



## Notes from the Department Chair

### **The Oxford definition of well-being: the state of being comfortable, healthy, or happy**

*This Spring Quarter edition of Psyched will focus on the value of WELL-BEING in all our Department of Psychiatry and MCW missions.*

Burnout has been a critical and top issue in health care and medicine even before the pandemic. The pandemic has only made this issue worse by stressing health care workers even more. Many things factor into our state of well-being. Some of these things may include feeling respected, valued, appreciated, and understood; feeling a sense of purpose; believing you and the work you do aligns with a just cause, greater good, and makes a difference; feeling supported in the work you do; having a supportive team and supportive environment; feeling comfortable and prepared for the work you do; feeling safe at work; having a manageable workload; and feeling physically and mentally healthy. Our faith in each other, or in a higher power, can factor into one's well-being. Our home life and family factor in too. Even our self-practices are factors and can make a difference in favor of, or in hindering our well-being. How often we exercise, how much and how often we utilize alcohol or other addictive substances play a role here. How we each cope plays a role. That said, work-related stress can and often is a big factor in burnout. One study showed that when addressing burnout, focusing on what people can do individually will only address up to 20% of burnout and that systems issues need to be addressed actively as well to fully address/prevent burnout. MCW and our health system partners are aware of this and are meeting monthly to work together to best address the system issues.

I realize that this is quite complicated and the factors in each of us may differ and change over time. We can learn ways to be more resilient, and one or a few stressful workdays might be manageable, but having them day after day can take its toll. Having a leader who you can go to when you feel overwhelmed and one who will help support you can make a tremendous difference. Early in my career, I was afraid to go to one of my leaders at a time I was feeling overwhelmed and burned out. My pride was too great, and I almost left without asking for

help. Being burned out was eroding my love and passion for my psychiatry work, and it was even affecting my family relationships. I finally took that risk approaching my supervisor, and my leader immediately told me how much I was valued, and he stepped up to provide more support at work which clearly helped me recover from burnout without having to leave. I learned much from that experience and hopefully, I am a better and more supportive leader myself because of that.

These days, I frequently check my "well-being pulse". I try to be attuned to the level of pressure and stress I am under. I notice it tends to build during the week. On most weekends, I recover by spending time with my wife Mary at our cabin in northern Wisconsin-often working outdoors: cutting and splitting wood, burning brush, working with wood, cross country skiing and hiking. Connecting with nature and hard outdoor work relieve stress for me.

How often do you monitor your well-being? What are your indicators? When you are feeling stressed, what coping strategies do you go to? Have you utilized MCW's well-being index scale? They adapted it from Mayo. You can find it through MCW's Infoscope. I recently did it for myself. It immediately gave me a score and some interpretations of the score with resource links to help address my needs. Please check it out. I would encourage you to monitor your state of well-being frequently. If you are feeling burned out, first take some time off work to see if that helps. Next, please do talk to your mentors and supervisor about how you can find ways to minimize the stressors and contributing factors. We need to prioritize our own well-being. Please prioritize yours. Your well-being is important to your leadership team.



Jon A. Lehrmann, MD Charles E Kubly Professor and Chairman  
Department of Psychiatry and Behavioral Medicine  
Associate Chief of Staff for Mental Health, Milwaukee VAMC



## Notes from Administration Administrative Well-being

From a Department Administrator's perspective, one definition of "administrative wellness" is the financial and programmatic health of the department. From this perspective, the department's administrative team works hard to ensure several departmental and organizational targets are met, targets that indicate departmental well-being. Some of these targets, in no particular order, include:

- Ensuring clinical compliance as it relates to the revenue cycle; ensuring good documentation supports the charges and collections resulting from direct patient care services and resulting in good audit outcomes.
- Meeting financial targets set by MCW to include managing expenses according to guidelines set by MCW, meeting a targeted margin for the fiscal year, meeting deadlines set by the budget and finance offices and responding to questions in a timely, informed manner.
- Providing the resources necessary to successfully execute programs attached to the four missions, missions again that include patient care, education, research and community engagement.
- Anticipating future needs; one example is the very forward-looking move to expand into the shell space on the 3rd floor of the Tosa Health Center. Another example would be the work attached to planning, designing and ultimately moving to Thrive on.
- Serving as a resource to faculty and staff spread throughout the department and geographically spread throughout Wisconsin and the world (the Russian team is a prime example).
- Managing the departmental workforce, ensuring alignment with effort, missions, and goals.

MCW has "dashboards" that measure our success in these areas and by most accounts – especially given the department's growth and responses from department stakeholders - I can state that the "state of the department is strong." (To coin a phrase.)

