MUSC Psychiatry
Chair Update
August 2015

Thomas W. Uhde, MD
Department of Psychiatry and
Behavioral Sciences &
Institute of Psychiatry
After consulting with numerous chairs and leaders in education in departments of psychiatry across the country, and conducting a national search, I am extremely pleased to announce that Dr. Jeffrey Cluver has been selected to be the Vice Chair for Education & Training for our department.

Dr. Cluver has been in the interim role during the search process. It is clear to me, and everyone else involved at MUSC, that Dr. Cluver is the best person to lead our education and training missions. I am excited to welcome him back into the permanent role of Vice Chair of Education and Training Programs. Dr. Cluver will continue to be the Associate Medical Director for the Mental Health Service Line as well as the Director of the Psychiatry Hospitalists Division.

Please join me in congratulating Dr. Cluver and welcoming him back into this role as he leads our outstanding education and training programs to even greater success.
It is with great pleasure that I announce that Dr. Mullis has been selected to serve as the Vice Chair for Clinical Services. Dr. Mullis will continue in her leadership roles as Director of the Executive Committee for Clinical Operations and Assistant Medical Director for the Mental Health Service Line.

In her new leadership role, Dr. Mullis will oversee the efficient coordination of clinical services across the department’s 12 division-based subspecialty clinics, Behavioral Health Practitioners (i.e. individual faculty practices at the Institute of Psychiatry), Comprehensive Psychiatry Care Specialists (cash-based clinic), MUHA Mental Health Service Line, and our Outreach Programs throughout South Carolina. The goal of this leadership role is to develop strategic plans and implement comprehensive and seamless mental health services across all of the Department’s clinical domains.

Beyond her many contributions and leadership roles in the Department over the past 12 years, Dr. Mullis brings a wealth of past practical experience (e.g. medical and respiratory technology, forensic psychiatry, emergency medicine, and a large number of clinical roles in the public and private sectors) which make her the perfect person to serve as our Vice Chair for Clinical Services.

Please join me in congratulating Dr. Mullis as she assumes this new position.
Zhewu Wang, MD has joined Comprehensive Psychiatric Care Specialists and is now accepting referrals. Dr. Wang is a board certified adult psychiatrist who specializes in the treatment of mood and anxiety disorders, specifically focused on stress related conditions, such as post-traumatic stress disorder (PTSD), depressive disorders, and attention deficit hyperactivity disorder (ADHD). He has a specific interest in treating those who struggle with comorbid conditions, including problems related to both ADHD and PTSD. Being Principle Investigator, Dr. Wang has extensive experience in clinical and genetic research in the area of stress related disorders. He has conducted several clinical trials in the treatment of PTSD, depression, and ADHD. As both researcher and clinician, Dr. Wang provides extensive, high quality evaluation and evidence-based, cutting-edge psychiatric treatment for adults with ADHD, PTSD, and mood/anxiety disorders. He uses an individualized approach to address each individual’s responses to medications to find a unique medication combination for that specific individual.

Dr. Wang completed his general psychiatric training at the University of Iowa, Iowa City, Iowa. He is currently the Associate Professor at the Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina. He also serves as an attending Psychiatrist at the Ralph H Johnson VA Medical Center, Charleston, South Carolina.
Organizational Structure of Clinical Services
Department of Psychiatry and Behavioral Sciences
Information for Faculty

With large departments such as the Department of Psychiatry & Behavioral Sciences, it is sometimes perplexing for the “outsider” (as well as our newer faculty members) to have a full understanding of our clinical operations and services.

The purpose of the attached commentary and organizational chart is to provide an update on the governance structure and organization of the clinical operations of the department. This updated organizational chart, which is limited to clinical service operations, highlights the leaders and/or contact individuals at each of the points of service.

Special attention is given to selective areas where, in the recent past, there have been new programs launched, changes in structure, or a lack of clarity regarding unit functions or lines of authority.

Please print and keep this chart as a “handy” reference.
Psychiatry Practice Plan (PPP) (Director, Thomas Uhde):

Psychiatry Practice Plan (PPP), also referred to as “The Practice Plan (PP)”, is a generic term that has taken on different “meanings” to different people over the years. Today, PPP (or PP) simply refers to the department’s long-standing clinical operations at traditional sites.

The Psychiatry Practice Plan is composed of two major entities: Outpatient Department Services (OPS) (Director, Diana Mullis) and Medical University Hospital Authority-Based Services (MUHA-Based Services; Associate Medical Director, Jeffrey Cluver). It is easiest to think about these enterprises from a historical perspective. The OPS was historically developed to align with, and meet, in the strictest sense, the education-training and research missions of the department; whereas, in contrast, MUHA-based services [all inpatient units at the Institute of Psychiatry (IOP), MUHA Emergency Department (Psychiatry), MUHA Consultation Liaison Services, IOP Children’s Day Treatment Program, and IOP Season’s Program] were historically developed to provide state-of-the-art mental health services to largely underserved populations in South Carolina.

The “historical” roots of these different missions are still evident today; however, over the past two years there has been a major emphasis on developing strong academic programs within not only the OPS but also the MUHA-Based Clinical Service programs. The best expression of this strategic vision is the recent formation of the Psychiatry Hospitalist Division (PHD) (Founding Director, Jeff Cluver), which will soon recruit a Director of Research and develop a training fellowship in Hospitalist Psychiatry. The Psychiatry Hospitalist Division is not specifically identified on the clinical organizational chart because, in essence, its clinical service missions “are” the provision of all MUHA-Based clinical services.

MUHA-Based clinical services are self-evident (illustrated in salmon color on the chart) and will not be further discussed in this document. The PPP’s Outpatient Department’s Service’s (OPS) structure, however, deserves some further discussion insofar as there have been recent changes in focus and leadership.

Outpatient services within the department’s PPP are provided via two structures: Psychiatry Associates and Division-Based Clinics.

Psychiatry Associates (Director, Diana Mullis): Refers to individual faculty members (also known as “Behavioral Health Practitioners”) who provide clinical services in different locations (mainly, but not exclusively, on the 5th Floor of the South Wing of the Institute of Psychiatry). Psychiatry Associates accepts payment via cash, 3rd party private health insurance, Medicaid and Medicare.

Faculty members who participate in Psychiatry Associates would typically fall into one of the following categories: a) clinical or clinical research faculty members who need to pick up a portion of their salary that is not covered out of division-based resources and/or grants or contracts or b) clinical faculty members who wish to work exclusively within a largely insurance-based, single-practitioner practice model.

