***{for Promotion to Clinical Professor}***

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**Clinical Associate Professor of Psychiatry**

Personal Statement

I have had a long affiliation with the University at Buffalo, beginning as a medical student, continuing through general psychiatry residency and child and adolescent psychiatry fellowship training, and culminating with my faculty appointment in 2005. For me, this was a special invitation given my career goal of practicing academic medicine and my pride in being from Buffalo. I was promoted to Clinical Associate Professor of Psychiatry in 2012. Throughout the past 14 years on the faculty, I have been fortunate to accomplish my goals of being an educator, a child and adolescent psychiatrist specializing in medically ill populations, a leader, and a clinical investigator. My current goal is for promotion to Clinical Professor. This statement will offer details on each domain of my work.

1. Educational activities and teaching statement

Teaching has been a core activity since I joined the faculty. During my time at UB, my teaching and administrative and educational leadership has been with a variety of audiences, in various formats and covering a variety of content. I have consistently worked to advance the educational mission of the division of child psychiatry and department of psychiatry by focusing on teaching child psychiatry fellows, general psychiatry and pediatric residents, and medical students and mentoring junior faculty.

On the pediatric consultation psychiatry team at Oishei Children's Hospital of Buffalo (OCH, formerly Women and Children's Hospital of Buffalo), I generally have 1 child psychiatry fellow, 1-2 pediatric residents, a general psychiatry resident and a medical student rotating on my service at any given time. Since the fellows and pediatric residents on the service are generally inexperienced in treating children and their families in an acute medical setting, my primary focus is on teaching interview techniques, formulation of psychiatric symptoms, and management of these symptoms in an acute pediatric medical setting. Under my supervision, trainees participate in the interview process which includes implementing a comprehensive treatment plan, collaborating with the consulting team, as well as short term individual and family interventions while the patient remains in the hospital. Teaching is done in conjunction with patient care by using a case as the basis for lecture, discussion and reading. Using this technique, we take a clinical case from the service and use it to teach how to formulate clinical hypotheses and then gather additional relevant data through thoughtful questioning thereby eliminating or confirming our hypotheses. We then integrate this clinical practice with the best evidence available in the literature in making our decisions about the care of the individual patient in each case. My teaching goals are to both foster interests and promote clinical problem solving skills.

Similarly, I supervise three second year child fellows in their outpatient clinical experience at the Children's Psychiatry Clinic, which comprises fifty percent of their clinical activity in the second year. This supervision uses a combination of observation, discussion, and case- based learning to teach principles of child assessment and treatment. Trainees learn to evaluate and treat all child and adolescent psychiatric problems, including anxiety and mood disorders, disruptive disorders, PTSD, psychotic disorders, autism spectrum disorders, adjustment disorders, and family problems. Treatments provided include individual (play, cognitive behavioral, supportive, psychoeducational, and psychodynamic), group, and family therapies; parent guidance, psychoeducation, and training; and pharmacotherapy. I take pride in my teaching and was recognized with a Department of Psychiatry faculty award for excellence in clinical supervision.

In addition to clinical teaching in the Children's Psychiatry Clinic and on the consultation liaison service at OCH, I also provide didactic lectures in various settings. Although many of the teaching sessions are structured as traditional lectures, I have increasingly led more interactive seminars covering a wide variety of topics. The bulk of my teaching addresses topic areas including quality improvement, the use of clinical rating scales, agitation and emergency child psychiatry, delirium, and eating disorders.

I have developed and lead a monthly difficult and complex case conference for the child and adolescent psychiatry fellows. The group will review a case with complex clinical questions. I then facilitate a highly interactive discussion with the goal of developing creative strategies for working with complex children and families in complex systems. I also Chair and have re­ organized the way in which Child and Adolescent Psychiatry Fellows are trained in psychopharmacology. I lead the Practical Psychopharmacology Seminar, a biweekly seminar series. This seminar was re-organized in concert with adult learning principles and aims to anchor skills in the practical use of medications. Each session begins with an educational presentation and discussion, next the group reviews real cases to highlight the major principles, and finally we end with board style questions compiled specifically for the seminar and cataloged by topic. The change in format continues to be well received.