Another measure of administrative wellness is how members of the central administrative team manage their own wellness. In that regard, I asked the team to share how they decompress and have their permission to share the following:

### *Joy Ehlenbach:*

- I find that the key to my wellness is having time with my 6 grandchildren – ranging in age from 16 years to 3 years. I love to attend the various sporting events that they are involved in; and when in-person isn't possible, I tune in to their events virtually if that is an option. Outside of their many sports, I just love sitting with them and hearing about what fills their lives with happiness.
- For my physical well-being, I love to spend time with our 1.5-year-old Boxer "puppy" Rocky Mae. She is a bundle of energy and keeps me on my toes; literally!! She loves to walk, even when the weather is cold and wintry, so I get out with her a lot!

### *Alison Gifford:*

- One of my favorite things to do for my wellness is spending time with my horse at the barn. Horses have individual personalities and mine is rather warped and makes me laugh.

### *Gary Koenig:*

- Yardwork, golf, vacations in northern Wisconsin (Minocqua).

### *Dawn Norby:*

- I recently discovered the Hygge (pronounced hue-gah) lifestyle. Hygge is a Danish term meaning creating cozy, comfortable surroundings which will give you an inner sense of contentment and well-being. I found comfort this Winter by redesigning, organizing, and decluttering my home and I am looking forward to Spring, so I can start on the outside.

### *Jason Scheu:*

- For personal wellness, I bowl in a league or play with my two girls.

### *Joan Sowatzke:*

- Watching the sunset on the lake up north.
- Spending time with my cockatiel, Shirley and getting her to talk to me.
- Having my pooch, Faith, sitting next to me on the couch with her head on my leg.
- Getting lost in a page-turning book.
- Cooking with wine. Sometimes it even ends up in the dish!

### *Keane Weinreich:*

- I spend a lot of time with my immediate family; many weekends in Rhinelander relaxing and snowmobiling with our 88-year-old mom. On a daily basis, I play with my dog.

As for me and my wellness, in preparation for a recent medical procedure, I was asked to think of my favorite place, and that "I should go there." I replied with "that's wherever my wife Ingrid is."

I hope this finds you all well.

*David Peterson*

David Peterson, MBA, FACMPE  
Department Administrator Clinical



## Education Notes

# THE IMPORTANCE OF EXERCISE FOR MENTAL AND PHYSICAL HEALTH

My first road race was a marathon. A year later, I returned to the same race, but with a 4-month-old son in tow, and without a husband, as he was serving a 9-month long combat tour during Operational Iraqi Freedom. I was a PGY2 psychiatry resident and running was imperative to my physical – and mental – wellness. My life hasn't become less crazed in recent years – dramatically more so! So, why have I continued to prioritize exercise? And why should you?

The REGARDS trial (Soliman 2012) found that the average American spends more than 11 hours of their daily non-sleeping time in a sedentary position. This increases the risk of death from ischemic heart disease, stroke, breast and colon cancer, and type-2 diabetes. Aside from improving physical health, 30-40 minutes of aerobic exercise four days per week has been shown to be at least as helpful as medications for mild and moderate depression (Cooney 2013). Despite most of us struggling with some form of fatigue, a Cochrane review even found that exercise has a positive effect on chronic fatigue (Larun 2017)! Contrary to popular belief, exercise will not worsen or cause fatigue on its own. Instead, it offers benefits for sleep, daily functioning, and a self-perceived improvement in overall health which was not inferior to cognitive behavioral therapy. Regular exercise has even been shown to reduce sick time, allow better ability to handle rigorous schedules, and, for providers, they are more likely to recommend exercise-based interventions with their patients, which is especially important given the side effect profiles of some psychotropics (Williams 2015). An additional positive is the option to pass these benefits on to your children if you have them! Cardiorespiratory-based physical education programs have been shown to improve standardized test scores and decrease behavioral problems (Ratey 2008).

Exercise is a central tenet of my entire family – swim or cross-country practice/meets most days, quick workout on the treadmill in the early morning hours, or sibling acknowledgment that “Mom hasn't gotten her run in – watch out!” But if you aren't cut out for 5 am runs, consider a 15–30-minute walk (or bike!), a few squats between patient appointments or even lapping the house between meetings.

When did you last get a sweat on?