Pay is collection-based and incentive-based. New members of Psychiatry Associates are typically given a guaranteed base (usually for 1 year) for that proportion of time their practice in Psychiatry Associates covers their full-time FTE. After one year, the guaranteed portion of the salary is adjusted based upon the prior year’s productivity.

Faculty members seeking information should contact Dr. Diana Mullis, Director of Psychiatry Associates at 792-8878.

Division-Based Clinics: Over the years, most of the department’s 11 divisions have developed one or more clinics, whose operations are contained within, and operated by, the divisions themselves. These clinics offer a range of subspecialty clinical care. The clinics listed under division-based clinics in the attached organization chart are not divisions themselves, but, rather clinics that have been independently developed by individual divisions over the years.

The governance structure of the department is strongly decentralized in philosophy. As a result, almost all decisions regarding the scope and focus of a division’s clinical services are made by the divisions themselves. Thus, there is no singular business or decision-making model that applies commonly across all of the division-based clinics. Revenue distributions and incentives are allocated by the Division Director.
Faculty members needing additional information about compensation models related to division-based clinics should contact their division director(s).

In terms of patient referrals, a separate sheet of information will be published in the near future that provides telephone numbers for making referrals. Please note that most of the clinics use central scheduling (792-9162) for outpatient referrals. Additional information regarding any of our division’s subspecialty care services should be directed toward the contact person(s) listed on the clinical organizational chart (see attached document).

**Outreach Operations** (Director, Hugh Myrick)
The department continues to look for opportunities to affiliate with selected outside hospital system partners. The driving force for engaging in these outside partnerships is to advance a specific element of our academic missions, which we would be unable to completely meet without such affiliations. Over the past 7 years, the department has established contractual arrangements with the following systems: Colleton Medical Center (Walterboro, SC), New Hope, Regional Medical Center (Orangeburg, SC), and Self Regional Healthcare (Greensboro, SC). The department, in conjunction with MUHA, is also currently negotiating with several additional hospital systems.

Faculty members who participate in one or more of our Outreach Operations would typically fall into one of the following categories: a) clinical or clinical research faculty members who wish to pick up a portion of their salary that is not covered from division-based resources and/or grants or contracts, b) clinical faculty members who wish to work exclusively at one of the outreach sites, or c) full-time faculty members who wish to augment their salary by working outside their assigned duty times.

Pay is contract-based, with incentive-based options.

**Comprehensive Psychiatry Care Specialists (CPCS)** (Director, Kirk Meekins)
CPCS was developed in 2014 to meet the following goals: 1) provision of individually designed, comprehensive, personalized behavioral medical care that is not typically covered by third party payers (e.g., 2-hours therapy sessions, wellness management) and 2) opportunity for faculty members to work in a traditional cash-based private practice setting.

CPCS is a cash-only based clinic (although some CPCS clients choose, on their own, to file for re-imbursement from their insurance providers). Fees are determined by the provider. Faculty members who participate in CPCS would typically fall into one of the following categories: a) faculty members who provide highly specialized treatment modalities, which are not covered by third party payers, b) faculty members whose services (e.g., neuropsychological testing, couples therapy) are reimbursed at an unacceptable rate by third party payers, c) clinical research faculty members with national/international reputations who wish to develop consultation services for patients wishing to obtain “second” opinions, d) clinical or research faculty members who need to pick up a portion of their salary that is not covered out of division-based resources and/or grants or contracts, e) faculty members who wish to work within a cash-based model; and f) part-time faculty members (e.g., faculty at the VAH) who wish to augment their salaries by establishing a private-practice at CPCS outside of their normal working hours (e.g., early mornings, evenings, off-duty hours).

New members of CPCS who are dependent on covering a fixed proportion of their full-time FTE from CPCS collections may be offered, contingent upon their circumstances, a guaranteed salary for a limited period of time to develop his/her practice. Thereafter, the guaranteed portion of salary from CPCS will be adjusted based upon the prior year’s productivity.

**FAQ’s:**
**Where do the monies come from to support the faculty who provide MUHA-Based services?**
On an annual basis, MUHA contracts with the department to provide mental health services (see organizational chart) at MUHA-based programs. These monies are used to pay part of the salaries for clinicians providing professional services.

**Do the monies from the MUHA contract cover all of our faculty’s salaries?**
No. The department bills for professional services and retains the collections to help cover the salaries of faculty providing MUHA-based services.
Faculty members needing additional information about compensation models related to division-based clinics should contact their division director(s).

In terms of patient referrals, a separate sheet of information will be published in the near future that provides telephone numbers for making referrals. Please note that most of the clinics use central scheduling (792-9162) for outpatient referrals. Additional information regarding any of our division's subspecialty care services should be directed toward the contact person(s) listed on the clinical organizational chart (see attached document).

**Outreach Operations (Director, Hugh Myrick)**
The department continues to look for opportunities to affiliate with selected outside hospital system partners. The driving force for engaging in these outside partnerships is to advance a specific element of our academic missions, which we would be unable to completely meet without such affiliations. Over the past 7 years, the department has established contractual arrangements with the following systems: Colleton Medical Center (Walterboro, SC), New Hope, Regional Medical Center (Orangeburg, SC), and Self Regional Healthcare (Greenwood, SC). The department, in conjunction with MUHA, is also currently negotiating with several additional hospital systems.

Faculty members who participate in one or more of our Outreach Operations would typically fall into one of the following categories: a) clinical or clinical research faculty members who wish to pick up a portion of their salary that is not covered from division-based resources and/or grants or contracts, b) clinical faculty members who wish to work exclusively at one of the outreach sites, or c) full-time faculty members who wish to augment their salary by working outside their assigned duty times.

Pay is contract-based, with incentive-based options.

**Comprehensive Psychiatry Care Specialists (CPCS) (Director, Kirk Meekins)**
CPCS was developed in 2014 to meet the following goals: 1) provision of individually designed, comprehensive, personalized behavioral medical care that is not typically covered by third party payers (e.g., 2-hours therapy sessions, wellness management) and 2) opportunity for faculty members to work in a traditional cash-based private practice setting.

