UNM School of Medicine | The University of New Mexico Health Science Center

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In Collaboration with the College of Population Health

Abstract Booklet

October 7, 2026

SCHOOL OF MEDICINE

PSYCHIATRY & BEHAVIORAL SCIENCES

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AGENDA

Wednesday, October 7, 2026 | 1:00 PM – 4:30 PM

1:00 PM – 2:15 PM Poster Session, Domenici West Lobby

2:15 PM – 2:55 PM Coffee & Tea Networking, Domenici West Lobby

3:00 PM – 4:30 PM Lightning Talks, Domenici Auditorium

- CMEs and CEUs Available for Lightening Talks

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Danielle Farrar, MD, PhD, Assistant Professor Department of Psychiatry and Behavioral Sciences	From EEG to Efficacy: Seizure Metrics in Electroconvulsive Therapy
Elise Trott Jaramillo, PhD, Assistant Professor	Sense of Place, Community Attachment, and Mental Wellbeing for American Indian and Hispanic/Latinx Older Adults
Jalene Herron, PhD, Licensed Psychologist, Postdoctoral Fellow	Shared Voices, Shared Success: Engaging with Tribal Communities in Research
Shixi Zhao, Ph.D. in Health Education, Certified Health Education Specialist (CHES), Assistant Professor	Empowering Asian Immigrant Families: A Literacy and Health Initiative During the COVID-19 Pandemic
Katie Coakley, PhD, MS, RDN, LD (licensed dietitian), Assistant Professor	Nutrition and Behavioral Health: Current Evidence and Future Directions
Annette S. Crisanti, PhD, Professor with Tenure and Vice Chair of Research, Department of Psychiatry and Behavioral Sciences	Deployment Data from Mobile Crisis Teams throughout New Mexico

ABSTRACTS

Title: **Strengthening School Nursing in New Mexico: Findings From a Statewide Landscape Analysis**

Presenter: **Thomas A. Chavez, PhD**

Keywords: School Nursing; Landscape Analysis; Student Health

Background: School nurses (SNs) play a vital role in promoting student health, addressing physical and behavioral health needs, coordinating care, conducting public health surveillance, and supporting academic success. In NM, workforce shortages and rising student health needs highlight the importance of understanding the conditions shaping school nursing practice.

Aims: Supported by the NM Department of Health, this landscape analysis aimed to: (1) identify organizational and structural context of school nursing in New Mexico; (2) examine barriers to entering and practicing in the profession; (3) identify challenges and supports experienced by SNs; and (4) develop recommendations to strengthen recruitment, retention, professional development, and statewide capacity.

Methods: Virtual semi-structured interviews were conducted with 17 school nurses and 25 stakeholders from urban, suburban, and rural communities. Interviews explored pathways into school nursing, orientation and training, certification, professional development, and workplace challenges and supports. Data were analyzed through multiple coding cycles, team review, member checking, and the National Association of School Nurses framework.

Results: Barriers included limited preparation for school-based practice, inadequate pediatric or community health experience, and salary inequities. Practice challenges included insufficient orientation, limited mentorship, professional isolation, and increasing responsibility for student mental health crises. Participants also described school nursing as underrecognized and underrepresented in decision-making. The project produced the first model of organizational influences on school nursing practice in New Mexico.

Future Directions: Recommendations include statewide virtual learning networks, mentorship and career-stage training, increased awareness of the profession's value, stronger education-healthcare partnerships, and coordinated state-level support to build a sustainable and visible school nursing workforce.

Title: **Advancing Sexual Health Education (ASHE) Through Youth Engagement: Lessons learned from a youth-informed community/academic partnership**

Presenter: **Elizabeth Dickson**

Co-authors: David T Lardier PhD

Keywords: sexual health education; community of practice; youth engagement; youth informed

Background: New Mexico youth experience inequitable sexual and mental health outcomes, and comprehensive sexual health education (SHE) can help improve those outcomes. Though required for high school graduation, school-based SHE is inconsistently implemented due to multiple barriers. Improving adolescent health outcomes requires addressing these barriers while centering youth voice in SHE curriculum design.

Purpose: The ASHE project, a partnership between UNM, the Responsible Sex Education Institute/Planned Parenthood of the Rocky Mountains, and Project ECHO, aimed to build school health staff and educators' knowledge, skills, and confidence to teach relevant SHE through a 12-week virtual community of practice (VCoP) informed by New Mexico youth.

Methods: Two sequential cohorts of teachers, nurses, and counselors (N=14) completed a 12-session intervention delivered through the Project ECHO model. Cohort 2 curriculum incorporated direct feedback from the ASHE Youth Advisory group. Surveys at baseline, post-training, and 3-month follow-up assessed SHE knowledge, comfort, and inclusive practice, plus VCoP domains; focus groups provided qualitative data.

Results: Participants had high baseline SHE knowledge with modest post-training gains and sustained comfort. Curriculum-related gains were not statistically significant given small samples, but the VCoP mechanism yielded statistically significant improvements in peer support, motivation, and belonging.

Conclusion: A youth-informed, ECHO-based community of practice shows promise for building educators' capacity to deliver inclusive, trauma-informed sexual health education, pointing to the need for continued evaluation and scale-up.

Title: **Blood circRNA Signatures of Transcranial Magnetic Stimulation Response in Bipolar Disorder**

Presenter: **Ericka Torres**

Co-authors: Ericka Torres[1#], Maddy Koch[1], Jenna Demeter[1], Jeanette Montoya[1], Rhudovic Ramos[2], Margaret Lee[2], Orin Myers, PhD[2], Mauricio Tohen, MD[2], William Wylie, MD[2], Davin Quinn, MD[2], June Bryan de la Peña, PhD[1*]

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Keywords: TMS, Bipolar depression, circRNA

Significance/Innovation/Background: Bipolar disorder (BD) is a leading cause of disability worldwide. Transcranial magnetic stimulation (TMS) is a promising treatment for bipolar depression, but response is variable and no validated biomarkers exist to predict or monitor it. Circular RNAs (circRNAs) are exceptionally stable, brain-enriched RNAs detectable in peripheral blood, making them attractive minimally invasive biomarkers for neuropsychiatric disorders. This study is the first to examine blood circRNAs as biomarkers of TMS response in BD.

Research Question(s)/Hypothesis & Specific Aims: We hypothesized that blood circRNA patterns capture a reproducible molecular signature of TMS-responsive recovery in BD. We aimed to (1) identify candidate response-associated circRNAs by transcriptome-wide sequencing, and (2) validate top candidates by back-splice junction-specific qRT-PCR.

Methods/Approach: Paired whole-blood samples were collected before and after accelerated image-guided intermittent theta-burst TMS from a pilot cohort of 2 responders and 4 non-responders. Total-RNA circRNA sequencing nominated candidate circRNAs, which were validated by divergent-primer qRT-PCR normalized to a stable endogenous circRNA reference.

Results: Sequencing nominated several response-associated circRNAs (*circPCBP1-AS1, circZNF587, circFOXP1, circLPAR1, circHLA-DRB1_0002, circHLA-DRB1_0005*). By qRT-PCR, *circHLA-DRB1_0005* was significantly elevated in responders versus non-responders at baseline ($p<0.001$) and trended toward normalization after TMS. *circLPAR1* and *circHLA-DRB1_0002* showed concordant trends but did not reach significance in this pilot cohort.

Future Directions: These preliminary data support blood circRNAs as candidate biomarkers of TMS response in BD. Validation of *circHLA-DRB1_0005* in larger independent cohorts and development of a targeted blood-based circRNA panel are warranted to guide personalized TMS.