Christina L. Wichman, DO  
Professor of Psychiatry and Obstetrics and Gynecology

Sarah E. Slocum, MD  
Assistant Clinical Professor of Psychiatry  
Geisel School of Medicine at Dartmouth



## Community Engagement Notes

# PHOTOGRAPHY ASA TOOL FOR WELL-BEING

**“Take a picture. It lasts longer.”**

It has been said that one way to relieve stress is to find an activity that defies acceleration. Photography has been such an outlet for me, possessing an element of magic. In a fraction of a second, a camera can take and preserve a moment in perpetuity. Like a flowing river that is never exactly the same, each photo is unique. The weather, time of day, day of the year, angle of sunlight, presence or absence of moonlight, perspective, shutter speed, aperture, and luck, all contribute to the image that is captured.

In examining each photograph, we can digest the world a little more slowly, restraining us from our usual frenetic pace. We are given the opportunity to stop and take our time to absorb details such as the content, shapes, colors, texture, composition, and perspectives. We can begin to see specifics we hadn't noticed previously, or we can even be reminded of events or feelings long forgotten. A photographer cannot always predict what emotions the image may evoke in another viewer. There is indeed magic afoot and a means to retreat from life's daily routine.



Carl Chan, MD  
Professor  
Department of Psychiatry and Behavioral Medicine, MCW



## Faculty Development

### STAY WELL! BUT GET IT ALL DONE AT THE SAME TIME....

Doesn't it seem like it gets more and more difficult to "do it all?" Each one of us continues to find ourselves in positions of having too many responsibilities at one time. Just when we might feel some balance or order in our lives, another area likely starts to require more attention and the struggle starts all over again.

So how do we do it? How do we accomplish all we need to do professionally, as well as personally?

The answer is not magical, nor is it something permanent. The answer is priorities and boundaries – both of which are things that flex and change all the time. Our priorities should tie to our values, and as our life changes, our values may change as well. We must be willing to take the time necessary to connect with our values regularly. Gratitude, reflection, and active priority ranking are just a few ways we can connect with our values on a regular basis. Staying grounded in your values makes it easier to prioritize requests and decisions: Do I need or want to take on that additional role or opportunity? If we say yes, is it actually connecting us with an opportunity we value, or are we doing it because someone else expects us to – or we *think* someone else expects us to!

Boundaries allow us the opportunity to breathe, think, and act. Without boundaries, by definition, we are encroached upon by all around us. Having boundaries can appear concrete, such as setting the time of day when you answer email, take phone calls, or schedule meetings. However, almost more importantly are the boundaries we are responsible for in our minds each day. How often do you "guilt" yourself into spending just a little more time? How often do you "worry" about what you might be missing or who you might be disappointing? How many times a day do you let yourself say that you "should" be doing something? While these may be normal cognitive distortions, each one of these thoughts distracts us from our priorities and lowers our personal boundaries. Believe in your ability to achieve your goals by respecting your own personal boundaries and living up to your priorities and values.

And when you fall behind in your inbox, over-commit to requests, or find yourself off track and de-energized... remember that reconnecting with your priorities and your boundaries is an act of self-care and wellness!

Jennifer Apps, PhD  
Vice Chair of Faculty Development, Department of Psychiatry and Behavioral Medicine  
Assistant Provost of Faculty Development, Office of Faculty Affairs



## Clinical Notes SIMPLE AND ADAPTABLE STEPS TO WELL-BEING

It was hard for me to admit that I was burned out. After all, I hardly have it bad compared to others. Like most of us, I enjoy what I do and like to work. Helping patients and gently nudging the system along the right path (okay, sometimes I push and shove) make for a rewarding and fun job. It is great to feel productive and helpful. In fact, when colleagues ask me how things are going, I would routinely reply, "Great." Then, admitting only to myself, in the deep dark recesses of my mind, "Okay, too great." There were often too many wonderful opportunities at work and home, but all were confounded by the pandemic impacting our society and various other acute and subacute psychosocial stressors.

Before COVID, I had the opportunity to attend a wonderful presentation on well-being by a colleague from the United Kingdom. She spoke about the "Five-Step Approach to Well-Being" advocated for within their National Health System.

1. Connect with people
2. Be physically active
3. Learn new skills
4. Give to others
5. Practice mindfulness

The talk was great, and the approach was inherently logical. Still, it was not until the second year of the COVID pandemic that I truly began to appreciate the practicality and importance of these five simple and adaptable steps. Healthy relationships are important for your mental well-being. They help provide emotional support and allow you to support others. Being active is not only great for your physical health and fitness; a growing body of literature suggests that it can also improve your mental well-being. Learning new skills can boost self-confidence and raise self-esteem while at the same time help you connect with others (see step #1). Research suggests that acts of giving may create positive feelings and a sense of purpose. And mindfulness, well, we know all about the mental health benefits of mindfulness and appreciating the present moment.