CPCS is a cash-only based clinic (although some CPCS clients choose, on their own, to file for re-imbursement from their insurance providers). Fees are determined by the provider. Faculty members who participate in CPCS would typically fall into one of the following categories: a) faculty members who provide highly specialized treatment modalities, which are not covered by third party payers, b) faculty members whose services (e.g., neuropsychological testing, couples therapy) are reimbursed at an unacceptable rate by third party payers, c) clinical research faculty members with national/international reputations who wish to develop consultation services for patients wishing to obtain “second” opinions, d) clinical or research faculty members who need to pick up a portion of their salary that is not covered out of division-based resources and/or grants or contracts, e) faculty members who wish to work within a cash-based model; and f) part-time faculty members (e.g., faculty at the VAH) who wish to augment their salaries by establishing a private-practice at CPCS outside of their normal working hours (e.g., early mornings, evenings, off-duty hours).

New members of CPCS who are dependent on covering a fixed proportion of their full-time FTE from CPCS collections may be offered, contingent upon their circumstances, a guaranteed salary for a limited period of time to develop his/her practice. Thereafter, the guaranteed portion of salary from CPCS will be adjusted based upon the prior year’s productivity.

**FAQ’s:**
Where do the monies come from to support the faculty who provide MUHA-Based services?
On an annual basis, MUHA contracts with the department to provide mental health services (see organizational chart) at MUHA-based programs. These monies are used to pay part of the salaries for clinicians providing professional services.

Do the monies from the MUHA contract cover all of our faculty’s salaries?
No. The department bills for professional services and retains the collections to help cover the salaries of faculty providing MUHA-based services.
FAQ's cont.

**What happens if the MUHA contract and the department's professional service collections are insufficient to cover faculty salaries and benefits?**
There would be a deficit and the department would need to find a way to cover the salary short-falls.

**What is the difference between the Psychiatry Hospitalist Division and the MUHA Mental Health Service Line?**
The mental health service line is a component of the Psychiatry Hospitalist Division.

Dr. Uhde recently announced the formation of the Psychiatry Hospitalist Division, which became the department’s 11th academic division. The vision of the Psychiatry Hospitalist Division is to promote research in hospital-based behavioral medicine and train physicians in the emergent subspecialty field of hospitalist psychiatry.

Thus, the mental health service line is the clinical service dimension of the larger mission of the Psychiatry Hospital Division. Moreover, clinical services beyond those sponsored by the MUHA mental health service line will be developed in the future to meet the academic missions of the division.

**Where is the Residents Clinic?**
Actually, nowhere and everywhere!
The term resident’s clinic refers to an outdated model where residents provided ambulatory services under attending supervision on the fifth floor of the IOP South. To achieve a more comprehensive experience, resident training is now integrated into a larger number and different types of mental health care models.

**What clinic do residents rotate on the Fifth Floor South IOP?**
The residents rotate in the General Adult Psychiatry Clinic. This clinic is directed by Dr. Frampton Gwynette.

**How many different groups see patients on the Fifth Floor South IOP?**
Although there is a single reception desk, there are three different clinical groups that operate on the Fifth Floor: The General Adult Psychiatry Clinic, the Community Psychiatry Clinic, and Psychiatry Associates/Behavioral Health Practitioners.

**What is the difference between the General Adult Psychiatry Clinic and the Community Psychiatry Clinic on the Fifth Floor South IOP?**
The General Adult Psychiatry Clinic (Director, Dr. Frampton Gwynette) and Community Psychiatry Clinic (Director, Dr. Kirk Meekins) are both operated by the Community and Public Safety Division (Division Director, Gregg Dwyer). Other than residency training being integrated into the General Adult Psychiatry Clinic, they both offer community-based mental health services.

**There are two different clinics managed by the same division each providing the same services on the same floor in the IOP. That seems illogical. Why not merge them into one clinic?**
The presence of the Community Psychiatry Clinic on the fifth floor of South IOP, which was previously located at MUSC Specialty Care West Ashley, is temporary. The department is currently looking to lease space in another part of the community. Given the plans for relocation in the near future, it is reasonable to keep the operational functions of the two clinics separate.

**What is Psychiatry Associates?**
Psychiatry Associates refers to clinical faculty members who, as individual practitioners, provide clinical services and accept insurance rates for professional services. Basically, Psychiatry Associates provides a “home” for clinicians who wish to engage in a revenue-generating, insurance-based practice outside of their division-based responsibilities.

There are direct and indirect costs associated with the management of the administrative infrastructure (billing, collection, space oversight etc.).

The Director of Psychiatry Associates is Dr. Diana Mullis.
FAQ’s cont.:

What happens if the MUHA contract and the department’s professional service collections are insufficient to cover faculty salaries and benefits?
There would be a deficit and the department would need to find a way to cover the salary short-falls.

What is the difference between the Psychiatry Hospitalist Division and the MUHA Mental Health Service Line?
The mental health service line is a component of the Psychiatry Hospitalist Division.

Dr. Uhde recently announced the formation of the Psychiatry Hospitalist Division, which became the department’s 11th academic division. The vision of the Psychiatry Hospitalist Division is to promote research in hospital-based behavioral medicine and train physicians in the emergent subspecialty field of hospitalist psychiatry.

Thus, the mental health service line is the clinical service dimension of the larger mission of the Psychiatry Hospital Division. Moreover, clinical services beyond those sponsored by the MUHA mental health service line will be developed in the future to meet the academic missions of the division.

Where is the Residents Clinic?
Actually, nowhere and everywhere!
The term resident’s clinic refers to an outdated model where residents provided ambulatory services under attending supervision on the fifth floor of the IOP South. To achieve a more comprehensive experience, resident training is now integrated into a larger number and different types of mental health care models.

What clinic do residents rotate on the Fifth Floor South IOP?
The residents rotate in the General Adult Psychiatry Clinic. This clinic is directed by Dr. Frampton Gwynette.

How many different groups see patients on the Fifth Floor South IOP?
Although there is a single reception desk, there are three different clinical groups that operate on the Fifth Floor: The General Adult Psychiatry Clinic, the Community Psychiatry Clinic, and Psychiatry Associates/Behavioral Health Practitioners.

What is the difference between the General Adult Psychiatry Clinic and the Community Psychiatry Clinic on the Fifth Floor South IOP?
The General Adult Psychiatry Clinic (Director, Dr. Frampton Gwynette) and Community Psychiatry Clinic (Director, Dr. Kirk Meekins) are both operated by the Community and Public Safety Division (Division Director, Gregg Dwyer). Other than residency training being integrated into the General Adult Psychiatry Clinic, they both offer community-based mental health services.