Given my work, I was named Director of Training in Child & Adolescent Psychiatry in 2014. This was an amazing opportunity to combine my interest in education, clinical work and administration, as part of an academic community with great colleagues. The Residency Training Program in Child and Adolescent Psychiatry is a two-year program that leads to Board Eligibility in Child and Adolescent Psychiatry. As training director, two of my largest initiatives included: 1) evaluation and update of our curriculum to keep pace with the emerging science and

2) improving organization and creating a digital archiving system for all of our evaluations, educational material, and schedules that were previously paper. During my tenure our Accreditation Council for Graduate Medical Education (ACGME) Resident and Faculty Survey reports were consistently above the national means on all domains surveyed and we received 5 years of continued accreditation at our ACGME site visit. I served in this role until I was promoted to Chief of the Division of Child & Adolescent Psychiatry in 2016.

Lastly, I have made significant contributions to both pediatric residency education and the continuing education of practicing pediatricians to better prepare them to meet the mental health needs of their patients. I have also provided extensive continuing education for multidisciplinary

cystic fibrosis (CF) care teams. These efforts are further detailed in my research and scholarly statement.

1. Research and scholarly statement

Since beginning at UB, my scholarship has become increasingly focused on improving the emotional wellness and quality of life of individuals with cystic fibrosis (CF) and their caregivers. As PI on several funded grants, I have studied the impact of depression in individuals with CF and parental caregivers. This work contributed to findings of high rates of depressive symptoms in both individuals with CF and their parents, which was found to be related to health outcomes and adherence to treatment. Below, I present on how my scholarship has developed since my promotion to clinical associate professor in 2012.

Building on the effects of depression in individuals with CF, I published a paper reporting data showing the indirect relationship between Vitamin D and depressive symptoms in youth with CF (Smith, Cogswell, & Garcia, 2014). This work continued with grant support from Cystic Fibrosis Foundation Therapeutics, Inc. (SMITH14Q10; 2014-2017; Total Award $242,998), in the form of an implementation study of depression screening with a stepped care intervention protocol. As part of this work, I created a process for screening, assessment and treatment of depression in adolescent and adult patients with CF within the context of regular CF Center visits as a standard of care at the Cystic Fibrosis Center of Western New York in Buffalo. This process later became internationally known as the Buffalo Depression Protocol. This collaborative project has led to multiple conference proceedings and published abstracts, and a manuscript on how to implement depression and anxiety screening in a CF center (Smith et al., Thorax 2016). The manuscript was adapted by the European Psychosocial Special Interest Group and is also available on the European Cystic Fibrosis Society website (ecfs.eu). Although funding has ended, data-collection for this study continues and we currently have over six years of longitudinal data. We are following the course of depression including severity, frequency and duration of depressive episodes in over 150 individuals with CF and examining associations with health outcomes, including mortality.

This groundwork led to my participation in developing international guidelines for mental health in CF. I served as a workgroup leader for the Cystic Fibrosis Foundation (CFF)/European Cystic Fibrosis Society (ECFS) International Committee on Mental Health, resulting in the first consensus statements and clinical guidelines for depression and anxiety in CF (Quittner et. al., Thorax, 2016). This includes recommendations for annual screening for depression and anxiety, with referral if indicated, during routine CF care, adapted from my depression screening project and the "Buffalo Depression Protocol."

To ensure successful implementation of these guidelines at CF centers, the CFF appointed a multi-stakeholder Mental Health Task Force to develop a plan to bolster training for CF professionals, deploy resources to centers, and engage institutional and community mental health services. Given my expertise, I was asked to chair this task force and co-authored a white paper, *Recommendations for Cystic Fibrosis Foundation Support of Prevention, Screening and Treatment of Anxiety and Depression in Individuals with Cystic Fibrosis and Their Parent Caregivers.* One of the solutions suggested in the white paper was a collaborative care integration model in CF. As a result, The CFF created an award to help promote the development of a collaborative care model by providing funding for a mental health coordinator to join the multidisciplinary CF care teams. This request for application (RFA), based on contents of the white paper, was released in 2015, 2016 & again in 2018. Over the three years 135 CF programs were funded across the United States. I serve as Chair for the Review Committee for the Mental Health Coordinator RFA (84 awards in 2015; 36 in 2016 and 20 in 2018), which includes an annual review of all progress reports. Additionally, I co-presented the mental health in CF guidelines and a national implementation strategy, which included the Mental Health Coordinator RFA, at the 2015 North American CF Conference plenary, "There is No Health Without Mental Health."