When I start to find myself feeling burned out. When work I once felt was important, meaningful, and challenging begins to feel unpleasant, unfulfilling, and meaningless, I take a step back and explore where I stand on those 5-steps. What has changed? Has one step been neglected? Is there an opportunity to augment a step? Re-establishing my place on these steps and finding a balance between the steps has been key to my attempts to maintain a sense of professional well-being. I'm not always there, but I'm trying.

I encourage others to try as well.

Tom Heinrich, MD  
Professor  
Department of Psychiatry and Behavioral Medicine



## Research Notes "WELLNESS - LOL!"

That was my initial response when asked to write about wellness. My **second** response was: "If they only knew..." My **third** response was: "Okay, so we're doing this." [\*cue Hamilton]

People are usually surprised when I tell them I struggle with anxiety because they see me as someone who seems to be doing well personally and professionally. Like others, I've experienced situational depression and struggled with periods of burnout in each phase of my training and early career. In fact, my MCW Well-being Index looks like a roller coaster ride. This isn't something I'm proud of, but I share in solidarity.

The pandemic amplified these struggles for me. This became apparent when I started crying during a faculty meeting in late 2020. It was at that time I realized I needed help. My colleagues were super supportive, sending individual comments of support and gratitude for sharing the hardships I was experiencing as a parent with very young children during COVID-19. These pressures haven't lifted; our family experienced only two days of consistent childcare between 12/17/21 and 2/7/22. I've heard similar experiences from other faculty, too. Yet, our expectations — and requirements for promotion — remain unchanged.

My challenges have been hard, but I am a white man of many privileges. Data from our institution show a staggering gender gap in productivity in the fall-out from COVID-19 (see Ellinas et al., in press). I recall being surprised by how shocked leaders were when I broke down in a faculty meeting. The comments of affirmation came in private messages, as many folks likely avoided talking about these challenges publicly because of biases in the workplace. As a result, I felt isolated by the hardship.

So, wellness? I choose action, and this comes with privilege. Despite feeling behind on many things professionally, I assumed roles on the Faculty Career Development Committee; the Department's Appointment, Promotion, and Tenure Committee; and the Promotion and Tenure Holistic Review Committee. Collectively, service on these committees has provided me an opportunity to influence change in the Department and across the institution. But I have also learned the importance of rest and boundaries. I practice mindfulness daily, exercise 4-5 times per week, and continue to engage in ongoing mental health treatment and maintenance care.

If you are similarly experiencing hardships, please know you are not alone. Thank you for reading this vulnerable and cathartic piece.

Steven John, PhD, MPH  
Assistant Professor; CAIR  
Department of Psychiatry and Behavioral Medicine



## Education Notes MID-DAY MINDFULNESS: CHAIR YOGA

Mindful movement like yoga can have significant benefits on both physical and mental health. I found my way to yoga in 2013 during my first year of teaching high school chemistry in Detroit, learning about burnout the hard way. Halfway through the year, I realized my trajectory would be unsustainable. I started setting boundaries for myself, bringing less work home, leaving school before evening, and committing to attending hot yoga weekly. As a former competitive athlete, I appreciated the physical challenge of learning the postures, gaining strength and mobility, and embracing the heat. The mental benefits were subtle; I realized over time that I was growing stronger in my ability to persevere through discomfort, both on and off my yoga mat. Those first few years of yoga taught me that I can do hard things and utilize my breath during a challenging situation.

I became certified as a yoga instructor in 2015 and have been teaching regularly since. Yoga provided a positive outlet for me to manage the demands of medical school with a consistent physical and mental practice within a supportive community. I turned to my practice often during the early months of the COVID-19 pandemic, even as our studio shifted to a virtual class format.

During my intern year, I shared yoga with co-residents and faculty via Zoom. After leading a chair yoga session for the Psychiatry faculty retreat in April of last year, Dr. Himanshu Agrawal asked if I would be open to teaching chair yoga regularly to the psychiatry department, and I happily agreed. Our first session was in November 2021; since then, we have increased frequency to biweekly and continue to grow in number. We meet for 15 minutes on alternating Tuesdays during the lunch hour via Zoom and focus primarily on breathing exercises and upper body movement. We hope to provide a mid-day break from emails and Epic and a chance to connect with one's own breath and body. Many thanks are due: to Dr. Agrawal, for the idea, to Dr. Lehrmann for your support, and to all of you for practicing with me.

*Note: The Chair Yoga we offer is a far cry from the yoga created thousands of years ago in India, and I continue to learn about the potential impact of being a white woman teaching a South Asian practice.*

Caitlin McCarthy, MD  
PGY2  
MCW Milwaukee Residency Program



## Clinical Notes

### WHY PURSUE PSYCHOTHERAPY?

The reasons why someone should avail psychotherapy are- and should be- as unique as the individual themselves. There are treatment goals and life goals. If all goes well, the achievement of the former actuates the attainment of the latter.