There are two different clinics managed by the same division each providing the same services on the same floor in the IOP. That seems illogical. Why not merge them into one clinic?
The presence of the Community Psychiatry Clinic on the fifth floor of South IOP, which was previously located at MUSC Specialty Care West Ashley, is temporary. The department is currently looking to lease space in another part of the community. Given the plans for relocation in the near future, it is reasonable to keep the operational functions of the two clinics separate.

What is Psychiatry Associates?
Psychiatry Associates refers to clinical faculty members who, as individual practitioners, provide clinical services and accept insurance rates for professional services. Basically, Psychiatry Associates provides a “home” for clinicians who wish to engage in a revenue-generating, insurance-based practice outside of their division-based responsibilities.

There are direct and indirect costs associated with the management of the administrative infrastructure (billing, collection, space oversight etc.).

The Director of Psychiatry Associates is Dr. Diana Mullis.
FAQ cont.: 

**What is Comprehensive Psychiatry Care Specialists (CPCS)?**

CPCS is a collection of clinical faculty members who currently operate as independent practitioners. This is a transition model with the longer term vision being a “hybrid group practice” with shared risks and upside financial gains. Decision-making and policies are governed by active members of the organization, who together make up the CPCS board. All members participate in a cash-based practice.

The Chair of the CPCS board is Dr. Kirk Meekins.

**What is the difference between Psychiatry Associates (PA) and Comprehensive Psychiatry Care Specialists (CPCS)?**

A better question is how are they identical? They are the same only insofar as they both offer faculty members a structured environment to engage in individual practices outside of division-based duties and each is largely an “eat-what-you-kill” model.

Outside of these similarities, they are quite different.

PA members are not “organized” as a group whereas CPCS policies and procedures are decided by CPCS membership.

PA is insurance-based. CPCS is cash-only.

PA is on-campus. CPCS is off-campus.

**Could a 1.0 FTE clinical faculty member with full-time responsibilities in a division(s) participate in Psychiatry Associates?**

As a general rule, the answer is “No”. Psychiatry Associates only operates at the present time within normal working hours. If a clinician is already working full-time in a division during normal working hours this precludes any chance of seeing patients in Psychiatry Associates.

There is a possible exception. If a portion of a faculty member's full-time division duties takes place outside of normal working hours, then this would free-up time for the faculty member to participate in Psychiatry Associates. This exception requires the approval of the faculty member's division director(s).

**Could a clinical faculty member with less than 100% effort in a division create a full-time 1.0 FTE position by participating in Psychiatry Associates?**

Yes. Not only is this possible but it is increasingly the mechanism by which full-time faculty positions are created by faculty members and/or the division director(s).

**Could a clinical faculty member have 100% effort in Psychiatry Associates?**

Yes. In this case, Psychiatry Associates serves the same functions as a full-time faculty member in a traditional academic Division.

**Who do I contact if I wish to participate in Psychiatry Associates?**

Dr. Diana Mullis.

Your Division Director(s) should also be informed about any discussions with Dr. Mullis insofar as participation in Psychiatry Associates might impact the distribution of effort and sources of salary support.

Division Director(s) may also work with you and Dr. Mullis to modify changes in your contract.

**Could a 1.0 FTE clinical faculty member with full-time responsibilities in a division(s) participate in CPCS?**

Yes. CPCS has the capacity to operate outside of normal working hours, including early morning, late evening, weekends and holidays. Even if a clinician is already working full-time in a division this would not preclude his/her participating in CPCS outside of normal working hours.

The availability of early morning, late evening, and weekend appointment times is particularly appealing to executives and other professionals.
FAQ cont.:
Could a clinical faculty member with less than 100% effort in a division create a full-time 1.0 FTE position by participating in CPCS?
Yes.

Could a clinical faculty member have 100% effort in CPCS?
Yes.

In this case, CPCS would serve the same functions as a full-time faculty member in a traditional academic Division. Such a person would both serve on the CPCS board and negotiate his/her annual contract with the Chair of the Department of Psychiatry & Behavioral Sciences or the Chair’s designated representative (i.e. the Chair of the CPCS Board).

Who do I contact if I wish to participate in CPCS?
Dr. Kirk Meekins.

Your Division Director(s) should also be informed about any discussions with Dr. Meekins insofar as participation in CPCS might impact the distribution of effort and sources of salary support. Division Director(s) may also work with you and Dr. Meekins to modify changes in your contract.

Who puts together my contract?
Your faculty contract is developed by your Division Director.

What is Executive Committee on Clinical Operations (ECCO)?
To answer this question first requires an understanding of the philosophy behind the department’s governance structure. The governance of the department is strongly “decentralized” in its structure and operations. This philosophy is driven by Dr. Uhde’s belief that our organization’s continued growth and development, in all spheres of its tripartite missions, can best be achieved by taking advantage of the expertise that exists at the division levels. It is his view that excellence resides in the creative power of those who work together as teams on the front lines.

Such a governance structure, however, creates some challenges. One of those challenges is to make sure that the department as a whole is moving forward to achieve its strategic missions.

An analogy might be useful. To make a car requires one to assemble a number of different parts (e.g., engine, windows, wheels, dashboards) into a final product, the automobile. Each of these parts is produced by different companies. To assemble the best possible automobile, you want access to the “best” components that go into making an automobile. In the end, however, somebody needs “assemble” the individual components to produce a final product. And, no matter how good the individual parts, they serve little purpose (other than providing a needed product for those wanting that specific product) until they have been put together into a working automobile.

Each of our divisions offer highly specialized clinical services. Standing alone they are among “the best” in the world. People seeking specific treatment (e.g., TMS) are well-served. However, in order to put together our final product, somebody has to assemble all of our different clinical service operations. Dr. Diana Mullis is Vice-Chair of Clinical Services and Director of the Executive Committee on Clinical Operations (ECCO). Within the context of our analogy, she is director of our clinical “assembling” process. Dr. Mullis and ECCO, representatives from each of our clinical service units, decide how to “assemble” our many different clinical components into our final product: an easily accessible, efficient, coordinated system of mental health care.
Preferred method for scheduling NEW patients:

**Behavioral Health Practitioners:**
- Autism/Rex: 792-9162
- Sleep/Anxiety: 792-9162
- Women’s Services: 792-9162
- Executive Wellness Program (Kelly Holes-Lewis, CPCS): 792-9396