Title: **A Policy Analysis of Higher Education Support for Foster Youth in the Colorado Child Welfare System**

Presenter: **Krystal Robles, PsyD**

Keywords: child welfare; higher education; policy analysis

Significance/Innovation/Background: Youth transitioning out of foster care face persistent barriers to higher education, including limited support systems, financial instability, and challenges navigating educational institutions. Colorado has implemented legislation intended to reduce these barriers and improve educational opportunities for current and former foster youth. This policy analysis examines House Bill 22-1374 (Foster Care Success Act) and Senate Bill 22-008 (Higher Education Support for Foster Youth), focusing on how policy intent translates into meaningful and equitable support.

Research Question(s)/Hypothesis & Specific Aims: This analysis examined how these policies address systemic inequities, promote resilience, and provide protective factors supporting higher education attainment for youth aging out of Colorado's child welfare system. A secondary aim was to identify implementation barriers that may limit the effectiveness and accessibility of available supports.

Methods/Approach: Critical Policy Analysis and Resilience Theory provided the conceptual frameworks. Methods included policy review, comparison with related policies across states, stakeholder interviews, and community perspectives to evaluate implementation, strengths, limitations, and real-world impact.

Results: Findings suggest that both policies expand educational opportunities and access to supportive resources for foster youth. However, limited institutional awareness, inconsistent funding, and challenges with interagency coordination and collaboration may hinder implementation and contribute to inequitable access to available supports.

Future Directions: Future efforts should prioritize sustainable funding, increased policy awareness, trauma-informed implementation, and stronger collaboration among child welfare and higher education systems. Incorporating lived experience into policy development and implementation may further strengthen these efforts. Continued evaluation is needed to determine the long-term impact of these policies on educational access, persistence, completion, and stability for foster youth transitioning into adulthood across Colorado.

Title: **Concurrent Stimulant Detection Among Patients with Favorable OUD Treatment Outcomes**

Presenter: **Lillian Walker**

Co-authors: Kofi Boateng, Azizi Ray, PharmD, PhD, Abigail Tijani, Eunice Kim, MS, Pranjali Dahal, MPH, Verlin Joseph, PhD, MPH

Keywords: Opioid Use Disorder; Stimulants; Polysubstance

Background: Stimulant substance use remains a prominent public health concern, as overdose deaths have substantially increased over 20 years. Stimulant misuse poses additional concern for individuals with Opioid Use Disorder (OUD) due to observed increases of use within this population. Existing research lacks further coverage on co-use behavior of stimulants among patients receiving treatment for OUD.

Research Question(s)/Hypothesis & Specific Aims: This study examined concurrent stimulant use among participants with OUD who achieved a favorable opioid-specific treatment outcome. We estimated the prevalence and type of stimulant use during the same treatment period and assessed whether baseline stimulant use was associated with concurrent stimulant detection.

Methods: Data were pooled from National Drug Abuse Treatment Clinical Trials Network studies CTN-0027 and CTN-0051. Among 1,839 randomized participants, 491 met the opioid-favorable endpoint during Weeks 12–15, defined as no opioid-positive urine drug screens (UDS) and no more than one missing expected UDS week. Concurrent stimulant use was defined as at least one cocaine- or amphetamine-positive UDS during Weeks 12–15. Modified Poisson regression estimated associations between baseline stimulant use and concurrent stimulant detection, adjusting for trial and sociodemographic characteristics.

Results: Among participants meeting the opioid-favorable endpoint, 120 (24.4%) had at least one stimulant positive UDS. Of these, 72.5% had cocaine detected only, 21.7% had amphetamine/methamphetamine detected only, and 5.8% had both. Baseline stimulant use was associated with approximately threefold greater prevalence of concurrent stimulant detection (aPR=2.91).

Future Directions: Opioid-specific treatment success can coexist with ongoing stimulant use. Programs should consider routine assessment of concurrent stimulant use and evaluate its implications for longer-term recovery outcomes.

Title: **Associations Between Cannabis-Involved Polysubstance Use Profiles, Mental Health, and Suicide-related Measures Among New Mexico High School Students**

Presenter: **Kofi Boateng**

Co-authors: Lillian Walker, Eunice Kim, MS, Abigail Tijani, Varinn Sood, Grace Chung, PhD, MPH, Sam Swift, PhD, MPH, Azizi Ray, PharmD, PhD, Ken Ward, PhD, Laura Nellums, PhD, MSc, Verlin Joseph, PhD, MPH

Keywords: Adolescents, Polysubstance, Mental Health

Background: Adolescent substance use is strongly correlated with mental health outcomes; knowledge about the relationship between cannabis-involved polysubstance use, use patterns, mental health, and suicidality among adolescents is limited.

Research Question: This study examined mental health and suicide-related experiences endorsed by New Mexico high schoolers who also indicated concurrent use of cannabis with other substances.

Methods: Data were derived from the NMYRRS; this study utilized a latent class analysis and survey-weighted logistic regression models to observe associations across levels of polysubstance use and multiple mental health measures.

Results: Findings displayed a strong gradient in mental health risk across cannabis-involved polysubstance use profiles. Compared with adolescents in the low-use class, those in the moderate class had significantly elevated odds of depression (OR=2.50, 95% CI: 2.16–2.90), anxiety (OR=2.21, 95% CI: 1.88–2.60), and persistent sadness (OR=3.52, 95% CI: 3.12–3.99). Increased risks also appeared for youth expressing suicidal ideation (OR=3.63, 95% CI: 3.11–4.23), suicide attempts (OR=5.02, 95% CI: 4.11–6.13), and suicide injury (OR=6.96, 95% CI: 4.90–9.89). Adolescents in the high-use class experienced substantially greater mental health risks. Relative to the low-use class, these adolescents had markedly higher odds of depression (OR=9.42, 95% CI: 5.52–16.06), anxiety (OR=9.39, 95% CI: 5.23–16.85), and suicidal ideation (OR=9.81, 95% CI: 6.52–14.78).

Future Directions: These observations highlight a need for further investigation into co-use patterns rather than isolating substances. Recommendations for care include youth-centered, multipronged, early intervention for poor mental health and substance use behaviors. Keyword: Adolescents, Polysubstance Use, Mental Health

Title: **Risks and Protective Factors Correlated with Cannabis-Involved Polysubstance Use Among New Mexico High School Students**

Presenter: **Abigail Tijani**

Co-authors: Lillian Walker, Eunice Kim, MS, Kofi Boateng, Pranjali Dahal, MPH, Varinn Sood, Esperanza Wells, Grace Chung, PhD, MPH, Sam Swift, PhD, MPH, Azizi Ray, PharmD, PhD, Laura Nellums, PhD, MSc, Verlin Joseph, PhD, MPH

Keywords: Resilience Factors; Polysubstance; Adolescents

Background: Substance use among adolescents is shaped by broader social and structural conditions. Social adversity increases the risk; protective assets may reduce the likelihood of adolescents engaging in high-risk substance use behaviors. However, samples in existing literature inadequately represent adolescent use patterns.

Research Question: This study examined social factors associations with membership in cannabis-involved polysubstance use profiles of New Mexico high schoolers.

Methods: This study utilized NMYRRS data, a latent class analysis, and survey-weighted logistic regression models to examine associations of social factors across use classes.