I would like to use my own example to try and answer this difficult question.

**Prelude (2004-2006):** I first sought out psychotherapy because I was running late for my classes during my psychiatry residency and had been (informally) reprimanded by my program director. I met with a clinician who conducted Cognitive Behavior Therapy. We worked on data gathering (making meticulous notes of the times I showed up for each class) and then engaged in active problem solving to make behavioral modifications. It was a relatively quick fix, and I started attending classes on time. In retrospect, what we were engaging in was CBT For ADHD. I have no idea why we kept meeting for an extra 2 years (this is a good example of what I call ordinary or 'cookie-cutter psychotherapy', lingering aimlessly. Your therapist should be able to tell you at any time during the psychotherapy, theory understanding of your treatment goals and life goals).

I then sought out a psychodynamic psychotherapist because I wished to take some anticipatory measures to ensure that my married life ended up happier than my parents'. In other words, I wished to avoid a Repetition Compulsion based on my own developmental history. I stayed in therapy with this clinician for the next 13 years (and restarted recently, to retain my ego strengths amidst the COVID pandemic).

**Phase 1 (2007-2008):** OMG! I don't want to be the kind of husband that my father was to my mother. My mother is perfect, and I hate my father.

**Phase 2 (2008-2009):** OMG! My mother had certain limitations which affected my perceptions of my father. Double OMG! I have PTSD and 'Stockholm syndrome' from my childhood. Now, my father is perfect, and I hate my mother!

**Phase 3 (2009-2010):** OMG. My marriage is not going well, despite both of us trying very hard.

**Phase 4 (2010-2014):** OMG. Being divorced sucks, as does the dating game. I keep dating the same kind of person repeatedly, and the fit never ends well. When will this anguish end? I still hate my mother and my dad is pretty cool-not perfect, but pretty cool.

**Phase 5 (2014-2015):** OMG. I finally found an awesome partner, didn't run away from her, or chase her away. I also worked through my inappropriate guilt and my false belief that I 'owe' to others and embrace my self-worth. My annual income rises by \$200,000 within one year, without affecting any of my employers poorly. I also work through my impostor syndrome and apply for psychoanalytic training. Also, my rage at my mother is subsiding and I am beginning to see her as a person who did the best she could with what she had. By the way, I still turn up late to meetings from time to time, and occasionally miss them, so CBT for ADHD carries on.

**Phase 6 (2015-2016):** OMG. I am a dad! I never thought I'd be able to be a father! I work through my fears of intimacy and perhaps for the first time in my life, lower my defenses enough to allow love to trickle in. Now it's pouring in, and I'm scared because it feels unfamiliar. I work through that over the next several years.

**Phase 7 (2016-2018):** I prioritize my currencies in life. My wife and I take a 50 percent pay cut to enter and embrace the world of academia. The more I am falling in love with myself (finally), the more love I feel for others around me, especially my students! I make a lot less money but have never felt richer.

**Phase 8 (2018-2020):** I complete my psychoanalysis, begin to display the ability for self-analytic functioning (with plenty of clumsiness and mistakes along the way, naturally) and start writing and publishing because I feel I finally have something to write about. I am embracing who I am, including the parts I did not wish to see. I face rejections and disappointments; however, I am now able to roll with them, feeling appropriately disappointed and angry instead of covering them with smiles. I am feeling confident and joyful in all my roles, and I discover that I am able to integrate them better (far from perfect, but better)- father, husband, son in law, son, brother, therapist, psychopharmacologist, colleague, student, teacher, administrator, writer, audience, artist.

So, there it is. That's why I availed psychotherapy. Now your turn - why would you avail psychotherapy?

Himanshu Agrawal, MBBS DF-APA  
Assistant Professor  
Department of Psychiatry and Behavioral Medicine

## THE DEPARTMENT REMEMBERS



**Elpidio "Junior" Mariano, MD**  
**10/27/1976 to 12/7/2021**

### *Junior's Grit*

*(A dedication written by Dr. Michael McBride)*

I met Junior Mariano in 2013 soon after he joined the VA as an outpatient psychiatrist specializing in addiction treatment. It wasn't long before he befriended the entire hospital. He only worked with us a few short years but in that time, he left us all with many happy memories and life lessons.