**Division-Based Clinics:**
- Addictions Outpatient Clinic: 792-9162
- Biobehavioral Medicine: not open to general referrals, only take service line referrals.
- Brain Stimulation Services: 792-5716 (Pauline)
- Child and Adolescent Clinics: 792-9162
- Clinical Neurobiology Laboratory: order labs through EPIC
- Community Psychiatry Clinic: 792-9162
- General Adult Psychiatry Clinic: 792-9162
- Geriatric Clinic: 792-9162
- National Crime Victims Research and Treatment Center Clinics: 792-8209 (Meg or Emalyn)
- Weight Management Center: 792-2273

**Comprehensive Psychiatric Care Specialist (CPCS):** 792-9396

**Psychiatrists:**
- Thomas Uhde**
- Kirk Meekins
- Kelly Holes-Lewis
- Sarah Book
- Catherine Louis
- Zhewu Wang
- Mark Hamner

**Social Workers:**
- Hilary Bernstein
- Jeni Bowers-Palmer
- Debra Wallace
- Pat Yost

**Psychologists:**
- Alyssa Rheimgold
- Nancy Warren
- Josh Smith
- Viktoriya Magid
- Melissa Milanak
- Angela Moreland

**Call 792-0028 to schedule appt.**
EXECUTIVE COMMITTEE FOR CLINICAL OPERATIONS QUARTERLY REPORT

Community and Public Safety Psychiatry Division (CPSPD) reported expansion of services. Telepsychiatry with the South Carolina Department of Corrections (SCDC) has begun and medication management with South Carolina Department of Juvenile Justice (SCDJJ). Sheresa Christopher, Ph.D. now provides Psychological Assessments. Contact Kim Chilman at chilmank@musc.edu to make a referral.

Psychiatry Hospitalist Division (PHD) reported that Dave Beckert, M.D. and Kristen Williams, M.D. are now full-time faculty within the PHD since July 1, 2015. They provide alternating attending coverage for Consult Liaison and one of the General Adult Units on 3 North. Adrienne Langlinais, M.D. joined the faculty in the Youth Division on July 1, 2015 and will practice in the outpatient services.

Brain Stimulation Services reported that ECT is running at full capacity and the demand for services continues to increase. TMS is being delivered in half day clinics on 5North and the East Cooper location.

Ketamine is currently offered on a very limited basis.

Biobehavioral Medicine Division has initiated a tobacco cessation program under the direction of Ben Toll, Ph.D. at Hollings Center. The Comprehensive Pain Management Program with Digestive Disease has reached full capacity of 50 patients. Discussions have been initiated with transplant services and telehealth to expand services. In regard to research, an R01 was recently submitted with the bariatric surgery group to determine the effects of Acceptance and Commitment Therapy on weight-loss maintenance rates post-bariatric surgery.

The Employee Assistance Program (EAP) presented a Stress Management series to outpatient offices for MUSC Physicians and developed a program for the Hematology and Oncology Fellow entitled “Stress, Burnout and Resiliency.” EAP has also been marketing the program throughout South Carolina (SC) and was featured in the July issue of Profiles in Business.

Weight Management Center reported that FY14-15 was the highest revenue producing year for the center. Joshua D. Brown, PhD, FTOS applied for licensure in NC to deliver the most popular (and multidisciplinary) programs to residents in NC via telehealth. This service already offers these programs to all SC residents via telehealth.

Addictions Sciences Division (ASD), reported that the ASD Strategic Growth Task Force completed its strategic planning for clinical services for the next 5 years. Adolescent Substance use Skills and Education Training (ASSET) program was adopted by Charleston School District as preferred program. Increase of services for the geriatric population with addictions has been identified as a need. Josh Hillie, LISW has expertise working with geriatric populations and was hired to spearhead CDAP’s initiative to develop geriatric-focused program offerings. The demand for clinical services has continued to increase and the evening IOP program has reached new high census for patient attendance. For the family members, Families in Recovery Skills Training (FIRST) program was featured by MUSC: http://academicdepartments.musc.edu/pr/newscenter/2015/families-in-recovery.html#.VcJgtFwbqfQ

In regard to research recruitment for R01 Longitudinal Study of Functional Connectivity among Cocaine Users in Treatment (Colleen Hanlon, PI; Josh Smith, Co-I) has begun and is going well and data from 4 studies has been presented this year.

The NCVC has been identified as a partner to Emanuel AME to provide, along with CDMHC, mental health and supportive counseling to those members impacted by the June 17 shooting. The NCVC has been working closely with various community partners (including solicitor’s office, police department, US Attorney General’s Office, FBI, State Office of Victims Assistance, the Department of Public Safety Victim Programs, the church) on a long term comprehensive and coordinated response.

Pharmacy is not within the Department of Psychiatry and Behavioral Sciences, but is such an integral part of clinical services, that an update is included in this report. Discharge prescription program for indigent patients was reviewed, and based on decreased readmission rate for patients who received medications at discharge; there was an estimated annual savings of $150,000 in un-reimbursed hospital bills for this patient group. Emergency Department (ED) PharmD coverage expanded to include full medication histories on patients in the ED prior to transfer to IOP. Based on pilot data from April, this level of coverage was associated with a 2 day shorter length of stay.
Call for Concepts: MUSC’s Specialized Center of Research (SCOR) on Sex and Gender Factors Affecting Women's Health

The MUSC SCOR P50 is one of eleven specialized centers in the United States charged with the task of advancing research in women’s health and promoting institutional interdisciplinary research and is funded by the Office of Research on Women’s Health (ORWH), NIH. It is a productive interdisciplinary research center focused on treatment and relapse in substance use disorders in women and will complete its third renewal of a 5-year center grant in summer 2016, for a proposed funding period of 2017-2021. This call for concepts will select 3-4 PIs who will be invited to participate in the full grant submission.

Eligibility: Faculty with a strong interest in translational substance use disorders research that explores sex/gender differences or disorders/treatments as they uniquely relate to women

Concept Receipt Date: August 31, 2015

Please address inquiries to: Sarah Gainey, smithsar@musc.edu, (843) 792-8207

NEW HIRES

New Hires—Institute of Psychiatry:
Shayna Epstein
Efi Wilkins
Brittany Parker
Jennequia Brown
Kalea Edwards
Anna Eskew
Quai Stephens
Dr. Aimee McRae-Clark recently completed the Society for the Advancement of Chicanos and Native Americans in Science (SACNAS) Leadership Institute program. Thirty emerging leaders were invited to participate in the program. The cohort, from a variety of career tracks—postdoctoral, early career, and mid-career—were selected from a highly competitive pool of applicants. During the intensive five-day course, participants learn culturally relevant leadership skills from senior SACNAS members, as well as academic and industry leaders.