Results: Observations revealed strong associations between key indicators of social adversity and use risk. Adolescents experiencing food insecurity had significantly greater odds of membership in the moderate use class (OR = 2.41, 95% CI: 2.02–2.86) and the high-use class (OR = 8.80, 95% CI: 5.75–13.48). Experiences of bullying (OR = 5.65, 95% CI: 3.62–8.83) and skipping school for safety concerns (OR = 5.39, 95% CI: 3.64–7.99) were significantly associated with higher-risk profiles. Overall, adolescents in higher-risk profiles reported fewer supportive relationships and internal developmental assets. Adolescents reporting positive parent relationships had substantially lower odds of membership in the high-use class (OR = 0.33, 95% CI: 0.17–0.63) and moderate class (OR = 0.56, 95% CI: 0.48–0.65). Similarly, adolescents reporting a stronger sense of direction, confidence, engagement, as well as positive school and community relationships had significantly lower odds of elevated use.

Future Directions: These findings emphasize the importance of interventions that address structural conditions and strengthen protective social and psychological resources among adolescents to reduce polysubstance use.

Title: **Cultural Gender-Role Beliefs and Trauma-Related Outcomes Among Latina Survivors of Sexual Violence: Implications for Culturally Responsive Care**

Presenter: **Elena Robles**

Keywords: Latina survivors; Gender-role beliefs; Sexual violence

Significance/Innovation/Background: Cultural beliefs may shape responses to sexual violence but are often overlooked in trauma research. Among Latina survivors, Machismo and Marianismo encompass culturally gendered beliefs related to roles, relationships, family, and social expectations. Their distinct dimensions may relate differently to post-assault self-blame, self-compassion, and traumatic stress.

Research Questions; Hypothesis and Aim: This study examined associations among dimensions of Machismo, Marianismo, self-blame, self-compassion, and traumatic stress among Latina survivors. Traditional gender-role beliefs were expected to relate to greater self-blame and lower self-compassion; self-blame and self-compassion were expected to relate positively and negatively, respectively, to traumatic stress. Dimension-specific associations were also explored.

Methods/Approach: Participants (N=101; Mage=27.57, SD=5.93) were U.S.-residing Latina adults reporting sexual violence after age 14. Participants completed measures of Machismo, Marianismo, self-blame, self-compassion, and traumatic stress. Pearson correlations examined associations.

Results: Traditional Machismo (e.g., dominance and restrictive masculine roles) was associated with greater self-blame (r=.56) and traumatic stress (r=.55), whereas Caballerismo (e.g., respect and family responsibility) was associated with greater self-compassion (r=.29). Self-blame was associated with greater traumatic stress (r=.44). Marianismo beliefs emphasizing subordination and self-silencing were strongly associated with self-blame (rs=.75,.72) and traumatic stress (rs=.52,.48), whereas family and virtue/chastity beliefs were associated with greater self-compassion (rs=.24,.22). Self-compassion was not significantly associated with traumatic stress.

Future Directions: Findings highlight meaningful heterogeneity within cultural gender-role beliefs. Future analyses will examine self-blame and self-compassion as mediators and acculturation as a moderator of these relationships.

Title: **Correlates of Performance on the Child and Adolescent Memory Profile (ChAMP) in an Ethnically Diverse, Mixed Pediatric Sample: A Replication Study**

Presenter: **Naila deCruz-Dixon**

Co-authors: John King, PhD, MSCP, ABPP, Gary Rempe, PhD

Keywords: Pediatric neuropsychology; memory; cognition

Background: The Child and Adolescent Memory Profile (ChAMP) is a standardized measure of verbal and visual memory for use in pediatric practice and has been validated in various pediatric conditions, including perinatal stroke and autism spectrum disorder.

Aims: The present study sought to replicate and extend findings from Donders and Ramos (2025) by examining cognitive and socio-demographic factors that influence performance on the ChAMP in an ethnically diverse pediatric sample (n = 219; 56% male, 49.8% Hispanic, mean age = 10.75 years, SD = 2.88).

Methods: Hierarchical multiple regression analyses examined the contributions of parent education (Step 1) and Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V) indices (Verbal Comprehension [VCI], Visual Spatial [VSI], Fluid Reasoning [FRI], Working Memory [WMI] and Processing Speed [PSI]; Step 2) to ChAMP indices.

Results: Parent education was a significant predictor of memory performance when entered alone (R^2s = 0.035-0.045, *p*s <0.05) but was no longer significant after the inclusion of WISC-V variables (*p*s > 0.05). The addition of WISC-V indices significantly improved model fit across all outcomes, with total explained variance ranging from 37.3% to 47.5% (*p*s < .001). WMI emerged as the most robust and consistent predictor across models (βs = .272–.407, *p*s ≤ .010). VCI significantly predicted verbal, immediate, and delayed memory (βs = .224–.326, *p*s ≤ .029), while VSI uniquely predicted visual memory (β = .233, *p* = .036).

Future Directions: Future research should examine whether these patterns continue to replicate across various clinical conditions and investigate the impact of executive functioning skills on performance.

Title: **Demographics, Risk Factors, and Personal Resilience as Predictors of New Mexican High Schoolers' Mental Health**

Presenter: **Naila deCruz-Dixon**

Co-authors: Bruce W. Smith, PhD

Keywords: Adolescent mental health; resilience resources; risk factors

Significance/Innovation/Background: Although adolescent mental-health research has largely emphasized risk, modifiable strengths may help students thrive despite adversity. This study examined five intervention-relevant personal resilience resources—adaptive coping, optimism and hope, purpose in life, self-efficacy, and self-esteem—and their associations with high school students' mental health.

Research Question(s)/Hypothesis & Specific Aims: We hypothesized that combined personal resilience resources would predict better mental health after accounting for demographics and established risk factors. Exploratory analyses assessed the unique contribution of each resource.

Methods/Approach: Participants were 13,084 students from a representative sample of New Mexico high school students (50.1% female; 66.5% White; M age = 16.67 years, SD = 1.20) who completed the 2023 *New Mexico Youth Risk and Resilience Survey*. Measures included demographics; eight established risk factors; validated anxiety and depression items; and five Likert-scale items assessing resilience resources. The resilience composite demonstrated strong internal consistency (α = .887). Hierarchical regression analyses examined associations with mental health.

Results: The resilience composite (β = .344, $p < .01$) significantly predicted better mental health beyond demographics and risk factors, accounting for an additional 10.4% of variance and emerging as the strongest predictor. Each resilience resource independently predicted mental health with an effect size larger than any individual risk factor. When all five resources were entered simultaneously, only adaptive coping (β = .244, $p < .01$) and self-esteem (β = .224, $p < .01$) remained significant unique predictors.

Future Directions: Longitudinal and intervention research should examine whether strengthening personal resilience resources improves adolescent mental health and evaluate adaptive coping and self-esteem as potential intervention targets.

Title: **Momentary Associations Between Stress with Alcohol Craving and Use in the Daily Lives of Highly Stressed Mothers**

Presenter: **Mallory Kisner, MA**

Co-authors: Giselle Bahr, BA; Lucy McClellan, MA; Emily Ansell, PhD; Timothy Curby, PhD; Sarah Fischer, PhD; Vijay Ramchandani, PhD; Tara Chaplin, PhD

Keywords: stress; alcohol; parenting

Background: Rates of alcohol use among women have risen in recent decades, including among mothers. Multiple theories of alcohol use focus on the role of stress in predicting alcohol craving and use, and some studies suggest that women are more likely than men to drink to cope with stress. However, few studies have considered how different types of stress (e.g., parenting stress) may relate differently to alcohol craving and use in daily life.

Research Question: The present study examines momentary effects of stress on alcohol craving and use in the daily lives of highly stressed mothers of adolescents.

Methods: Seventy-three mothers who reported high levels of stress on a screening questionnaire completed a two-week ecological momentary assessment (EMA) study in which they received five survey prompts per day asking about their stress, parenting and non-parenting stressors, craving, and alcohol use.