Shortly following publication of the mental health guidelines, the CFF Mental Health Advisory Committee (MHAC) was formed in April 2016, with the mission to promote and support the mental well-being of individuals with CF and their families through a partnership with CF Care Centers to provide screening, preventative interventions and ongoing innovative services. To achieve these efforts three subgroups of the committee have been formed: 1) Training & Education; 2) Consultation; 3) Research. The committee has 20 members with partners from the CF Foundation. As the Chair of the CFF MHAC since the committee's founding, I have played a critical role in the remarkably rapid progress made toward meeting these goals both nationally and internationally (SMITH116CSGO. 1/2016-12/2019 $25,000 annually). I have:

* + Joined the North American CF planning committee, where I plan the psychosocial portion of the conference (31st Annual North American Cystic Fibrosis Conference (NACFC), Indianapolis, Indiana 2017; 32nd Annual NACFC, Denver, Colorado 2018; and 33rd NACFC, Nashville Tennessee, 2019).
  + Conceptualized and designed mental health specific short courses, a new annual day-long mental health special class and created a wealth of training programs delivered at the North American Cystic Fibrosis Conference and other national and international meetings, to support over 135 newly-funded CF Mental Health Coordinators, multidisciplinary CF team members, community mental health providers, and consultation liaison psychiatrists.
  + Contributed my expertise to develop educational resources to support individuals and families living with CF (http[s://www.cff.or](http://www.cff.org/Life-With-CF/Daily-Life/Emotional)g/Li[fe-With-CF/Daily-Life/Emotional­](http://www.cff.org/Life-With-CF/Daily-Life/Emotional)Wellness, including topics such as depression, anxiety, resilience for caregivers, CF siblings, substance misuse, and (in production) procedural anxiety and parenting strategies for adults with CF.
  + Created and disseminated a drop box of resources. I first created this resource center for the Cystic Fibrosis Center of Western New York team in 2013 as part ofthe Buffalo Depression Project. It contains clinical resources, expert videos, conference presentations, and seminal publications. The resource center grew and was later made open access. We had over 400 active international users before it was opened to an unlimited number of users with CFF funding. Further, the research coordinator from the Buffalo Depression Project (Christine Roach, BSN) now has ongoing CFF grant funding to maintain the drop-box resources.
  + Connected clinicians by creating a list-serve for psychologists, psychiatrists and mental health coordinators (CF-Psych@Listserv.Dartmouth.edu).
  + Created a Mental Health in CF Quality Improvement Change Package providing a practical roadmap for CF teams to apply QI methods to achieve measurable improvements in mental health and CF outcomes. It provides a summary of the mental health in CF guidelines, specific tools, strategies, and how to apply them to quality improvement work.
  + Facilitated European and Australian adoption of the CFF/ECFS depression and anxiety guidelines.

The dissemination and implementation of these innovative guidelines have successfully changed clinical practice at CFF-accredited CF Centers, which have instituted routine screening, assessment, and treatment protocols for depression and anxiety in adolescents and adults with CF, and in parent caregivers. This is evidenced in both a national CFF Patient Experience of Care Survey which found that 71% of respondents reported being asked about their mental health at their most recent clinic visit and a survey to CF centers.

Pursing this line of inquiry, I have written two book chapters on mental health topics in CF, am completing a systematic review of therapeutic interventions for depression and anxiety in chronic illnesses with similar characteristics as CF and have also become involved in the development of a CF-specific Cognitive Behavioral Therapy (CBT) intervention. We recently completed a 3- site pilot study of CF-CBT in which Buffalo was a primary site. I am currently fortunate to serve as a co-investigator and Buffalo site PI for a 3-year, multicenter randomized control trial (RCT) of this newly-developed intervention to prevent depression and anxiety in adults with CF (PIs: Deborah Friedman, Ph.D. and Anna Georgiopoulos, M.D; 2019-2021). The CF-CBT manualized intervention adapts evidence-based cognitive behavioral therapy strategies to be CF-specific and deliverable by multidisciplinary members of the CF care team using a structured training and supervision program. Additionally, I served as a consultant and Buffalo site principal investigator for a randomized controlled trial to determine the effectiveness of a group mental health intervention in reducing anxiety and depression in adolescents and adults with CF (Project Uplift). This study examines the interventions ability to improve quality of life and explores its' ability to improve adherence and physical-health related outcomes (PI: Michael Schechter, M.D.; 2016-2019).