Dr. Gregg Dwyer was part of a group invited to present our work at the 34th International Congress of Law and Mental Health held in Vienna, Austria. Dr. Dwyer presented “The Assessment, Treatment and Community Management of Sex Offenders.” This is another joint collaboration between the ROH/University of Ottawa and the MUSC CPSPD.

Dr. Zachary Adams will assume the role of Director of Research Training for the Psychology Internship Program.

Dr. Gregg Dwyer was an invited faculty member for the South Carolina Law Enforcement Assistance Program 3-day Post Critical Incident Seminar for law enforcement and other public safety personal who have experienced traumatic events such as shootings, line of duty death, traffic accidents, suicide of co-worker or family member, etc.

Dr. Sheresa Christopher presented a workshop at the American Professional Society on the Abuse of Children conference with faculty from another university. The session was entitled “Applications of trauma-focused cognitive behavioral therapy with youth in residential treatment facilities.”

Dr. Gregg Dwyer was an invited speaker in the advanced level course entitled “Law Enforcement Awareness for the Mentally Ill” at the South Carolina Criminal Justice Academy (police academy for South Carolina), Columbia, SC.

Dr. Kevin Gray was invited to serve as a member of the NIH Interventions to Prevent and Treat Addictions Study Section, Center for Scientific Review

The MUSC SAMHSA grant that was submitted by COM and CON was recently awarded. This grant will allow us to strengthen our training and supervision of medical students in screening and intervening of substance use problems in patient care across their preclinical years.

Dr. Gregg Dwyer invited speaker in the U.S. Department of Justice Intelligence Specialists’ Conference held at the National Advocacy Center.

Dr. Kevin Gray was invited to serve on the Interventions to Prevent and Treat Addictions Study Section. He will serve a 2 year term.

The Employee Assistance Program was featured in the Charleston Regional Business Journal.
KUDOS/WINS

• Dr. Lee Lewis was appointed to the American Board of Psychiatry and Neurology’s (ABPN) Child and Adolescent Psychiatry Maintenance of Certification Examination Committee. He will serve a 4 year term.

• Dr. Frampton Gwynette and James Truelove participated in a poster presentation at the joint meeting of the American Society of Adolescent Psychiatry and the International Society of Adolescent Psychiatry and Psychology. The presentation was titled: Project Rex Connect: The utilization of an online social network for the acquisition of social skills in adolescents with Autism Spectrum Disorder.

GRANT AWARD ACTIVITY

7.1.15-7.31.15

<table>
<thead>
<tr>
<th>PI Name</th>
<th>Title</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudie Back</td>
<td>Integrating Neurobiology and Neuroimaging into Research on Addiction and PTSD</td>
<td>NEW</td>
</tr>
<tr>
<td>Kathleen Brady</td>
<td>A Randomized, Double-Blind, Multi-Center, Placebo-Controlled, Parallel-Group, Efficacy and Safety Study of 2 Doses of Dasotraline in Adults with Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>SUPP</td>
</tr>
<tr>
<td>Olga Brawman-Mintzer</td>
<td>Rivastigmine Patch in Veterans with Cognitive Impairment Following TBI</td>
<td>YR04 CONT</td>
</tr>
<tr>
<td>Carla Danielson</td>
<td>Mentorship and Research on HIV and Addiction Prevention Among Traumatized Youth</td>
<td>NEW</td>
</tr>
<tr>
<td>Mark George</td>
<td>Focal Electrically-Administered Seizure Therapy (FEAST): A Preliminary Study</td>
<td>SUPP</td>
</tr>
<tr>
<td>Chanita Hughes-Halbert</td>
<td>Behavioral and Emotional Impact of BRCA Testing (BENITA)</td>
<td>CONT</td>
</tr>
<tr>
<td>Mark Hamner</td>
<td>A Phase 2, Efficacy, Safety and Tolerability Study of ALKS 3831 in Subjects with Schizophrenia with Alcohol Use Disorder</td>
<td>SUPP</td>
</tr>
<tr>
<td>Rochelle Hanson</td>
<td>Testing the Community-Based Learning Collaborative Implementation Model</td>
<td>CONT Y02</td>
</tr>
<tr>
<td>Scott Henggeler</td>
<td>Testing a Promising Treatment for Youth Substance Abuse in a Community Setting</td>
<td>CONT</td>
</tr>
<tr>
<td>Dean Kilpatrick</td>
<td>Traumatic Stress Across the Lifespan: A Biopsychosocial Training Program</td>
<td>CONT</td>
</tr>
<tr>
<td>Dean Kilpatrick</td>
<td>Enhanced Internship Training in Behavioral Medicine</td>
<td>CONT</td>
</tr>
<tr>
<td>Dean Kilpatrick</td>
<td>Enhanced Internship Training in Serving Veterans and Families</td>
<td>SUPP</td>
</tr>
<tr>
<td>Erin McClure</td>
<td>Technological Innovations for the Remote Monitoring of Smoking in Adolescents</td>
<td>CONT</td>
</tr>
<tr>
<td>Jihad Obeid</td>
<td>SmartState, Clinical Effectiveness &amp; Patient Safety</td>
<td>YR04 CONT</td>
</tr>
<tr>
<td>Alyssa Rheingold</td>
<td>Urban Homicide: Services for Family Members of Homicide</td>
<td>SUPP</td>
</tr>
<tr>
<td>Sonja Schoenwald</td>
<td>Technical Assistance on Evidence-Based Treatment to Policy Makers</td>
<td>CONT</td>
</tr>
<tr>
<td>Peter Shiromani</td>
<td>Melanin Concentrating Hormone Neurons in Sleep</td>
<td>CONT</td>
</tr>
<tr>
<td>Mike Sweat</td>
<td>Synthesizing HIV Behavioral Intervention Effectiveness in Developing Countries</td>
<td>RENEWAL</td>
</tr>
<tr>
<td>Cynthia Swenson</td>
<td>MST Model with a Child Maltreatment</td>
<td>CONT</td>
</tr>
</tbody>
</table>
The Institute of Psychiatry and NAMI Charleston Area will host a “Family to Family” program beginning Tuesday, August 11th. “Family to Family” is a free, 12-session, educational program for the family members and friends of individuals challenged by mental illness. The series is instructed by trained NAMI mentors who also have family member with a mental illness. Topics will include: understanding mental illness, diagnosis education, medications, communication skills, crisis management, coping skills and relapse prevention. Additional information about the NAMI “Family to Family” program can be found at the following link:

http://www.nami.org/Template.cfm?Section=Family-to-Family&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=4&ContentID=32973

The program will meet weekly, for 6 weeks on Tuesdays and Thursday beginning on Tuesday, August 11th and ending Thursday, September 17th. See attached flyers for more details or contact Bryan Counts.