Results: Results showed that higher momentary, within-person perceived stress and non-parenting stressors predicted higher momentary alcohol craving. Additionally, we found that experiencing more parenting stressors was associated with lower likelihood of alcohol use in the same timepoint. Overall, our findings support prior work showing that stress predicts craving in daily life, and we found this to be true in a sample of highly stressed mothers of adolescents, where alcohol use may pose greater risks to the health of mothers and their children.

Future Directions: Our findings also provide further rationale for carefully considering the types of stressors that mothers experience (e.g., parenting vs. non-parenting) as they may relate differentially to alcohol-related outcomes in daily life.

Title: **fNIRS Detection of TMS-Induced Hemodynamic Response - A Pilot Study**

Presenter: **Binh Nguyen**

Co-authors: Joel Upston MS, Thomas Jones MS, Davin Quinn MD

Keywords: TMS; fNIRS; e-field

Significance/Innovation/Background: Transcranial Magnetic Stimulation (TMS) is an FDA-approved noninvasive neuromodulation treatment for several psychiatric conditions. Standard scalp-based TMS resting motor threshold (RMT) dosing faces limitations in precision, impacting efficacy. Few studies incorporate electric field (e-field) modeling with functional near-infrared spectroscopy (fNIRS) to validate this dosing strategy.

Research Question(s)/ Hypothesis & Specific Aims: We collected hemodynamic response functions (HRF) and electromyographic motor evoked potentials (MEP) during single-pulse TMS (spTMS). We hypothesized that M1 stimulation will consistently produce HRFs at TMS intensities capable of generating MEPs.

Methods/Approach: Neuronavigated, robot-assisted spTMS cortical mapping and RMT determination was conducted on two participants. The Farthest Point Sampling and Adaptive PEST algorithms were used to determine optimal motor hotspot. Electromyographic MEPs were collected from the right first dorsal interosseous muscle. Oxygenated/deoxygenated hemoglobin concentration changes were measured over bilateral motor cortex using a 8x7 fNIRS. Finger-tapping tasks were completed to assess data quality and identify individual HRF. Concurrent fNIRS/TMS was conducted at M1 with a protocol of 10 trains of 10 pulses (1 Hz, 40-60s intertrain interval, intensities of 50%, 100%, and 120% of RMT).

Results: MEP responses were observed at and above RMT, indicating cortical motor activation. fNIRS event-related averages revealed responses matching current standard definitions of HRFs, coinciding with MEP presence. Subthreshold stimulations did not produce MEPs or observable HRFs.

Future Directions: These results indicate fNIRS HRFs as a potential efficacious biomarker of cortical activation. Further study of the relationship between TMS intensity, MEP amplitude, and fNIRS HRF is needed to determine reliability of HRFs as biomarkers for induced e-fields in broader treatment targets.

Title: **Challenges with American Indian/Alaska Native data collection in national survey datasets: Addressing the missing data**

Presenter: **Macaiah Shendo**

Co-authors: Laura Nellums, Sam Swift, Lynette Abrams-Silva, Steven Verney

Keywords: Epidemiology; Data; American Indian/Alaska Native

Background: American Indian/Alaska Native (AI/AN) populations have high prevalence of mental health challenges and reliable data on this topic has been difficult to obtain. The aim of this presentation will be to document substantial missingness in data on mental health in indigenous communities in national datasets and describe data interpretation limitations as a result.

Research Question: How does significant missingness affect interpretation of AI/AN national survey data?

Methods: Behavioral Risk Factor Surveillance System data was used with selected participants being over 18 years old and identified as AI/AN from New Mexico. Participants chosen also responded to questions about mental health and having a health insurance plan. I conducted descriptive analyses, multivariable analyses, and sensitivity analyses to assess the relationship between days of poor mental health, the outcome, and access to a healthcare plan which was the exposure.

Results: From the multivariable models, people reporting poor mental health were approximately 2.0 times more likely to also have a healthcare plan. When running sensitivity analyses we found proportional missingness across multiple covariates which indicates bias in the data. Approximately 45.0% of the outcome data was missing in the sample. The analyses showed that those who were answering the questions (i.e., lower rates of missingness) were sicker than the ones who did not respond.

Future Directions: A need for more comprehensive and complete data collection methods with AI/AN people is crucial to reducing health disparities. Collaboration between state health agencies, tribal government, and community are required to properly collect this data and Indigenous-led research practices are key to addressing this.

Title: **Implementation of Walk In Model at UNMs Addiction and Substance Abuse Program: Influence on Access to Care**

Presenter: **Abdulhamid Shaban, MBBCh**

Co-authors: Drishti Patel, MD, MBA, John Kavanaugh MD, Snehal Bhatt, MD

Keywords: Addiction; Walk-in Model; Access to care

Background: Patients struggling with substance use disorders benefit from low cost and faster access to care. Outpatient addiction clinics generally have low attendance rates. To address both of these concerns, UNM's Addiction and Substance Abuse Program converted their classic appointment model outpatient to a walk-in clinic model in 2025.

Hypothesis: There will a statistically significant increase in the number of patients who received care after implementation of the walk-in model. At the same time, there was a statistically significant decrease in the number of patients who cancelled/rescheduled.

Methods: We conducted a retrospective quasi-experimental pre/post evaluation using weekly aggregate UNMH ASAP reports. There were 26 pre-implementation (quarter 4 in 2023 and 2024) and 14 post-implementation periods (quarter 4 in 2025). Weekly adult appointments were analyzed using month-adjusted Poisson regression. Scheduled-intake no-shows, scheduled admissions, and cancellations/rescheduling were analyzed using grouped quasi-binomial models. Effect estimates are reported with 95% confidence intervals

Results: In the month-adjusted Poisson model, weekly adult admissions were not significantly different after implementation (IRR= 0.81, 95% CI 0.62 to 1.06; p = .123). Scheduled-intake no-shows decreased from 50.0% to 39.2% (adjusted odds ratio 0.64, 95% CI 0.43 to 0.97; p = .038). The scheduled-appointment admission ratio increased from 41.5% to 54.4 (adjusted odds ratio 1.67, 95% CI 1.06 to 2.62; p = .027). Cancellation or rescheduling decreased from 7.7% to 4.8% (θ= 0.62, 95% CI 0.28 to 1.37; p = .229).

Discussion: Implementing a walk-in model did decrease the number of patients who no-showed there was an increase in patients who attended appointments.

Title: **Management of Premenstrual Dysphoric Disorder in Bipolar I Disorder Using Intermittent Low-Dose Aripiprazole: A Case Report**

Presenter: **Dominique Price MD, PhD**

Co-authors: Marquette Rose MD; Nina Higgins MD

Keywords: Premenstrual Dysphoric Disorder; bipolar disorder; Abilify

Background: Premenstrual dysphoric disorder (PMDD) is a severe cyclic mood disorder affecting approximately 2%–5% of reproductive-aged women. Management of PMDD in patients with bipolar disorder presents a unique therapeutic challenge because first-line serotonergic antidepressants may precipitate treatment-emergent mania or mood destabilization.

Case: We describe a 35-year-old woman with prospectively confirmed PMDD and bipolar I disorder, stable on lithium therapy, who was treated with intermittent luteal-phase aripiprazole (2 mg daily from cycle day 14–15 until menses).

Conclusion: The patient experienced clinically meaningful improvement in affective and physical PMDD symptoms without hypomania, mania, recurrence of akathisia, or other significant adverse effects over five months of follow-up. This report highlights a potential treatment approach for a population in whom evidence-based management options remain limited.