He would always greet his Veterans with a hearty "thank you for coming," like he was greeting a long-lost friend. He explained how hard it must be for people to have to get up, travel to the VA, find their way through the hospital, and face the stigma of seeking help for mental illness. Usually, physicians have the attitude they should be thanked for being the doctor. Not Junior, he sincerely was grateful his patients had the grit to come and see him.

Junior said the most important thing you can say to a patient was, "I love your story." He felt every patient had an inspiring story of survival, resilience, and grit. Yet, they rarely ever think of themselves as experts in surviving, and seldom are praised for this quality. He flipped the script and allowed patients to become teachers of their Recovery story.

Junior was one of our few psychiatrists of color. He pointed out how important it is for patients to work with providers who look like them. He volunteered to establish a tele-mental health clinic with the Menominee Indian Reservation. Despite having one of the highest military enlistment rates for a county in the nation, Veteran's struggle with access to care. His Veterans would ask him what tribe he was from. "Filipino", he would say with a smile. And they would smile back because that was good enough for them.

As one of only 12 board-certified addiction specialists in Wisconsin, Junior taught all of the psychiatrists how to use Suboxone, a medication for those with opioid dependence. He said, "It keeps Veteran's alive so they can work on their recovery." Addiction disorders are relapsing diseases and relapse causes shame, "They feel like a failure and believe everyone is judging them." He would tell us, "You need to show them you are on their team, and because they survived and are alive, they have grit."

Junior came into my office one day, as he always did when he had some free time, and with tears in his eyes told me he was leaving the VA. He had a genetic condition called Adrenoleukodystrophy, and even though he had no symptoms, he was approaching the age when his uncle died of the disease in the very VA hospital we were working at. I and others tried to talk him into staying, "You are healthy, your Veterans love you, and we need you." He said he was gambling on choosing quality of life over quantity. "If I get this disease, I'll regret not spending the time with my family." His gamble sadly paid off. When I learned of his death I thought of a time when I was deployed to Baghdad, and we were under attack by mortars and rocket fire. On the concrete bunker wall, where I was huddled with a bunch of soldiers, was graffiti that said, "Our problem is we think we have time."

Junior loved and worried about his young boys, Ashur and Anders. "Everyone needs grit. Where will they get their grit?" I think Junior left us all with more grit than we had before we knew him. We will need it now that he has passed.



**William C. Offenkrantz, MD**  
**Died in Scottsdale, AZ on January 7, 2021; He was 97**

William C. Offenkrantz, MD, founder of the Wisconsin Psychoanalytic Institute, died in Scottsdale, AZ on January 7<sup>th</sup> after a difficult convalescence following an August accident. He was 97.

His nephew, Dr. Donald Bliwise, confirmed the death.

Dr. Offenkrantz was an academic psychoanalyst who published numerous papers and book chapters on psychotherapy and psychoanalysis. Both during and after his academic years, he taught, supervised, and mentored countless psychiatric residents on the importance of empathy in psychotherapy as well as demonstrating how the past continues to influence the present. He maintained an active clinical practice throughout his career.

Influenced by the unexpected death of his father when he was 13, Dr. Offenkrantz began his psychiatric residency at the Veterans Administration Hospital in Lyons, NJ, and completed training at the New York State Psychiatric Institute/Columbia University in 1951. While in private practice, he completed his first psychoanalytic training program at the William Alanson White Institute in New York City in 1957.

He moved to Chicago to become the Director of Psychiatric Residency Training at the University of Chicago for 13 years, also becoming a tenured Professor. He also completed a second course of psychoanalytic training at the Chicago Psychoanalytic Institute. His psychoanalytic practice was strongly influenced by Heinz Kohut. He also joined Arnold Tobin, another analyst, in dream research at the University of Chicago Sleep Laboratory. They enlisted their patients to spend 3 nights a year at the sleep lab where the patients were awakened after REM sleep to recount their dreams. These dreams were subsequently integrated into their regular therapy sessions, and they published their research findings in the psychoanalytic literature.

In 1979 he moved to Milwaukee to become Professor of Psychoanalysis at the Medical College of Wisconsin. Here he started the Columbia Hospital Psychotherapy Center at the former Shorewood Sanitarium building to provide resident training in psychotherapy. He also arrived to create the Wisconsin Psychoanalytic Institute. He recruited several Training Analysts to become the Institute's faculty.



Dr. O, as he was called, "retired" in 1987 to Scottsdale, AZ where he was recruited to again teach and supervise psychotherapy for the program at the Maricopa County Medical Center. He also resumed a clinical practice which he continued until shortly before his death.

Dr. Offenkrantz was not only a student of psychoanalysis, but also kept an interest in new discoveries in neurobiology and psychopharmacology. He believed that precise pharmacotherapy would help patients cope with disabling illness, but that psychoanalytically oriented psychotherapy would help these patients also understand more about their personal narratives.

