ACADEMY OF CONSULTATION-LIAISON PSYCHIATRY


**November 2025**


## Preparations for the ACLP Annual Meeting

*Highlights of the key presentations, awards, and more!*

We are excited that the ACLP Annual Meeting is taking place this month, November 19-22, in San Antonio, Texas. This year's theme will be *Innovation in C-L Psychiatry: Exploring the Promise and Pitfalls of New Approaches*. We have an exciting schedule of events planned. Here are some of the key sessions you do not want to miss!

# Plenary Sessions

This year, we have three plenary sessions and a plenary debate spanning from Thursday to Saturday. All plenary sessions will take place in the Grand Oaks Ballroom (G-J).

### Plenary I

On November 20 from 9:10 AM to 10:00 AM, **Dr. Hadine Joffe** (Brigham and Women's Hospital) will present on the *Neuropsychiatric Symptoms in Women During Midlife and Breast Cancer Treatment: Emerging Trends and Therapeutic Strategies*. Dr. Joffee will discuss the depressive and sleep disorders over the course of a woman's

### Plenary II

The second plenary will occur on November 21 from 9:25 AM to 10:15 AM. **Dr. Ed Boyden** (MIT) will give the plenary lecture on *Technologies for Understanding and Repairing the Brain*. Dr. Boyden will provide insight into how advancements in technology revolutionized our understanding and therapeutic approaches

### Plenary III

The final plenary presentation given by **Dr. John Torous** (Beth Israel Deaconess Medical Center) will be held on Saturday afternoon from 12:30 PM to 1:15 PM. Dr. Torous will present on *Mental Health Apps and AI: Assessing the Current Evidence and Trends*. Given the increasing use of AI in daily life and medicine, this presentation will

lifetime and the impact they have during menopause and breast cancer treatments. Our August newsletter highlighted the background, topic, and learning objectives for this lecture.

for psychiatric diseases. For a preview of this session, check out the July edition of our newsletter.

provide a discussion of the pitfalls and benefits of integrating these technologies into clinical care. Our September newsletter features an article highlighting this session.

## Plenary Debate

**Dr. Carly Zapata**
UCSF

**Dr. Mark Komrad**
Johns Hopkins Hospital

The debate for the 2025 meeting will focus on medical assistance in dying and medical ethics. On Saturday, November 22, from 8:30 to 10:15 AM, Dr. Mark Komrad and Dr. Carly Zapatawill present opposing perspectives on medical assistance in dying/physician assisted suicide, with Dr. Komrad arguing against and Dr. Zapata in support.

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# Award Presentations

On the afternoon of Friday, November 21, our 2025 award presentations will take place. The first two will be in the Grand Oaks Ballroom from 12:45 PM to 2:20 PM. Following a brief break, the remaining presentations will take place from 2:45 PM to 5:30 PM in the Cibolo Ballroom.

### Wayne Katon Research Award Presentation

**Dr. Hermioni Amonoo** (Brigham and Women's Hospital) will kick off the award presentations with her lecture entitled Psychological Well-Being in Patients with Cancer: Novel Interventions for Enhanced Access to Psychosocial Care. This presentation will focus on emerging interventions designed to improve access to psychosocial care for patients undergoing hematopoietic stem cell transplantation to treat hematologic malignancies. Key learning objectives outlined by Dr. Amonoo include:

### Eleanor and Thomas P. Hackett Memorial Award Presentation

**Dr. Rebecca Brendel** (Harvard Medical School), the 2025 Hackett Award Lecture will focus on ethics, law and leadership. During the presentation entitled *How a Girl like Me Ended up in a Place like This: Adventures at the Interface of Psychiatry, Medicine, Law, and Ethics*, Dr. Brendel will reflect on her professional journey and discuss challenges and opportunities for the future. At the end of this presentation, you will learn:

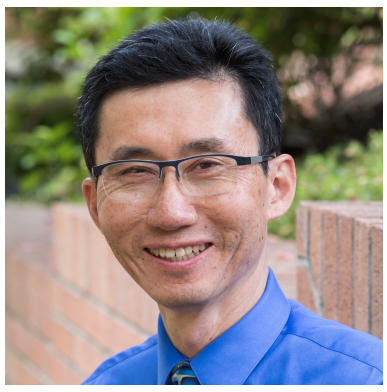
- Describe current barriers to adequate and timely psychosocial care for patients with cancer.
- Describe an established framework (e.g., the NIH Stage Model) for psychosocial intervention development.