The Department of Psychiatry and Behavioral Sciences is a member of the National Network of Depression Centers (NNDC). Through its membership, our faculty members have the opportunity to collaborate with leading clinicians and researchers from 21 academic institutions across the country dedicated to the improvement in diagnosis, treatment and prevention of depressive illnesses. Currently members across the country are collaborating to develop treatment guidelines for depressive and bipolar illnesses as they relate to various populations and topics (for more information visit: http://www.nndc.org/initiatives/task-groups/).

If you are interested in learning more about the NNDC or participating in any of the task-groups, please contact Connie Guille.

### TASK GROUPS

<table>
<thead>
<tr>
<th>Telepsychiatry</th>
<th>Biomarkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorder</td>
<td>College Mental Health</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>Medical Comorbidities</td>
</tr>
<tr>
<td>Women and Mood</td>
<td>Families and Depression</td>
</tr>
<tr>
<td>Geriatric Mood Disorders</td>
<td>Treatment Resistant Depression</td>
</tr>
<tr>
<td>Electroconvulsive Therapy</td>
<td>Transcranial Magnetic Stimulation</td>
</tr>
<tr>
<td>Military, Veterans and Families</td>
<td>Child and Adolescent Mood Disorders</td>
</tr>
<tr>
<td>Implementation and Dissemination</td>
<td></td>
</tr>
</tbody>
</table>
Department of Psychiatry and Behavioral Sciences & Institute of Psychiatry Faculty, Staff, Residents, & Trainees Appreciation Gathering

Sunday, November 1, 2015
12-3pm
The Alley
133 Columbus Street Charleston

Live Music: Plane Jane
Free Bowling
Discounted food and beverages
**children welcome
MUSC NIGHT AT THE RIVERDOGS

Thursday, August 13, will be MUSC Night at the Charleston Riverdogs Baseball Game. The game starts at 7:05pm and it's a Thirsty Thursday Promotion Night! Psychiatry's own Dr. Melissa Milanak will be singing the National Anthem.

The Riverdogs have set up a portal for us to order tickets so we can all sit together. You can use the password and link below to order tickets:

http://cr1.glitnirticketing.com/crticket/web/gpcaptcha.php
password: muscnigh15

BRIDGE FUNDING APPLICATIONS

A primary goal of the College of Medicine is to support and strengthen research capabilities of its’ faculty. One mechanism utilized to facilitate this goal is the College of Medicine’s Bridge Funding program. The purpose of this program is to support investigators with established clinical or basic research programs during periods when a competitive renewal was not funded.

Program details and the application are posted on the College of Medicine’s website under Research located at http://academicdepartments.musc.edu/com/research/bridgefunding.htm

Applications are accepted three times per year and the deadline for the current cycle is Monday, August 17, 2015.

Please email your application to Mary McConnell at mcconnem@musc.edu
The American Red Cross is facing a looming shortage of the most needed blood types and, therefore, has an urgent need for eligible donors with O negative, B negative and A negative blood to give now to prevent an emergency situation.

September 11, 2015
10:00am to 3:00pm
4 South Weight Management
Andolinis Pizza provided
Red Cross t-shirt for each donor
Sweet treat from Village Bakery

Call or email to schedule 792-6341, jonesb@musc.edu
CONTINUING EDUCATION OPPORTUNITIES

The Continuing Education Office in the Department of Psychiatry and Behavioral Sciences is excited to announce our new *Therapeutic Techniques and Special Populations in Psychiatry Series*. This series is a welcomed addition to 15/16 Continuing Education schedule which already includes:

- Weekly Grand Round Series,
- 15th Annual Social Work Conference – Challenges for a Wounded Community,
- 32nd Annual Judges and Attorneys Substance Abuse and Ethics Seminar,
- Maintenance of Certification Workshop,
- 2nd Annual Spring Social Work Conference, and
- 29th Annual Update in Psychiatry.

We are excited to announce this series will offer the following CE/CME credits:
- The Medical University of South Carolina designates this live activity for a maximum of 5.5 AMA PRA Category 1 Credit(s)™.
- The South Carolina Board of Examiners in Psychology will approve 5.5 Category A credits.
- The South Carolina Board of Social Work Examiners will approve 5.5 hours of general contact hours. Dependent upon the speaker, designated credits may be offered.
- The South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists will approve 5.5 hours of continuing education credits.

This monthly series features therapeutic techniques and/or treatments skills for working with special populations. Attendees will learn about specific techniques or populations, relevant research, and will leave each session with new skills that can be directly applied to practice. The dates and topics scheduled thus far include:

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Title</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>September 18, 2015</td>
<td>Acceptance and Commitment Therapy: A Mindfulness Based Treatment Approach</td>
<td>Open</td>
</tr>
<tr>
<td>Friday</td>
<td>October 30, 2015</td>
<td>Introduction to Motivational Interviewing</td>
<td>Open</td>
</tr>
<tr>
<td>Friday</td>
<td>November 20, 2015</td>
<td>Art Therapy Clinical Response Post Community Trauma</td>
<td>Opening Soon</td>
</tr>
<tr>
<td>Friday</td>
<td>February 26, 2016</td>
<td>Cognitive Processing Therapy (CPT)</td>
<td>Opening Soon</td>
</tr>
<tr>
<td>Friday</td>
<td>March 11, 2016</td>
<td>Grief &amp; Bereavement</td>
<td>Opening Soon</td>
</tr>
<tr>
<td>Friday</td>
<td>April 29, 2016</td>
<td>Depression &amp; Suicide</td>
<td>Opening Soon</td>
</tr>
</tbody>
</table>

Please note, we are still adding new topics and dates to this series so please check our [Psych-Events website](#) often to ensure you don't miss any of the workshops.

For additional information, including pricing and registration, for the *Therapeutic Techniques and Special Populations in Psychiatry Series* and all our continuing education events please visit our [Psych-Events website](#).