He was preceded in death by his wife of 35 years, Sandra Topp. He is survived by two sons, David (of Edmond, Oklahoma) and Frederick (of Helena, Montana), two grandchildren and two great-grandchildren.





## GETTING TO KNOW...

Faculty and Staff from the Department of Psychiatry and Behavioral Medicine



**AMBER CRAIG, PHD**  
Assistant Professor  
Tosa Health Center

### *What is your educational background?*

I completed my undergraduate education at Georgia State University in Atlanta, Georgia, not far from my hometown. I received my PhD from Indiana University, Bloomington and completed my pre-doctoral internship in clinical psychology at the University of Wisconsin, Madison. Last year, I completed my post-doctoral fellowship at the Medical College of Wisconsin with emphases in behavioral medicine and integrated primary care work.

### *How long have you worked at MCW?*

I began my post-doctoral fellowship at MCW in August 2020 and officially became faculty in October 2021.

### *Describe your typical workday.*

I spend the majority of my days seeing patients (virtually) in our outpatient psychology clinic. When I'm not seeing patients, I'm engaged in an eclectic mix of program development, training our department's residents and fellows, and collaborating on research projects related to sexual and mental health.

### *What do you like most about your job – what attracted you to this field?*

I really enjoy helping others understand mental health and how to improve well-being, whether that be through providing psychoeducation directly to patients, contributing to ongoing research on mental health outcomes, or training psychology residents and fellows to deliver evidence-based treatments in their clinical practice.

### *Tell us about life outside of MCW.*

When I'm not working, you're most likely to find me indoor rock climbing, playing board games, attending a festival, or relaxing at an outdoor beer garden with my partner, Adrian. On a rainy day, there's nothing I enjoy more than cuddling up on the couch with our cat, Tom, and a cup of coffee.

### *Just for fun – what are your favorite movies, books, music?*

I am a diehard Taylor Swift fan! Lately, I've had her "Folklore" album on repeat.

### *Tell us a fun/unique fact about yourself.*

I really love cats – I've had 17 of them!



**KELLY RENTSCHER, PHD**  
Assistant Professor  
Clinical Cancer Center/  
Curative Care Network Building

### *What is your educational background?*

I have a PhD in Clinical Psychology from the University of Arizona and completed postdoctoral training in psychoneuroimmunology at UCLA.

### *How long have you worked at MCW?*

I started in January 2022.

### *Describe your typical workday.*

A typical workday involves a combination of coordinating with research staff at MCW and other institutions to carry out federally funded research projects, meeting with study collaborators, publishing findings from the research, and developing new grant ideas and applications.

### *What do you like most about your job – what attracted you to this field?*

I most enjoy working collaboratively with other researchers and the excitement of new scientific discovery. I was drawn to the field of clinical psychology and biobehavioral oncology because it's personally meaningful that the research we do has the potential to improve the quality of life and clinical outcomes for cancer survivors and their families.

### *Tell us about life outside of MCW.*

Outside of MCW, I enjoy spending time with my husband (Ben), cat (Lola), family, and friends, cooking, traveling, being outdoors, and practicing yoga.

### *Just for fun – what are your favorite movies, books, music?*

It's hard to choose just one, but David Sedaris and Toni Morrison are two of my favorite authors.

### *Tell us a fun/unique fact about yourself.*

I'm a classically trained vocalist and have sung in choirs since I was a child. I'm looking forward to joining a choir in Milwaukee when it's safe to do so again!



**DIANE MURLEY, BS**  
Social Worker I  
Tosa Health Center

*What is your educational background?*

I have a bachelor's degree in Science of Psychology.

*How long have you worked at MCW?*

I started in December 2021.

*Describe your typical workday.*

I work at the Tosa Health Center, Department of Psychiatry in new patient scheduling. I return messages from people in the community wanting to establish with mental health providers.

*What do you like most about your job— what attracted you to this field?*

I love to be the person that helps someone seeking treatment get through that first step and get connected. I have been attracted to mental health and wanting to help end the stigma since I was in middle school. Those years can be hard. I noticed people were sometimes ashamed to ask for help. I knew then that no one should have to feel bad to admit they need help with their feelings, and I wanted to be a part of that change.

*Tell us about life outside of MCW.*

My main interest is in travel. I love to learn about, see, and experience new places. My 11-year-old son, Keanu, is starting to get the travel bug and my significant other, Mike, enjoys all the adventures we find together. Spending time with them is always my priority, closely followed by watching birds and caring for my plants. I have always wanted to learn to play the guitar and fly a plane. Both of these goals are currently on my horizon.