## Don R. Lipsitt Award for Achievement in Collaborative Care Presentation

The Lipsitt Award Lecture entitled *Collaborative Care: Brief but Frequent Interactions* will be given by **Dr. Joseph Cerimele** (University of Cincinnati College of Medicine). Dr. Cerimele will focus on collaborative care through four different lenses (clinical care, research, mentoring, and journal editing) unveiling their importance through his personal experiences. The learning objectives for this presentation:

- Report a synthesis of research on bipolar disorder in primary care.
- Reflect on the relationship among clinical work, research/scholarship, and mentoring.
- Consider becoming a journal editor, reviewer, and author.
- The concept of the origin story/ myth and its relevance for the future.
- The relevance and intersection of personal and professional narratives in career development and evolution.

## Foundation Research Professor Award Presentation



**Dr. Jesse Fann** (University of Washington) will present on *Keeping it Real: Bridging the Research–Practice Gap in C-L Psychiatry*. Dr. Fann will discuss the advantages and limitations of conducting pragmatic trials using the multisite BRITE (Brain Injury Rehabilitation: Improving the Transition Experience) and SCOPE (Supporting Collaborative Care to Optimize Psychosocial Engagement) trials as examples. This lecture will provide learners with the ability to:

- Appreciate the importance of conducting pragmatic trials in C-L psychiatry.
- Describe pragmatic design features, outcomes, and cross-cutting challenges/lessons from the BRITE and SCOPE studies.
- Summarize professional challenges and opportunities associated with conducting real-world studies in medical settings.

# Networking Opportunities

There are plenty of sessions that promote networking with your colleagues. Networking opportunities include:

**Poster Session and Welcome Mixer**
Wednesday, November 19 from 5:30 to 7:00 PM in the Cibolo Ballroom Foyer

**Lone Star Café**
Thursday, November 20 from 10:30 AM to 3:30 PM in the Cibolo Ballroom 4
Friday, November 21 from 10:30 AM to 3:30 PM in the Cibolo Ballroom 4

**Poster Sessions**
Thursday, November 20 from 5:15 to 6:30 PM in the Cibolo Ballroom Foyer

**Awards Champagne Toast and CLP 2025 Reception**
Thursday, November 20 from 6:30 to 8:30 PM

**Medical Student, Resident, & Fellow Meet-and-Greet**
Thursday, November 20 from 7:30 to 8:15 PM in Begonia + Bottlebrush

**Exhibits**
Friday, November 21 from 8:30 AM to 3:45 PM in the Cibolo Ballroom Foyer

**Closing Lunch**
Saturday, November 22 from 11:45 AM to 1:00 PM in the Grand Oaks Ballroom G-J

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# Other Notable Components of the 2025 ACLP Annual Meeting

**Colloquium:** Three colloquia will take place on Wednesday, November 19, from 10:45 AM to 5:00 PM: Independent Investigators (Freesia), Primary Clinicians Engaged in Research (Cibolo Ballroom 1-3), and Clinical and Educational Program Development (Cibolo Ballroom 4).

**Concurrent Sessions:** There are 11 concurrent general sessions, each featuring 4-10 topics. These sessions take place throughout the conference. Additionally, there are 17 sessions dedicated to brief, 15-minute oral presentations from selected abstracts. The first 5 oral presentation sessions will take place on Thursday, November 20 (12:45-2:00 PM) concurrently. The remaining sessions will be comprised of 4 distinct sessions from 10:45 AM to 12:00 PM, 2:45 to 4:00 PM, and 4:15 to 5:30 PM on Friday, November 21. Check out the schedule for additional information on these general and brief oral presentation sessions.

**Early Career Psychiatrist Lunch Sessions:** These sessions offer advice and discussion around advocacy & organizational psychiatry, leveraging social media, navigating challenging situations effectively, mentorship and sponsorship, and finances & contract negotiations. Thu 11:30 AM - 12:45 PM**.** Grand Oaks Ballroom K-M

**Pre-Recorded Sessions:** There are 13 general sessions pre-recorded, 11 of which are eligible for CME credit. Included in the pre-recorded content are 4 oral presentations, including two brief oral papers. Lastly, there are 5 pre-recorded course updates, including APA delirium guidelines, HIV (PEP and PrEP), GLP-1 agonists, neuropsychiatric effects of cannabis (*not available for CME credit*), and risk-taking in teens.