Title: **Prevalence and Nature of Missed Diagnosis in the UNM Psychiatric Center**

Presenter: **Mary Mathison, MD**

Keywords: Catatonia; missed diagnosis; improving patient outcomes

Background: Catatonia is a severe behavioral syndrome characterized by abnormal movements, speech, and thought patterns. This condition is thought to be caused by disruptions between brain networks that control executive function, inhibition and emotion, and those that mediate sensory processing, spatial awareness, voluntary movement, memory, and language processing.

Patients display a wide array of symptoms: some may be abnormally still, while others exhibit hyperactive random movement. Other symptoms include mutism (unable to speak), fixed gaze (staring or long nonresponsive eye contact), stupor (still and nonresponsive), strange posturing (body in unusual poses for long periods of time), waxy flexibility (holds poses that an examiner moves them into), repetitive odd gestures (snapping fingers or saluting), nonresponsive facial expression, not eating or drinking, and more.

The literature on catatonia indicates it is a commonly missed diagnosis across the spectrum of medical specialties. Missed diagnosis is often attributed to low provider suspicion for catatonia, resulting in lack of screening.

The long-term goal of this pilot study is to reduce complication rates, increase clinician awareness, and improve prognosis for patients with symptoms of catatonia at UNM psychiatric center through reliable screening and diagnosis of catatonia and tracking to ensure patients receive evidence-based treatment in a timely manner. The main objective of this application is to investigate the prevalence of missed diagnosis of catatonia in the UNM Psychiatric Center. Our central hypothesis is that catatonia is underdiagnosed in acute care settings like the Psychiatric Emergency Service (PES), leading to absence or delay in evidence-based treatment.

Title: **Dietary Supplement Non-Disclosure in Psychiatric Care: Patient Perceptions of Safety, Relevance, and Medication Interactions**

Presenter: **Jean Lin, MD**

Keywords: supplements; disclosure; psychiatry

Background: Dietary supplement use is common, yet patients frequently do not disclose supplement use to healthcare providers. In psychiatric care, undisclosed supplements may be particularly relevant because of potential interactions with psychotropic medications and patients' limited awareness of these risks. Less is known about factors influencing supplement disclosure among psychiatric patients.

Specific Aim & Hypothesis: Factors influencing disclosure or non-disclosure of supplement use to psychiatric providers will be explored. Patients who recognize the potential for supplement-psychotropic medication interactions will disclose their supplement use to psychiatric providers.

Approach: This mixed-methods pilot study will include 20 adult psychiatric patients receiving outpatient treatment for a primary mood or anxiety disorder who take at least one dietary supplement and a prescribed psychotropic medication. Participants will complete a one-hour interview consisting of open- and closed-ended questions regarding supplement use, reasons for use, perceptions of supplement–medication interactions, disclosure practices, prior experiences discussing supplements with psychiatrists, and preferred approaches to provider inquiry. A chi-square test will be used to evaluate for any difference between awareness of potential supplement-psychotropic medication interactions and disclosure of supplement use. Recorded interviews will undergo qualitative thematic analysis to identify barriers, facilitators, and common themes regarding disclosure.

Future Directions: This study will provide preliminary insight into patient perceptions and behaviors surrounding dietary supplement disclosure in psychiatric care. Findings may inform larger studies and development of patient-centered approaches to routinely assess supplement use, with the potential to improve identification of clinically relevant interactions and support safer psychiatric medication management.

Title**: Investigating the potential role of hypothermic therapy for management of acute agitation in adolescents**

Presenter: **Drew D. Richards, MD**

Keywords: adolescents; agitation; hypothermia

Significance: Pediatric agitation comes up frequently in the inpatient and emergency settings. We often rely on anxiolytics and antipsychotic medications to treat this, which can lead to side effects, injuries, and worsening agitation. There are no known studies on hypothermic therapy for treatment of acute agitation, which is an emerging psychiatric intervention.

Specific Aim & Hypothesis: Examine the effect of hypothermic ice vest therapy (IVT) on treatment escalation in acute agitation to intramuscular medications (IM) and/or restraints/seclusions for 10- to 17-year-old adolescents receiving inpatient psychiatric care. I hypothesize that IVT will demonstrate at least a 33% reduction of escalation to IM medications and/or restraints/seclusions compared to without it in adolescents receiving inpatient treatment.

Methods: We will conduct a prospective cohort study. Episodes of agitation during hospitalization will be assessed and guided by behavioral health nursing staff and techs. Verbal de-escalation will be attempted first line, as the standard of care. For those consented to the study if verbal de-escalation fails to quell agitation, ice vest therapy will be offered for up to 20 minutes. Those who do and don't receive ice vest therapy during an agitation episode, will continue along the standard of care treatment algorithm, including PO hydroxyzine, seclusions/restraints, and IM olanzapine.

Future Directions: Based on study results, consider alternative forms of thermotherapy, further exploration of anecdotal/qualitative results, preventative ice vest therapy for specific patients who are often requiring IMs or seclusion/restraints, and similar studies in different climate/geographic regions.

Title: **Correlating Engagement with Contingency Management with Abstinence for Treatment of Stimulant Use Disorder at UNM Addiction and Substance Abuse Program (ASAP)**

Presenter: **Drishti Patel, MD**

Keywords: addiction; contingency management; stimulant

Background: Contingency management (CM) is an evidence-based treatment for substance use disorders and carries substantial promise for increasing treatment attendance. Most of the current research relates to increased attendance of appointments in stimulant use (specifically cocaine) in voucher-based reimbursement programs. It is unclear if the token economy model leads to increased abstinence rates. This study will evaluate patients enrolled in CM at the UNM Addiction and Substance Abuse Program (ASAP) with stimulant use disorder.

Research Question: How does increased engagement with the token economy model at ASAP correlate with abstinence rates for stimulant use disorder in the first year of treatment?

Hypothesis: It is hypothesized that greater engagement (as calculated by point accumulation) will have a positive correlation with abstinence from stimulants in the first year of attendance.

Methods: ASAP tracked 577 patients who were enrolled in contingency management between 2023-2026 in a database tracking diagnoses and points received. After excluding patients without stimulant use disorder, or with opioid use disorder and gambling disorder, a retrospective chart review will be done to conducted for patients with 4 UDMs in a year to calculate a ratio of negative UDMs for stimulants. A correlation plot with Pearson's R will be calculated with a p value of 0.05.

Future Directions: This project will reveal whether engagement is a modifiable factor for increased abstinence. In the future, it would be beneficial to assess the retention rate to determine factors contributing to higher attendance and determine a target population for our program.

Title: **Is There a Disparity in Medical Evaluation in SMI Patients in the Emergency Department Setting?**

Presenter: **Joshua Thurgood, MD**

Keywords: SMI; disparity; emergency

Significance/Innovation/Background: Mental disorders rank among the most substantial causes of death worldwide but most affected die from other causes rather than from the mental disorder itself. SMI diagnoses have significant bias and stigma associated with them. Limited research has been done to determine if a disparity exists in medical treatment due to this, especially in a for profit medical system such as the United States. Identifying if a disparity exists in this population in emergency department settings could lead to reduction in risk for delay of care and as well as for subsequent medical complications.

Hypothesis and Specific Aim: The aim of this study is to examine the amount of medical evaluation in an emergency department setting between people with an SMI diagnosis and those who do not. We hypothesize that people with an SMI diagnosis will receive a statistically significant lower amount of medical evaluation in the emergency department setting compared to controls.

Methods/Approach: We will use a retrospective cross-sectional study design to test whether people with an SMI diagnosis (experimental group) receive less medical evaluation in an emergency department setting in comparison to those without a diagnosis (control group). We will test the difference between the experimental and control groups for statistical significance using a MANOVA model.