To replicate the contributions described above focusing on depression and mental health in CF, I have begun working to address gaps in knowledge and research in substance use in CF. To this end I have (1) served as subject matter expert for the Substance Misuse web content for CFF.org ([www.cff.org/Life-With-CF/Dail -Life/Emotional-Wellness/Substance-Misuse),](http://www.cff.org/Life-With-CF/Dail-Life/Emotional-Wellness/Substance-Misuse)) (2) co­ instructed a full day special course addressing substance misuse in CF at the 32nd Annual North American Cystic Fibrosis Conference, Denver, CO 2018, and (3) completed a review on substance misuse in CF (Smith, Pardee, Fries, Barrick, Shea & Frederick, 2019). I have also assisted in a web-based survey assessing alcohol use in CF, which found excessive alcohol use occurring at a higher rate in individuals with CF than the general population (Lowery, Afshar, West, Kovacs, Smith, Joyce; 2019). I have submitted a grant application to Cystic Fibrosis Foundation Therapeutics, Inc. to investigate the scope of substance use in CF. Specifically, prevalence rates of commonly used substances, associations with mental health and medical outcomes, and to assess the feasibility and outcomes of integrating annual screening, brief intervention and referral to treatment (SBIRT) for substance use disorders into routine CF care at Cystic Fibrosis Centers of Western New York in Buffalo and Massachusetts General Hospital in Boston.

Much of this work, as well as other previous scholarship, led to my being presented the Carolyn and C. Richard Mattingly Leadership in Mental Health Care Award during the plenary session at the 2017 North American Cystic Fibrosis Conference in Indianapolis, Indiana. This award is given by CFF to a member of the CF community who displays leadership and a commitment to the mental health and well-being of individuals with CF. I now serve on the award selection committee. That same year I received an award for outstanding achievements in research, in the UB Department of Psychiatry. More recently, I was presented with an Excellence in Care Award from the Cystic Fibrosis Foundation and was honored at the 2019 Breath of Life Gala.

In addition to my work in CF, I have also been closely involved with a project designed to improve access for youth to quality mental health care. While child mental health problems are widespread, few children receive adequate treatment, in part due to the severe shortage of child psychiatrists. To address this problem, the Child and Adolescent Psychiatry for Primary Care (CAP PC) program was developed to better meet the needs of children in New York State. CAP PC is a NY State Office of Mental Health funded collaborative care program that covers most of New York State (PI: David Kaye, M.D.; 2010-2015; Total Award $5,000,000 and 2016-2019; Total Award $9,000,000). CAP PC is a collaboration between the Departments of Psychiatry at the University at Buffalo, University of Rochester, Columbia University, SUNY Upstate, and North Shore University. We provide phone consultation services for primary care providers (PCPs) across New York State, assist PCPs to better manage children/adolescents (to age 21) with mild-moderate mental health problems, assist PCPs with linking and referring their patients to appropriate mental health services in their communities, and are the largest provider of mental health related education and continuing medical education (CME) within New York State. Since 2010, we have provided education (nearly 20,000 CME credits of educational programming to over 1200 primary care physicians) and consultation support to primary care providers across 90% of New York State (Kaye et. al. General Hospital Psychiatry, 2017). I serve on the steering committee, provide direct consultation support and am a primary provider of the educational programing. This project has generated 13 conference proceedings, a manuscript and was awarded the American Psychiatric Association's Psychiatric Services 2016-2017 Achievement Award.

1. Service statement

My primary departmental service assignments have included directing the Consult Liaison (CL) Psychiatry Service at the John R. Oishei Children's Hospital (OCH; formerly Women and Children's Hospital of Buffalo) and also serving as the Medical Director for the Children's Psychiatry Clinic. On the Consult-Liaison Service at OCH we complete over 400 consultations annually for high risk children on issues including overdoses and other suicide attempts, child abuse, grieving/death and dying issues, non-adherence with medical treatment, eating disorders, adjustment to illness or trauma, and symptoms thought to have a psychophysiologic component (e.g. pain problems, gastrointestinal complaints, functional neurologic symptoms, etc.).