**Meetings:** There are plenty of meetings that occur throughout the conference.

**Committee Meetings**

- **Thursday, November 20, from 7:00 to 7:30 AM** – Committees include General Sessions, Education, Nominating, Governance, Research, Oral Papers and Posters, Pre-Conference Course, and Local Arrangements
- **Friday, November 21, from 7:00 to 7:30 AM** – Committees include DEIA, Mentorship, Residency Education, Early Career Psychiatry, Online Education, Guidelines and EvidenceBased Medicine, Business of C-L, International Medical Graduates Caucus, and Fellowship & Awards
- **Saturday, November 22, from 7:45 to 8:15 AM** – Committees include Research & Evidence Based Practice and Medical Student Education

**Special Interest Group (SIG) Meetings**

- **Thursday, November 20, from 7:45 to 8:30 AM** – SIG meetings include Hispano-American, Military and Veterans, Integrative Medicine, HIV/AIDS Psychiatry, Medicine and Psychiatry, Neuropsychiatry, Palliative Medicine and Psycho-Oncology
- **Friday, November 21, from 7:45 to 8:30 AM** – SIG meetings include Telepsychiatry, Transplant Psychiatry, Collaborative and Integrated Care, Bioethics, Addiction and Toxicology, Critical Care Psychiatry, Community C-L Practice, and Membership
- **Friday, November 21, from 7:45 to 8:30 AM** – SIG meetings include Quality and Safety, LGBTAIA2S+, Psychological Considerations, Women's Health, Pediatric C-L Psychiatry, Early Career Psychiatrists, Proactive C-L Psychiatry, and Interprofessional Education
- **Saturday, November 22, from 7:45 to 8:15 AM** – SIG Leadership Meeting

**Program Directors Forum**

- **Wednesday, November 19, from 7:00 to 8:30 PM** – This event is for C-L Fellowship Program Directors and Associate Program Directors only.

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# ACLP DEIA Survey Highlights Progress and Opportunities for Growth

***2024 Member Feedback Underscores the Academy's Ongoing Commitment to Inclusion and Belonging***

The Diversity, Inclusion, Equity, and Accessibility (DEIA) Subcommittee in collaboration with the Board of Directors created a survey regarding DEIA issues and the ACLP. A total of 416 members completed the survey in the fall of 2024.

**Dr. Chandan Khandai**
ACLP DEIA Subcommittee Chair

**Dr. Adriadna Forray**
Incoming ACLP DEIA Subcommittee Chair

The survey included 20 items asking about the perception of the inclusiveness and equity of the Academy, with regard to multiple subgroups. The survey also sought open-ended responses to questions about progress in DEIA, areas for improvement, unmet educational needs, and any other comments.

Most respondents were full members (83%), with most being Board-certified in CLP (74%) and the largest fraction working in inpatient academic settings (52%). Smaller fractions of responses were from members in training (12%, about equally divided between fellows in CL training and residents in psychiatry) and associate members (5%, largely nurse practitioners and physician assistants.

With regard to questions about DEIA perceptions, a significantly lower overall mean score was observed in individuals identifying as women, identifying as LGBTQIA2S+, or identifying as Hispanic, East Asian, South Asian, and Black/African, with trends towards lower scores on all 20 items.

With regard to open-ended questions, most responses reflected favorable views regarding progress in the ACLP, but some respondents identified areas for change. Reconsideration of the Annual Meeting location and calls for increased leadership diversity attracted the most comments. Improvements in attention to people with disabilities/neurodivergent populations and inclusion of advanced

practice providers attracted the next most frequent areas for comment.

Other suggestions for the Annual Meeting included virtual options, increasing the number of sessions, childcare, support for declined submissions, assistance for attendees with health issues, and aid for international attendees.

Other comments called for increased attention to non-traditional areas of C-L: non-academic settings, alternate career paths, areas without C-L psychiatry programs, non-C-L psychiatrists, rural practitioners, international medical graduates, working class and Latino populations, religion, and sexuality.