Future Directions: Identifying evaluation disparities in ED settings provides essential data to address diagnostic overshadowing, modify triage protocols, and reduce downstream medical complications in SMI patients.

Title: **Implementing Direct to Adolescent Text Messages to Increase Engagement with Outpatient Mental Health**

Presenter: **Angela Feng, MD**

Keywords: Adolescents; Mental health; Outpatient care

Significance/Innovation/Background: Suicide remains a leading cause of death among adolescents in the United States. New Mexico has one of the highest suicide death rates nationally despite its smaller population. Timely access to outpatient mental healthcare remains a significant barrier, with adolescents experiencing additional barriers related to reliance on parents and caregivers. Health care systems default to scheduling and follow-up communication with parents rather than adolescents. Following acute psychiatric encounters, <60% of adolescents receive outpatient mental health follow up within 7 days. Early follow up is associated with lower subsequent suicide risk.

Research Question/Hypothesis & Specific Aim: I hypothesize that a brief Doximity secure message intervention will increase engagement with outpatient mental healthcare. My aim is to compare outpatient mental health engagement among adolescents following an acute psychiatric encounter before and after implementation of this intervention.

Methods/Approach: I'll conduct a prospective cohort study of adolescents aged 14–17 discharged from UNM Psychiatric Emergency Services who have a personal text capable cell phone. Historical data from January–December 2025 will establish baseline 7- and 30-day outpatient engagement. Beginning January 2027, eligible adolescents who opt into text messaging will receive a standardized Doximity message 48–72 hours after discharge. The primary outcome is completion of ≥1 outpatient mental-health visit within 7 and 30 days.

Future Direction: If effective, this intervention could be expanded to adolescents discharged from the UNM Children's Psychiatric Hospital and Pediatric Emergency Department.

Title: **Discordant Recovery - Estimating the incidence of subjective-objective cognitive mismatch after elective intracranial tumor resection**

Presenter: **Anthony Skaff, MD**

Keywords: Brain tumor surgery; cognitive discordance; patient-reported outcomes

Significance/Innovation/Background: After brain-tumor surgery, improved cognitive test scores may not translate into feeling mentally sharper or functioning better in daily life. Conversely, patients may feel recovered despite measurable cognitive decline. Objective performance and patient-reported cognition show weak associations in glioma and meningioma cohorts. Prior work characterized individual objective change or related subjective cognition to psychological symptoms, but did not estimate within-person discordant change as the primary outcome. This pilot examines the frequency and direction of these mismatches within individual patients, potentially identifying concerns that either assessment alone would miss and opportunities for psychiatric involvement in postoperative care.

Research Question(s)/Hypothesis & Specific Aims: Estimate the proportion of adults whose objective and perceived cognitive changes disagree three months after first-time elective intracranial tumor resection. We hypothesize that discordant recovery will occur, without assuming a minimum percentage or incidence threshold.

Methods/Approach: This prospective, single-center pilot will enroll 45 adults assessed before surgery and at three months. HVLT-R, Trail Making A/B, and COWAT will accompany PROMIS measures of cognition, depression, anxiety, fatigue, and global health. Prespecified reliable-change rules will classify objective and subjective trajectories as improved, stable, or declined; mismatches define discordance. Composite calibration requires neuropsychology/statistics review before enrollment. The primary estimate will include a 95% Wilson confidence interval. Spearman’s rho will assess association between objective composite change and perceived cognitive change. Psychiatric associations will be exploratory. Sensitivity analyses will examine stricter reliable-change and alternative subjective-change thresholds. Small sample size, tumor heterogeneity, and attrition limit interpretation.

Future Directions: Findings will inform recruitment and sample-size planning for a larger longitudinal study using mixed-effects models and support coordinated neurosurgery–psychiatry assessment of measured and perceived recovery. It will also help develop coordinated neurosurgery–psychiatry assessment of measured and perceived recovery.

Title: **Physician Attitudes towards Osteopathic Manipulative Treatment (OMT) in Patients with Anxiety Disorders**

Presenter: **Laura Rincon, MD**

Keywords: Osteopathic manipulative treatment; anxiety disorders; physician attitudes

Significance: Chronic stress may contribute to psychiatric and physiologic dysregulation through autonomic and hypothalamic-pituitary-adrenal axis dysfunction. Pharmacotherapy and psychotherapy are established anxiety treatments, but inadequate response, adverse effects, treatment preferences, and access barriers may limit their use. Studies suggest osteopathic manipulative treatment (OMT) may improve patient-reported outcomes and physiologic markers, including heart rate variability. OMT may provide a complementary, non-invasive approach to mental health care. However, OMT use is declining due to time constraints, compensation, institutional support, and proficiency barriers, and remains infrequently incorporated into psychiatric settings.

Innovation: This study examines physician attitudes toward OMT for anxiety-related complaints, an understudied application in psychiatric care.

Aim/Hypothesis: We will explore attitudes toward and barriers to implementing OMT for anxiety disorders among primary care physicians and psychiatrists. We hypothesize an interaction between physician specialty and clinical presentation, such that psychiatrists will report lower perceived appropriateness and willingness to recommend OMT for anxiety-related versus comparable nonpsychiatric complaints than primary care physicians.

Methods: We will conduct a two-part descriptive study of primary care physicians and psychiatrists. Participants will receive a standardized brief description of OMT before completing questionnaires. Part one will use an adapted Attitudes Towards Osteopathic Medicine Scale (ATOPPS-A) comparing matched anxiety-related and nonpsychiatric complaints while preserving original item structure and scoring. Part two will use open-ended questions to identify barriers to recommending OMT for anxiety symptoms.

Future Directions: Findings will identify specialty-specific attitudes and barriers and inform interventions supporting OMT integration into outpatient psychiatric care.

Title: **Serum Interleukin-6 as a Correlate of Depressive Symptom Severity in Adults with Major Depressive Disorder**

Presenter: **Sy Clark, MD**

Keywords: Major Depressive Disorder (MDD); Psychoneuroendocrinoimmunology (PNEI); Interleukin-6 (IL-6)

Significance/Innovation/Background: Major depressive disorder (MDD) is diagnosed by subjective interview and self-report alone; no validated biological correlate exists in routine practice, contributing to delayed diagnosis and limited ability to track treatment response. Serum interleukin-6 (IL-6) is among the most replicated candidate biomarkers, but most evidence compares diagnosed patients to healthy controls rather than testing whether IL-6 tracks graded severity within patients. This study addresses that gap by evaluating serum IL-6 as a feasible correlate of depression severity. A validated biomarker could help match patients to treatment and flag non-response earlier than symptom scales alone.

Research Question(s)/Hypothesis & Specific Aims: Specific Aim: To determine whether serum IL-6 concentration correlates with depressive symptom severity, measured by the Hamilton Depression Rating Scale (HDRS), in adults with MDD without psychotic features. Hypothesis: Serum IL-6 will be positively correlated with HDRS score.

Methods/Approach: This is a cross-sectional observational study of adults aged 18-40 with MDD without psychotic features, recruited from the UNM outpatient START Clinic (target N≈30). Exclusions include acute infection, autoimmune/inflammatory disease, anti-inflammatory medication use, pregnancy, active substance use disorder, and comorbid psychosis or bipolar disorder. At a single visit, participants complete the 17-item HDRS and provide a morning serum sample for IL-6 (ELISA). Primary analysis is bivariate correlation (Pearson's r or Spearman's rho, per distribution) between IL-6 and HDRS score, with partial correlation adjusting for relevant covariates as a sensitivity analysis.

Future Directions: A confirmed correlation would support IL-6 as an adjunctive severity marker and generate pilot data for a larger, longitudinal, multi-site study incorporating additional biomarkers and treatment-response tracking.