Should you have any questions, please contact our Continuing Education office at either psych-events@musc.edu or 843.792.0175.
Therapeutic Techniques & Special Populations in Psychiatry

Acceptance and Commitment Therapy: A Mindfulness Based Treatment Approach
September 18, 2015

Introduction to Motivational Interviewing
October 30, 2015

Art Therapy Clinical Response Post Community Trauma
November 20, 2015

Cognitive Processing Therapy (CPT)
February 26, 2016

Grief & Bereavement Techniques
March 11, 2016

Depression & Suicidal Ideation
April 29, 2016

Events are still being added to this year’s schedule. Please check website for an updated list.

CME/CE credits available
Contact us: psych-events@musc.edu or (843)792-0175
Visit our website for information and registration for all our Continuing Education Events:
www.musc.edu/psychevents

Acceptance & Commitment Therapy:
A Mindfulness Based Treatment Approach

MUSC | Bioengineering Building | Friday, Sept 18, 2015 | 8:30am - 4:30pm
Online registration: www.musc.edu/psychevents

Acceptance and Commitment Therapy (ACT), considered a third wave behavioral therapy approach, is an effective intervention for a number of emotional avoidance problems including anxiety and depression.

In this one-day workshop, which is part of our new Therapeutic Techniques & Special Populations Series, clinicians will learn the theoretical underpinnings of ACT and the six core processes to develop psychological flexibility in an experiential and active learning environment.

Registration Fees:
before 9/9/15 | before 8/15/15
MDs | $210 | $235
All Other Providers | $175 | $200
Students & Trainees | $75 | $80

* MD fee includes 55 CME processing fee.

Presented by:
Alyssa A. Rheaume, Ph.D.
Associate Professor
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina

CME/CE credits available
Contact us: psych-events@musc.edu or (843)792-0175
Visit our website for information on all our Continuing Education Events:
www.musc.edu/psychevents
RESEARCH FUNDING OPPORTUNITY
FALL 2015
Request For Pilot Project Proposals
Focused on Sex and Gender-Related Issues in Neuroscience

In October 2012, the National Institute on Drug Abuse and the Office of Research on Women’s Health renewed a 5-year award for Drs. Kathleen T. Brady and Aimee McRae-Clark, funding a research center focused on sex and gender-based multidisciplinary research at MUSC. One of the goals of the center is to catalyze women’s health-related research throughout the MUSC campus. This goal will be primarily facilitated by the support of pilot projects at MUSC.

The purpose of the Pilot Program is to provide short-term start-up funds to promising postdoctoral fellows and junior faculty (less than 5 years from post-doctoral training/terminal degree) at MUSC to collect initial data for an RO3, R21, or R01 submission. The project must focus on a neuroscience-related topic and explore either sex/gender differences or disorders/treatments as they uniquely relate to women. The project can be either clinical or basic science, but consistent with the NIH Roadmap Initiative and the vision of MUSC’s South Carolina Clinical and Translational Research Institute (SCTR). Projects involving multidisciplinary teams and/or translational research efforts are especially encouraged.

Eligibility: Currently salaried postdoctoral fellows and junior faculty.
Proposal Receipt Date: November 2, 2015, 12:00 PM
Award Notification: December 2015
Expected Funding Date: January 1, 2016
Funding Limit: $15,000 (direct costs only)
Funding Period: January 1, 2016 – December 31, 2016

To apply, please upload the following documents to the SCOR website (www.musc.edu/scor) between the dates of October 1- November 2, 2015:

1. Submit a description (maximum of 5 pages) of your project using the following format:
   A. Statement of the Problem / Background
   B. Primary hypothesis to be tested
   C. Methods to be used
   D. Significance of the project and relationship to sex and gender research
   E. Clear description of how the pilot project will lead to extramural grant funding

2. Postdoctoral fellows must also submit a letter of support from the faculty mentor supervising the project.

3. Submit an NIH-type bio-sketch for the applicant. Postdoctoral fellows should also submit the mentor’s bio-sketch.

4. Submit a budget (using the PHS398 form) and a brief budget justification. Recall that budgets can be no more than $15,000 and cannot provide funds for major equipment, travel, or salary support for the applicant or other faculty. Registration fee may be purchased for one conference at which the project PI will present SCOR Pilot project data.

Please address inquiries to:
Sarah S. Gainey, MSW, LISW-CP
Coordinator, Women’s Research Center
smithsar@musc.edu
(843) 792-8207
www.musc.edu/scor

Funding for the Women’s Research Center provided by:
NIDA/ORWH: 5P50 DA016511-14 in partnership with MUSC
GROUPS OFFERED BY THE SLEEP AND ANXIETY TREATMENT AND RESEARCH PROGRAM

Trouble sleeping??

Cognitive Behavioral Group Therapy for Insomnia might be for you.

What: Individuals who have difficulty falling asleep, staying asleep or individuals who wake up feeling they have not had “good” sleep (at least three nights per week).

What: A weekly group meeting to learn:
- The basics of the sleep cycle and sleep physiology
- Helpful habits that promote healthy sleep
- Harmful habits that hinder healthy sleep

When: Fridays at 4:00 pm (new group members come at 3pm for an initial information session).

Where: Institute of Psychiatry, Medical University of South Carolina (MUSC), 3rd floor

Why: To begin sleeping better!

How: For more information contact 843-792-9162 to schedule an intake appointment for insomnia group therapy at SATRP (Sleep and Anxiety Treatment and Research Program).

Is anxiety and worry blocking your path?

Consider joining Cognitive Behavioral Therapy (CBT) Group for Anxiety Disorder.

This group is designed specifically to:
- Learn about different types of anxiety and cues related to anxiety
- Learn specific skills to help reduce anxiety and related symptoms
- Take back control: Help keep anxiety from controlling your life

Time: Group meets every Friday at 4pm (new group members come at 3pm for initial information session).

Place: Institute of Psychiatry, Medical University of South Carolina (MUSC), 3rd floor

For more information: Contact 843-792-9162 to schedule an intake appointment for anxiety group therapy at SATRP (Sleep and Anxiety Treatment and Research Program)
SELECTED PUBLICATIONS


L Murphy, R Ranger, JP Fedoroff, G Dwyer, W Burke. Real Child Voices: Preliminary Results on the Use of Age and Gender Congruent Voices on Sexual Arousal to Child Sexual Scenarios. Poster at the 41st Annual meeting of the International Academy of Sex Research, Toronto, Canada, August 2015.