A full description of the survey is available on the ACLP DEIA webpages or at this link.

Dr Ariadna Forray states:
*"The DEIA Subcommittee is deeply grateful to our members for sharing their perspectives through this survey. In partnership with the ACLP Board, we are committed to transforming this feedback into concrete actions that strengthen accessibility, fellowship, and engagement across all levels of our organization."*

The DEIA Subcommittee and Board of Directors will work this year to respond to the opinions expressed by our members and do everything possible to make the ACLP open and welcoming to all members.

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# Changes to ACLP Division Directors Forum Leadership

***Founding Chair Brian Bronson, MD, FACLP, passes the baton to a new team***

**Dr. Brian Bronson**
ACLP Division Directors Forum Chair

**Dr. Brian Bronson**
Incoming ACLP Division Directors Forum Chair

Since the inaugural meeting in 2019, the Division Directors Forum has provided a dedicated space for C-L Psychiatry leaders to exchange ideas, share resources, and address the administrative and operational challenges unique to academic divisions. Under the leadership of Brian Bronson, MD, FACLP, who is at the State University of New York at Stony Brook and has chaired the Forum since its inception, the group has become a vital network for support among division directors nationwide.

Dr. Bronson will step down as Chair following the 2025 Annual Meeting, and pass the role to Paula Zimbrean, MD, Chair, Ken Novoa MD, Vice-Chair, and Puneet Sahota MD PhD, Associate Vice-Chair. The new team will take over effective November 22, 2025.

Dr. Zimbrean is the interim section chief for Yale Psychological Medicine and served as the Yale Inpatient C-L Director since 2022. She brings extensive experience and a strong commitment to continuing the Forum's mission of fostering open dialogue and advancing excellence in the leadership of C-L Psychiatry divisions.

Dr. Novoa has been the C-L director at Denver Health Medical Center for over six years and is also the Associate Chair of Behavioral Health Services at that institution.

Dr. Sahota has been the Division Head of the Consultation-Liaison and Emergency Psychiatry at Cooper University Health Care in Camden, New Jersey, since 2021.

*"The Forum has been an invaluable aid to directors of CL services. We look forward to carrying on the work that Dr. Bronson began. We invite all clinical leaders to attend our online sessions for discussion of the issues all our services face,"* said Dr. Zimbrean.

The ACLP extends its sincere gratitude to Dr. Bronson for his vision in developing this great community and congratulates Dr. Zimbrean and colleagues as they step into this new leadership role.

If you are a leader of a C-L Division or Service, please do sign up for the Division Directors Forum by emailing paula.zimbrean@yale.edu and requesting to join. Please do attend Forum meetings, which are held at 3 p.m. on the first Thursday of every other month.

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# Strengthening Connections Through the ACLP Mentor/Mentee Match Program

***Mentorship Program Fosters Growth, Belonging, and Long-Term Professional Relationships***

The ACLP Longitudinal Mentorship Program for Trainees and Early Career Psychiatrists continues to serve as one of the Academy's most valued professional development initiatives. The program pairs medical students, residents, fellows, and early career psychiatrists (ECPs) with experienced members in Consultation-Liaison psychiatry, creating a structured opportunity for career guidance, exploration, and networking within the Academy.

**Dr. Scott Beach**
ACLP Mentorship Subcommittee Chair

"ACLP's Longitudinal Mentorship Program for Trainees and Early Career Psychiatrists has served hundreds of members over the past decade," said Scott Beach, MD the Chair of the Mentorship Subcommittee. "It provides medical students and interns with a group mentorship opportunity, and senior residents, fellows, and ECPs with year-long one-on-one mentorship with a more senior Academy member. Mentees use the program to gain a better understanding of the field, navigate the fellowship application process and early career opportunities, explore research and scholarship, and increase their involvement within the Academy. Mentors in the program love having the opportunity to create significant and long-lasting bonds with junior members."

Each year, mentees and mentors are carefully matched based on shared career interests, professional goals, and practice settings. Over the course of the year, participants meet regularly, virtually or in person, to discuss clinical practice, research directions, and leadership pathways. Many pairs maintain contact well

beyond the program year, highlighting its role in cultivating a lifelong professional network within ACLP.

