpop dancing, cooking, and hiking

MEET OUR NEW RESIDENTS!

Note: This year our department accepted three PGY2 residents who transferred from outside programs. We look forward to working with them—welcome to the Temple family!

Compiled by: Poorna Sreekumar MD



Sahil Patel, MD

Medical School: Saint George University

Professional Interests: Emergency Psychiatry, Consultation-Liaison, Addiction

Hobbies: Traveling, Reading, Youtube

“The transition into the Temple Psychiatry Residency program has been seamless. Everyone has been incredibly helpful and I feel that I have a very strong support system. My career interests now are emergency psychiatry and addictions. My hobbies include traveling, reading, rock climbing, and photography.”



Manju Pillai, DO

Medical School: Touro College of Osteopathic Medicine

Professional Interests: Psychotic Disorders, Sleep Disorders

Hobbies: Reading, Video Games, Hanging out with family/friends

*“I transferred over from the Psychiatry Program at Geisinger Medical Center in May and the transition went surprisingly well, to be honest. Obviously, the CRC was the biggest adjustment (as there was no Psychiatric ED at GMC), but between the attendings and the other residents, it didn't take too long before I was no longer completely lost. Beyond that, the workflows for inpatient units don't differ much from location to location and, again, I was quickly caught up to speed on those differences by the other residents. I'm still trying to decide what exactly I want to do in the future, but currently I'm interested in working with psychotic disorders and sleep disorders. In my down time, I like to read (currently working through *The Memory Police* by Youko Ogawa) and play video games.”*



Sylvia Yu, MD

Medical School: Loma Linda University

Professional Interests: Geriatric Psychiatry

Hobbies: playing with dogs

*“My adjustment to Temple from Geisinger has been good! I appreciated the 2 months to get inpatient and CRC experience as that definitely gave a good idea of what we would need to do before the interns came on. All the residents have been really great and welcoming. The CRC is very different from any experience I have had in medical school or the previous residency, but attendings, residents, nurses, techs have all been very gracious in their patience and teaching. Career wise, I'm interested in Geriatric Psychiatry. My hobbies include playing with my dogs and I'm currently watching *Downton Abbey*.”*

FACULTY AND RESIDENT ACCOMPLISHMENTS

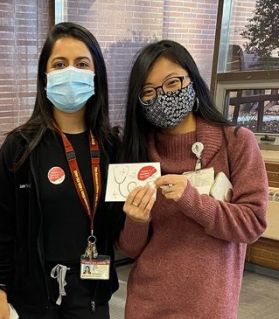
- ◇ Drs. Chandra, Musselman, and Ryan Serdenes (PGY-3) published an article in the Journal of Investigative Medicine titled “A Rare Case Report of a Corpus Collosal Splenial Lesion in the Context of Atypical Neuroleptic Malignant Syndrome.”
- ◇ Samuel Rosenblatt (PGY-1) was published in two articles this summer- “Ethical Challenges in the Treatment of Anxiety” in Focus Ethics Commentary and “New onset depression after colorectal cancer diagnosis: a population-based longitudinal study” in International Journal of Colorectal Disease
- ◇ Ryan Serdenes (PGY-3) and supervisor Dr. Gluzman won first place at the Philadelphia Psychiatric Society Colloquium of Scholars Meeting for the poster titled “Diagnostic Challenges in Atypical Psychiatric Manifestations of Behavioral Variant Frontotemporal Dementia”
- ◇ Dr. Morrison and students won second place at Philadelphia Psychiatric Society Colloquium of Scholars Meeting for the poster titled “Prevalence of Trauma and the use of Coping Mechanisms by Midlife Women in North Philadelphia.”
- ◇ Drs. Ortiz and Morrison were elected to the Board of Trustees of the College of Physicians of Philadelphia
- ◇ Mia Chatterjee (PGY-4) was featured in the summer edition of the Philadelphia County Medical Society magazine as a spotlight resident.

Should we list promotions? Kovach and Barghini?

We also need a new photo below.....



RESIDENCY IN PHOTOGRAPHS



PASSING OF DR. TONY PANZETTA

Pending. Need to arrange / find a better photo.

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