*Just for fun—what are your favorite movies, books, music?*

I love live music of almost any type. My favorite artist is Jack Johnson. My all-time favorite movie is tied between Titanic and Avatar.

*Tell us a fun/unique fact about yourself.*

I lived in Hawaii for 4 years and the spirit of Aloha has been a huge influence in my daily life.



**JENNA NITKOWSKI, PHD**  
Postdoctoral Fellow (CAIR)  
Prevent Anal Cancer Research  
team under Dr. Alan Nyitray

*What is your educational background?*

I have a PhD in sociology from the University Wisconsin - Milwaukee.

*How long have you worked at MCW?*

Since September 2021.

*Describe your typical workday.*

I start with a big coffee! My typical workday consists of cleaning and analyzing data, conducting literature reviews, writing manuscripts, and meeting regularly with our team. Every week I also attend one or two talks put on by MCW or other organizations which is great for keeping up with the latest research and inspiring new ideas in my own work.

*What do you like most about your job— what attracted you to this field?*

I absolutely love my job. It allows me to use my data analysis and writing skills to help further research on self-sampling and anal cancer. I was drawn to this job because I can apply what I have learned from sociology and women's health research and hopefully, this will help people have better experiences with cancer screening.

*Tell us about life outside of MCW.*

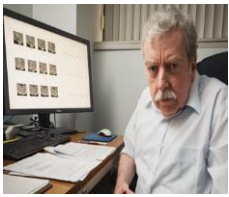
Love to get outside anytime I can and spend time with my friends and family. Very into music, reading, and traveling.

*Just for fun—what are your favorite movies, books, music?*

There is no way I can pick an absolute favorite, but my current love is a fantastic documentary called Twenty Feet from Stardom. It's about backup singers.

*Tell us a fun/unique fact about yourself.*

I've had a photographic memory of car makes and models ever since I was a child. My family thinks it's super weird that I can identify and remember these things.



**BARNEY WARD, MS**

Biostatistician II  
Goveas Lab

*What is your educational background?*

I studied Electrical Engineering at UW - Madison

*How long have you worked at MCW?*

I have worked at MCW since 1996.

*Describe your typical workday.*

I am just a machine for converting coffee into MATLAB code for statistical analysis of data for the Goveas lab.

*What do you like most about your job—what attracted you to this field?*

I love math and statistics.

*Tell us about life outside of MCW.*

I read a lot.

*Just for fun-what are your favorite movies, books, music?* Favorite song – Holly Holy, by Neil Diamond; Favorite movie – Doctor Zhivago; Favorite book – The Fountainhead, by Ayn Rand.

*Tell us a fun/unique fact about yourself.*

I don't drive.

**DEPARTMENT TOWN HALL MEETINGS**

March 25, April 22 and May 6 at 3:00p.m.

**THE DOOR COUNTY SUMMER INSTITUTE**

Director: Carlyle Chan, MD Program  
Coordinator: Kiara Bond  
For more information: [summerinstitute@mcw.edu](mailto:summerinstitute@mcw.edu)

PSYCHED is the newsletter of the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin. Jon A. Lehrmann, MD, Chairman and Professor  
Editorial Team: Joy Ehlenbach • Karen Hamilton • Dawn Norby

**DEPARTMENT HAPPENINGS**

Congratulations to the following Department employees to be recognized at the 2022 MCW Employee Services Awards

- Kristine James ..... 35 years
- Robert Huberty ..... 30 years
- Thomas Lytle ..... 30 years
- Barney Ward ..... 25 years
- Ruzanna Aleksanyan ..... 20 years
- Angel Rosado ..... 20 years
- Scott Belanger ..... 10 years
- Linda Burney ..... 10 years
- Broderick Pearson ..... 10 years
- Linda Cotton ..... 5 years
- Jennifer Kreuzpaintner ..... 5 years

**GLAD FOR THE 2022 GRADS!**  
Graduation Dates for Residencies & Fellowships

- Green Bay Residency** ..... Friday, June 17
- Milwaukee Residency** ..... Thursday, June 9
- Wausau Residency** ..... Tuesday, June 28
- Child and Adolescent Fellowship** ..... Tuesday, June 21
- Consultation-Liaison Fellowship** ..... Friday June 24
- Forensic Fellowship** ..... Pending
- Geriatric Fellowship** ..... Thursday, June 9
- Health Psychology Residency and Clinical Health Psychology Fellowship** ..... Thursday, June 23

At the time of publication. Schedule is subject to change. Check your email for updates!