This is a great opportunity for trainees and ECPs to dive into the advantages and disadvantages of a career in consultation psychiatry, ask questions for areas they may have limited exposure to in their training, and fully understand the nuances of integrating academic activities into their career.

Applications are now open for the next cohort. Members interested in participating as either **mentor** or **mentee** are encouraged to visit our **website** for more information. **The deadline for submitting is November 16, 2025.**

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# Journal Club

## Hallucinations in systemic Rheumatic Diseases

***Recent Insights from the INSPIRE Study***

Systemic autoimmune rheumatic diseases (SARDs) drastically impact quality of life due to the multi-organ damage inflicted by the immune system. Furthering their effect on quality of life, neuropsychiatric symptoms associated with these diseases can be difficult to diagnose, leading to inadequate treatments.

Although neuropsychiatric symptoms can range drastically, the frequency and effect of hallucinations associated with SARDs remains understudied.

In a recent mixed methods study published in the **JACLP**, Arunasalam et al. examines the incidence of hallucinations and related perceptual phenomena in patients with systemic lupus erythematosus (SLE) and rheumatoid/ inflammatory arthritis (RA/IA).

The study was part of the INSPIRE (Investigating Neuropsychiatric Symptom Prevalence and Impact in Rheumatology Patient Experiences) project. The INSPIRE project utilizes a multistage, mixed method with surveys and interviews to better understand neuropsychiatric symptoms in SARDs and leveraged quantitative and qualitative methods to unveil prevalence, modalities, timing, and emotional valence in these patients. Prior articles have discussed prevalence of neuropsychiatric symptoms, cognitive dysfunction, nightmares, prioritizing evidence in diagnosing symptoms in SLE, and timing of symptoms during flares.

The authors grouped results from their data into 5 themes, which are briefly discussed below.

**Varied presentations of hallucinations:** Patients with SLE reported more hallucinations through visual, olfactory, tactile, and presence modalities, compared to RA/IA patients.

**Positive coping mechanisms through symptom labeling:** Understanding that the hallucinations were a symptom of the rheumatologic disease or medication enabled patients to develop better coping mechanisms (both personal and share experiences) and increases chances of seeking help for neuropsychiatric symptoms.

**Spectrum of emotional valence that affects reporting of symptoms:** Regardless of SARDs, both cohorts reported similar levels of emotional valence, with over half reporting a "neutral pleasantness", slightly less reporting "mostly unpleasant", and minimal reporting "pleasant" hallucinations.

**Hallucinations during sleep transition:** Hallucinations occurring while falling asleep or waking up were the most distressing due to skewed perceptions of reality and hypnopompic hallucinations.

**Clinicians' reliance on a comorbid psychiatric illness to explain hallucinations:** Despite hallucination experiences, many SARDs patients noted that they did not discuss these symptoms with their clinicians due to fear of judgement, provider stigma, and misdiagnosis; this delayed diagnosis and treatment for these patients.

Hallucinatory experiences reported in this study aligned more closely with neurological disease, such as Parkinson's disease, compared to primary psychotic disorders, such as schizophrenia.

Interestingly, patients had a high level of insight into their hallucination symptoms, although this fluctuated based on flare-ups and disease severity. The authors posit that perhaps this change in insight may be due to the level of inflammation, a direct impact on the brain, or medications taken during these flare-ups. Further studies investigating the mechanisms underpinning these changes are warranted.

The authors acknowledge that these results do not provide a "typical SARD hallucinatory experience" but rather highlight the need to personalize approaches to manage neuropsychiatric symptoms in SLE and RA/IA patients.

Overall, this article provides new insights into hallucinations in SARDs. Future studies are needed to better understand the mechanisms of presentation and development of new therapeutic strategies to treat hallucinations. Additionally, there is a need for greater empathy and normalization of neuropsychiatric symptoms, including hallucinations, in SARDs patients to ensure trust and improve quality of life by treating symptoms.

Want to know more about hallucinations in relation to illness and neuropsychiatric symptoms in SLE? Check out posters W40 (**Evolving Hallucinations in an Occipital Hemorrhagic Stroke**) and W86 (**From Catatonia to Clarity: Unveiling Lupus Encephalitis in a Complex Neuropsychiatric Case**) on Wednesday, November 19, 2025 from 5:30-7:00 PM at our annual meeting.