Additionally, we provide consultation liaison services in obstetrics and gynecology for pregnant and post-partum women. In addition to administrative oversight, as the director of CL psychiatry I have also had the opportunity to work with the institution's Quality and Patient Safety Department to perform a gap assessment and internal audit on the care of patients with suicidal ideation. I have designed a process for universal suicide risk screening for OCH (which is being adopted at all Kaleida hospitals) and created a clinical response.

The Children's Psychiatry Clinic, a New York State Office of Mental Health licensed clinic, serves children from two to 21 years of age providing diagnostic and treatment services for the children and their families who are experiencing emotional and/or behavioral disturbances or family relationship problems. The clinic is also home to the University at Buffalo's residency training program in Child and Adolescent Psychiatry. As medical director, I lead a multidisciplinary team consisting of 9 psychologists, 7 social workers, 4 attending psychiatrists, 6 child & adolescent psychiatry fellows and 2 general psychiatry residents. In 2018 we provided ongoing care for nearly 900 youth and in 2019 for over 600 youth year to date. During my time as medical director we have developed multiple new specialty clinics including the effective managements of pediatric OCD (TEMPO clinic), a clinic for medically compromised children and adolescents, and a child and adolescent psychiatry mobile psychiatric services team (CAMP Team).

Based on my work, in 2014 I was appointed to Chief of Service for Psychiatry and Behavioral Medicine at Kaleida Health and also serve on Kaleida Health's Executive Committee. Kaleida Health is one of the largest healthcare providers in Western New York with 5 hospitals. In my role as chief of service I use both my leadership and administrative skills in the supervision of all psychiatrists and psychologists within the Kaleida Health System. This supervision includes credentialing, privileging, and peer review.

Next, in 2016 I was appointed as Chief of the Division of Child and Adolescent Psychiatry. In this role, I assist in the academic and professional development of all faculty in the division, help develop and maintain quality clinical programs, and ensure a stimulating learning environment for medical students, residents, and fellows. Finally, given my successful track record of academic administrative work I was recently appointed as Executive Vice Chair, Department of Psychiatry under the leadership of Dr. Steven Dubovsky, M.D. In this role I am closely involved in departmental clinical and educational programming. Also in this role, I chair a new task force to review and rethink departmental teaching methodologies using adult learning principles in both medical and residency education and engage faculty to incorporate and apply best teaching practices to medical student and resident education.

I provide additional service to the academic institution through several committees within the Department of Psychiatry, as well as within the Division of Child and Adolescent Psychiatry including the Educational Policy Committee, the Selection Committee, the Curriculum Committee, the Clinical Competency Committee, the Executive Committee and the Appointments, Promotions and Tenure Committee. Also as noted, I have created a number of curriculum additions teaching initiatives that have improved the quality of the department's educational activities.

# I also provide service to the profession through conducting journal article reviews for a number of publications, providing clinical grant reviews for Cystic Fibrosis Foundation Therapeutics, and reviewing abstracts for the North American CF conference, in addition to the service to the CF community detailed above. I am also on the board of directors for the Narins Eating Disorder Center (formerly Buffalo Center for the Treatment of Eating Disorders). I believe it is important to take a leadership role in the profession and set a standard for students and residents, which emphasizes giving back. As such, I am also an active participant in the Western New York Child and Adolescent Psychiatrists group and the Physically Ill Child Committee of the American Academy of Child and Adolescent Psychiatry. Through this and other avenues, I encourage fellows to participate in the local and national organization.

My service has culminated in an award for outstanding contributions to the Department of Psychiatry and induction into the Emeritus Faculty Chapter of the Gold Humanism Honor Society for providing excellent and compassionate care.

Summary:

Throughout my academic career at the University of Buffalo, I have been intensely involved in patient care, administrative leadership, and teaching while building my scholarship that informs the mental health care of individuals with CF and gaining international recognition in this field. I believe I have had a meaningful impact on the lives of my patients and contribute to improving the well-being of all individuals with CF. Working in academic medicine has been a privilege, one in which I have derived tremendous professional satisfaction. I am indebted to the Psychiatry faculty and University as a whole. Both have been extremely supportive of my clinical and professional activities while fostering my research and growth as an associate professor. This has been an ideal situation for success and fulfillment of my academic pursuits. I am honored to be part of the department and university, and look forward to contributing, by leadership, service and example, to the continued excellence of my division and department, and the Jacobs School of Medicine and Biomedical Sciences.