Title: **Between Patient and Mother: A Qualitative Pilot Study of Mental Health Care Experiences Amongst Postpartum Women With Serious Mental Illness**

Presenter: **Valentina Diaz, MD**

Keywords: perinatal mental health; serious mental illness; health care experiences

Background: Pregnancy and the first year after childbirth can present significant psychiatric and psychosocial challenges for women with serious mental illness (SMI). However, limited research has explored how these women experience and navigate mental health care during this period, particularly as they balance their identities and needs as patients and mothers.

Objective: This qualitative pilot study aims to explore the mental health care experiences of postpartum women with SMI during pregnancy and the first year after childbirth, with particular attention to family dynamics, autonomy, stigma, and the parent–child relationship.

Methods: We propose recruiting 10–15 women aged 18 or older who have SMI, are at least one year postpartum, and received mental health care during pregnancy or the postpartum period. Participants will complete 30–60-minute semi-structured interviews exploring their experiences accessing and navigating psychiatric care. Interviews will be analyzed using reflexive thematic analysis/software.

Hypothesis: Findings may demonstrate how parenting concerns, perceived stigma, family dynamics, infant safety considerations, and care coordination shape participants' experiences and engagement with mental health services.

Future Directions: Results will guide future research and care coordination efforts aimed at developing patient-centered, trauma-informed, and family-responsive psychiatric care for women with SMI during the perinatal period.

Title: **Perceived Risks and Benefits of Cannabis Use and Intentions to Change Cannabis Use Among Young Adults**

Presenter: **Samuel Enrique Reyes Sanchez, MD**

Keywords: Cannabis; Use; Risk/Benefits

Significance/Innovation/Background: In 2025, 23.3% of U.S. adults aged 18-25 reported past-month cannabis use. While higher perceived risk generally correlates with lower odds of use, New Mexico-specific data regarding young adults' perceived risks, benefits, and responsiveness to balanced evidence are limited. Understanding these local perceptions is vital to developing non-stigmatizing, evidence-based prevention and counseling strategies.

Research Question(s)/ Hypothesis & Specific Aims: We hypothesize that young adults perceiving fewer risks and greater benefits will report more frequent cannabis use, and exposure to balanced, evidence-based information will associate with increased intention to modify use. Specific aims are to: describe perceived cannabis risks and benefits among young adults in New Mexico; examine associations between risk/benefit perceptions and cannabis-use patterns; and assess whether an evidence-based information component relates to intention to change cannabis use.

Methods/Approach: This study utilizes an anonymous online survey with an embedded pre/post informational component targeting 200-300 New Mexico residents aged 18-30. Participants recruited via social media, University of New Mexico networks, and community channels will complete demographic items, the DFAQ-CU scale, risk/benefit evaluations, and post-information change intentions. Planned analyses include descriptive statistics, Spearman correlations, group comparisons, and multivariable logistic regression.

Future Directions: Pilot findings will refine survey instrumentation, inform targeted educational strategies, and support a larger, longitudinal research study across New Mexico.

Title: **Eating Disorder Screening in Children and Adolescents: Clinician Use, Barriers, and Unmet Needs**

Presenter: **Tatyana Khazova, MD**

Keywords: eating disorders; early identification; children and adolescents

Significance/Innovation/Background: Eating disorders are complex, potentially life-threatening conditions that impair physical and psychosocial functioning and carry high mortality, reduced quality of life, and elevated costs, typically emerging in adolescence and affecting 6%–8% of teenagers. Although validated tools exist (SCOFF, EAT-26, EDE-Q, BEDS-7, NIAS, PARDI-AR-Q, EDY-Q), the most widely used—SCOFF—was designed for anorexia and bulimia nervosa and may miss ARFID, atypical anorexia, and binge eating disorder. Validated tools for children under 12 remain scarce, and existing research disproportionately reflects white, female, higher-income populations while neglecting more socially vulnerable groups. This study examines real-world screening practices and barriers—emphasizing developmental appropriateness in children and adolescents—to inform development of a brief, feasible, developmentally appropriate eating-disorder screener.

Research Question/Hypothesis and Specific Aims: To describe current screening practices and clinician-identified ways to make screening more developmentally appropriate and feasible among psychiatrists and eating disorder clinics serving children and adolescents. Clinicians will describe barriers to routine eating disorder screening tools in children and adolescents, including feasibility and developmental appropriateness in the screeners' language.

Methods/Approach: Descriptive mixed-methods study of 20 licensed clinicians treating eating disorder patients, combining a Likert-scale survey (frequency, tools, barriers, desired characteristics) with 30-minute semi-structured interviews with 5 clinicians, analyzed via descriptive statistics and thematic analysis.

Limitations: A small, single-site sample limits generalizability; volunteer bias is possible. Keeping the survey brief (≤30 minutes) aims to ease recruitment.

Future Directions: Findings will inform development of a brief, feasible, developmentally appropriate pediatric screener, followed by pilot testing of feasibility, acceptability, and diagnostic performance in diverse populations to enable earlier identification and intervention.

Title: **Music Personalization in Ketamine Treatment**

Presenter: **Brendan Barth, MD**

Keywords: Music, Ketamine, Personalization

Significance and Innovation: The therapeutic role of music is a tale as old as time. Today, music has become an integral component in both psychedelic and ketamine-assisted therapy, where it has been shown to intensify emotion and enhance the mystical-type experiences in treating depression, PTSD, and addiction. Standardized playlists of mainly classical music predominate the research, yet the degree to which music is "welcome" predicts symptom reduction, and cultural background, age, and listening history plausibly shape response. Despite this, there is a significant gap in the research in whether patient-personalized music outperforms standardized playlists in ketamine-assisted therapy, or how patients themselves value personalization.

Hypothesis and Specific Aims: Characterize the importance patients place on the music experience during ketamine-assisted therapy and their interest in music personalization. Patients will report that music significantly impacted their ketamine treatment and will regard music customization as valuable.

Methods and Approach: This is a primarily qualitative observational interview study of 20–30 adults aged 30+ enrolled at the UNM ketamine clinic. Using a crossover design, each participant receives two treatments with a standardized playlist and two with a personalized playlist, in alternating fashion. Structured Likert-scale prompts will then assess perceived importance of music and the value of personalization. Open-ended questions further explore genre preferences, resonant songs, and perceived effects of self-selected versus standardized music. Recruitment will occur via IRB-approved EMR screening to rule in participants who are already undergoing ketamine treatment at UNM, and it will also include data de-identification and a $30 gift-card compensation.

Future Directions: Findings will inform a quantitative RCT measuring the effect of personalization vs standardization in known therapeutic treatment outcomes (MEQ-30, PGQ-9) across both ketamine and psychedelic settings.

Title: **Research Proposal: A prospective pilot study to explore the impact of long-term medical cannabis used specifically for the treatment of anxiety disorders**

Presenter: **Michael Ye, MD**

Keywords: Medical Marijuana; Cannabis; Anxiety

Significance/Innovation/Background: Medical cannabis in the United States is currently legal for use in 41 different states, though qualifying conditions for medical cannabis varies between states. New Mexico is one of few states to specifically list “Anxiety Disorder” as a qualifying condition. Although reducing anxiety is often a motivation for cannabis use, chronic use is associated with increased anxiety. The overall benefit of medical cannabis specifically for anxiety (MCFA) is unclear.

Hypothesis & Specific Aims: This study will explore the relationship between long-term MCFA use and its impact on anxiety measures. We hypothesize that long-term MCFA use is associated with increased anxiety.