**References**

Arunasalam A, Pollak TA, Varshney A, Bourgeois JA, D'Cruz D, Leschziner G, Pitkanen M, Bortoluzzi A, Calderwood L, Naidu K, Dunbar E, Andreoli L, Piper M, Taylor S, Sloan M. Hallucinations and Related Perceptual Phenomena in Systemic Lupus Erythematosus and Inflammatory Arthritis: A Cross-sectional Mixed-Methods Study. *J Acad Consult Liaison Psychiatry.* 2025;66(5):389-400. doi: 10.1016/j.jaclp.2025.05.005.

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# Sickle Cell Disease: Therapeutic Complexities

***Considerations for Consultation-Liaison Psychiatrists***

This year's annual conference includes pre-recorded general and oral sessions. One of these general sessions entitled "**Sickle Cell Psychiatry: Embarking on a New Subspecialty**" will be led by Dr. Elizabeth Prince. Interested in brushing up on sickle cell disease before you watch? Keep reading!

Dr. Prince recently published an article for Psychiatric News with Dr. Lauren Fields (a speaker in the pre-recorded session) and Dr. Adrienne Mishkin that discusses transformative therapies for sickle cell through a C-L psychiatric lens.

Sickle cell disease occurs due to a mutation of the β-globin chain of hemoglobin, resulting in red blood cell sickling, chronic hemolysis, anemia, and obstruction of

circulation leading to ischemia. Over 3 million people are affected by sickle cell disease and require early diagnosis as well as preventive measures to manage symptoms and mitigate end-organ damage. Furthermore, patients with sickle cell disease have historically been underserved.

Advancements in therapeutic strategies, including hematopoietic stem-cell transplant and gene therapies, can lead to reduced morbidity and increase lifespan. Unfortunately, these options are coupled with additional burdens and costs.

The costs of hematopoietic stem-cell transplant and gene therapies are extremely high, which can prohibit patients from agreeing to treatment. Furthermore, a donor must be an HLA match for stem-cell transplants. When a familial match is not available, the likelihood of an anonymous matched donor is low.

Both treatment options require extended hospitalizations, chemotherapies with their own set of negative side effects and complications and may require readmissions. Recovery can span as little as 3 months or last up to 2 years. Some patients may continue to deal with chronic pain due to irreversible damage prior to treatment. Outcomes for gene therapies are less well understood in patients with sickle cell disease.

C-L psychiatrists can help patients navigate the process. Thus, it’s important to understand the patient's needs and the complexity of treatments for sickle cell disease. The authors provide an example case and break down the role of a psychiatrist before, during, and after treatment.

**Before**
A C-L psychiatrist can step in during initial treatment discussions to provide support regarding the realistic risks and benefits, taking into account the patient’s lifestyle and goals. For example, if a patient wants to have a family, the risk of infertility may sway their decision.

**During**
The burden of isolation, low energy, and complications can contribute to the amplified rates of depressive disorders and suicidal ideations after treatment. Here, a C-L psychiatrist can assist the patient and their family to cope with isolation, disappointment, and frustrations.

**After**
C-L psychiatrists can help patients determine their new normal and advocate for their future care, particularly regarding any continuing pain or concerns on whether to continue with their sickle cell disease specialists.

Although no established psychiatric interventions exist for patients with sickle cell disease following treatment, this is an area of study that may provide insights into the long-term benefits of C-L psychiatry in this population.
In the pre-recorded session at the annual conference, Drs. Prince and Fields will be joined by Dr. Christopher Carroll and Dr. William Scheidler to discuss their perspectives on integrated psychiatric services with comprehensive sickle cell centers in the US.

**The learning objective for this general session includes:**

1. Recognize common neuropsychiatric symptoms in people living with sickle cell disease.
2. Identify stakeholders when integrating psychiatric care into a medical subspecialty clinic, with a focus on sickle cell centers.
3. Measure value added from integrated psychiatric care into a medical subspecialty clinic, with a focus on sickle cell centers.

**Reference**

Brandow AM, Liem RI. Advances in the diagnosis and treatment of sickle cell disease. J Hematol Oncol. 2022 Mar 3;15(1):20. doi: 10.1186/s13045-022-

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Fields LE, Prince EJ, Mishkin AD. Transformative Therapies for Sickle Cell
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