Methods/Approach: This will be a single-center prospective cohort pilot study. Participants must be recently enrolled in the New Mexico Medical Cannabis Program under the qualifying condition of “Anxiety Disorder” and must not have pre-existing problematic cannabis use. Patients will be followed every 12-13 weeks over 1 year. At each visit, total medical cannabis purchases over the preceding 90 days will be assessed in addition to GAD-7, Beck Anxiety Inventory (BAI), and CUDIT-R scales. Differences in pre- and post-study GAD-7 and BAI scores will be assessed using t-test.

Future Directions: This study is designed to facilitate post-hoc analysis on how anxiety and MCFA use varies at each visit using repeated-measures ANOVA; and the association between anxiety and MCFA use using MANOVA. The results of this pilot study will help inform on current gaps in the literature on MCFA and whether this protocol may be feasibly expanded to include other clinics.

Title: **Training Teachers to Save Lives: Use of Mental Health First Aid to Address Adolescent Suicide Risk in Rural Southeastern New Mexico**

Presenter: **Lizeth Cueto, MD**

Keywords: Rural Southeastern New Mexico; Mental Health First Aide; Suicide Risk

Significance/Innovation/Background: Rural New Mexico faces elevated rates of adolescent suicide, which is the second leading cause of death among youth aged 12-17. Compared to their urban peers, rural adolescents are at a higher suicide risk, driven by a shortage of mental health services, geographic isolation, and persistent stigma surrounding mental illness. School staff are uniquely positioned to serve as frontline gatekeepers due to their daily interaction with students. However, educators often feel unprepared to take this role. Mental Health First Aid training has been shown to improve educator's knowledge, confidence, and attitudes regarding mental health, making it a promising strategy to strengthen this frontline response.

Research Questions: Specific Aim: Assess school staff's self-reported comfort and confidence in identifying and responding to students in a behavioral health crisis before and after MHFA Training. Hypothesis: School staff will report a 50% sustained increase in comfort and confidence in identifying and responding to student's experiencing a behavioral health crisis after MHFA training.

Methods/Approach: Artesia Junior High teaching staff will be enrolled with participants completing a standardized Mental Health First Aid (MHFA) course provided by NM local NAMI chapters. Self-report surveys will be administered pre and post training to assess knowledge, confidence, and helping intentions. A 6-month follow-up survey will be administered to evaluate whether training was applied over the school year.

Future Directions: Evaluating self-reported retention and application of Mental Health First Aide skills at 12 months. Examine whether skill application is associated with student level outcomes such as behavioral health referral rates and documented suicide risk.

Title: **Timing of Maternal Perinatal Depression and Anxiety and Infant Social-Emotional Development: The Moderating Role of Positive Maternal-Infant Interaction**

Presenter: **Aditi Singh DO, MPH**

Keywords: maternal mental health, infant social emotional development

Significance/Innovation/Background: Maternal depression and anxiety during pregnancy and the postpartum period are associated with poorer infant social-emotional outcomes. However, less is known about whether positive maternal–infant interaction may buffer these associations, particularly when maternal symptoms occur at different points across the perinatal period. This pilot study examines whether the timing of maternal depressive and anxiety symptoms is associated with infant social-emotional development and whether positive maternal–infant interaction moderates these associations.

Research Question(s)/ Hypothesis & Specific Aims: It tests the hypothesis that higher maternal depressive and anxiety symptoms during pregnancy and postpartum will be associated with less favorable infant social-emotional outcomes, whereas more positive maternal–infant interaction will be associated with more favorable outcomes and attenuate these associations. The study will assess feasibility and estimate associations among prenatal and postpartum maternal mental health, maternal–infant interaction, and infant social-emotional development.

Methods/Approach: Forty mother–infant dyads will be followed from pregnancy through 6 months postpartum. Maternal depressive symptoms will be assessed using the Edinburgh Postnatal Depression Scale and anxiety symptoms using the GAD-7 during pregnancy and postpartum. At 6 months postpartum, dyads will complete a standardized, video-recorded mother–infant interaction coded for maternal sensitivity, responsiveness, positive affect, and engagement. Infant social-emotional development will be assessed using the ASQ:SE-2. Regression models will examine associations and exploratory moderation effects.

Future Directions: Findings will establish feasibility and preliminary effect estimates to inform a larger longitudinal study examining modifiable pathways linking perinatal mental health, maternal–infant interaction, and infant social-emotional development, with potential implications for early intervention to support maternal and infant health and well-being.

Title: **The trouble with sex and gender in medical education: language matters**

Presenter: **Lydia Crooks, MD**

Keywords: transgender; nonbinary; medical education

Background & Significance: Transgender, gender diverse, and non-binary individuals (TGDNB) and individuals born with differences in sex development (DSD) experience a multitude of health disparities including worse mental health outcomes. Though there is an abundance of evidence showing gender-affirming, competent health care improves mental health outcomes for these individuals, research continues to show a global lack of adequate educational content preparing future physicians to address the unique healthcare needs of TGDNB individuals.

Aims: To identify, through a qualitative interview approach, common barriers experienced by medical educators when tasked with eliminating stigmatizing and/or inaccurate language about sex and gender from medical school curriculum.

Hypothesis: Medical educators will report knowledge gaps in appropriate, gender-inclusive terminology and/or discomfort with using terminology correctly as primary barriers to eliminating stigmatizing and/or inaccurate language about sex and gender from medical school curriculum.

Approach: A qualitative study design which draws from in-depth, one-on-one interviews with ten medical educators from the University of New Mexico School of Medicine. Through use of open-ended questions, this approach will allow participants to share their personal and professional perspectives in a private environment which fosters honest disclosure of perceived challenges/barriers to the use of gender-inclusive language in educational materials. Thematic analysis of interview transcripts will help to identify what common themes emerge in conversation about these perceived challenges/barriers amongst medical educators.

Future Directions: Future studies might explore what types of interventions are most effective in supporting medical educators in overcoming common barriers to eliminating stigmatizing and/or inaccurate language about sex and gender from medical school curriculum.

Title: **New Mexico Youth Psychiatric Medication Prescribing Trends 2006-2023**

Presenter: **Harrison Grace, MD, PhD**

Keywords: Child and Adolescent Psychiatry; COVID; Medication

Significance: Global, regional, and national studies have described trends of increased acuity and prescribing rates pre-, during, and post- COVID pandemic healthcare disruptions. New Mexico is a state with unique health disparities and vulnerabilities. With New Mexican youth in particular demonstrating elevated rates of psychiatric illness markers (e.g. rates of adolescent hopelessness and sadness), and outcomes (suicidality rates double the national average). A recent national US analysis of psychotropic prescribing trends 2006-2023 identified variances between medication classes in adults and youth, potential a marker of psychiatric illness impact, however this unique and locally relevant population has not yet been analyzed. This study proposal seeks to analyze if prescribing pattern trends significantly differed from the national aggregate, and to describe trends within this population.

Hypothesis and Specific Aims: We hypothesize that youth (ages 3-17yrs) in NM differ from the U.S. national average in the change in psychotropic medication prescribing prevalence rates over time interval including the years pre and post 2020.

Methods: For Specific Aim#1, statistical analysis of deviations in year-by-year trends via regression and MANOVA modelling. For Specific Aim#2, descriptive analysis of New Mexico youth prescribing trends between classes of SSRI, Stimulant, Antipsychotic, and Mood Stabilizer Rx classes. Anonymized population cohort data will be utilized, such as available data sets in consultation with UNM OIA, and prior published on IQVIA-TPT, ACS data sets.

Future Directions: Either confirmation of null hypothesis or deviation from national trends may further inform clinical care, public policy, and identify areas of further research need.