



Crestwood Recovery Resilience Solutions

## **Dr. George Woods**

Biography

### **Qualifications, Background, and Experience**

George Woods, M.D., is a physician licensed to practice in California, Louisiana, Michigan, Missouri, New York, Tennessee, Washington State, and Wyoming, with offices in Oakland, California. His clinical subspecialties are neuropsychiatry and Consultation Liaison Psychiatry, which is the study of psychiatric manifestations of medical diseases, and the assessment of neurodevelopmental disorders. In his clinical practice, Dr. Woods assesses and treats persons with a variety of medical problems with psychiatric manifestations, including people with neurological disorders that manifest with psychiatric symptoms. Dr. Woods also has a civil and forensic practice.

Dr. Woods taught Clinical Aspects of Forensic Psychiatry and Introduction to Geriatric Psychiatry at Morehouse School of Medicine, Atlanta, Georgia from 2002 through 2016. He has been a lecturer at Berkeley Law – University of California, teaching Mental Health and the Law for 9 years.

Dr. Woods was appointed Chief Scientific Officer from Crestwood Behavioral Health Care in 2021, after consulting with the company for 2 years. Crestwood is the largest provider of Behavioral Health Congregate Care in California, with 7000 clients and 3000 staff.

Dr. Woods was appointed as the medical expert to the San Francisco District Attorney Post Conviction Innocence Commission in 2020. Dr. Woods was President of the International Academy of Law and Mental Health from 2015 through 2017. He was recently reelected for a second 2 year term, starting in 2021. After completing his first 2-year term, he was asked to remain as Secretary General to help complete the association with the Institute of Ethics, Medicine, and Public Health at the Sorbonne, Paris, France. He also sits on the Scientific and Executive Committees.

Dr. Woods was Co-Chairperson of the Challenging Behaviors Special Interest Research 1

Group of the International Association for the Specialized Study of Developmental Disorders from 2015 through 2018. He was Associate Editor of the Journal of Policy and Practice in Developmental Disabilities from 2016 through 2018.

Dr. Woods is a Life Fellow of the American Psychiatric Association, a member of the American Psychological Association, the International Neuropsychological Society, and the American Association on Intellectual and Developmental Disabilities. He is the recipient of the 2018 Distinguished Alumnus Award for the University of Utah Medical Center, the first psychiatrist so honored. He also received the Historical Prixe from the University of Milan in 2019.

Dr. Woods has written about the forensic assessment of neurodevelopmental disorders, race and cognition, cognitive impairment in the elderly, fetal alcohol spectrum disorder, trauma, and financial deception in elderly populations, among other topics.

The medical training Dr. Woods has undertaken, since his residency, has been geared toward a neuropsychiatric practice that combines an understanding of the relationships among psychiatric disorders, brain dysfunction, metabolic disruption, and endocrine abnormalities. This medical training has been supplemented with training in neuroanatomy and neuropsychological investigation, psychopharmacology, neuroimaging, and other relevant subjects, such as sleep disorders, intellectual disability, developmental disability, and dysmorphology (the study of structural abnormalities often related to developmental disorders).

His early medical training focused on primary care medicine as well as psychiatry. His internship at Alameda County Medical Center (Highland Hospital, Oakland, California) was not in psychiatry. Rather, Dr. Woods chose to complete a rotating medical internship, which included internal medicine, infectious diseases, general surgery, orthopedic surgery, emergency medicine, and obstetrics/gynecology.

During his psychiatric residency at Pacific Presbyterian Hospital, in San Francisco, California, Dr. Woods took specialized neurological electives at Kaiser Permanente Hospital in Oakland, California. These electives were extended, three-month clerkships, where he was assigned to the Kaiser Neurology Department, conducting neurological examinations and diagnosing neurological disorders, including epileptiform disorders, movement disorders, headache disorders and central nervous dysfunctions, among others.

During the last year of his psychiatric residency, Dr. Woods also practiced general medicine as a family practitioner in Blythe, California. He ran a medical clinic for the Clinica De La Raza, a medical clinic developed by the United Farmworkers. After graduation from his

psychiatric residency, Dr. Woods worked as an emergency room physician in both medical and psychiatric emergency rooms in Alameda and Contra Costa Counties in California.

Dr. Woods participated in a National Institute of Mental Health/American Psychiatric Association Fellowship (NIMH/APA) directly after his residency. During the fellowship, Dr. Woods developed the first medical/psychiatric unit at Pacific Presbyterian Hospital. This unit administered to patients with either medical illnesses that had psychiatric manifestations or psychiatric patients with severe medical illness that could not be treated effectively for their psychiatric symptoms on regular medical units. Many of these patients had neurological impairments, significant drug interactions that required diagnosis and monitoring, or unusual symptom presentations due to the multiple disorders from which these patients were suffering.

The focus of his American Psychiatric Association/National Institute of Mental Health Fellowship was Geriatric Psychopharmacology, the study of medication use and physiology in elderly populations. Geriatric Psychopharmacology is an extremely valuable approach to the study of psychopharmacology in general. First, many elderly people are on a variety of medications; therefore, an understanding of drug interactions is paramount. Second, changing metabolism and body composition must be taken into consideration when understanding the effect of drugs in the elderly, considerations that may appear to be less important when working with a younger adult population, yet are not. Third, due to the above factors, neurological phenomena, such as delirium, confusion, altered states of consciousness, and organically derived psychotic states occur more commonly in the elderly, and must be appropriately diagnosed and treated. The elderly inmate, for example, as defined by current criminal justice standards as 50 years of age due to the multiple comorbid factors impacting many inmate's lives, present several pharmacologically related challenges.

Although this training was with geriatric populations, the medical/psychiatric/ neurological/ pharmacological training and experience Dr. Woods gained during this period is relevant to other patient populations, particularly with intellectually disabled clients in his clinical practice, as well as forensic populations. Both groups experience a higher incidence and greater interaction of drug, mental health, and neurocognitive problems than the general population.

After his APA/NIMH Fellowship, Dr. Woods became the Director of Outpatient Geriatric Services for the San Francisco Family Services Agency. In this position, Dr. Woods conducted home visits with elderly patients who manifested psychiatric symptoms. Neurological intervention and medical examinations were frequently required. Dr. Woods continues to do home visits in his Oakland clinical practice.

From 1983 through 1990, Dr. Woods provided neuropsychiatric care at Crestwood Manor, a

long-term psychiatric facility in Vallejo, California, dedicated to treating severely ill patients, often with intellectual disabilities and accompanying mental disorders. Many of these patients came from state hospitals with atypical presentations. Atypical presentation of psychiatric symptoms is common among forensic populations as well, particularly in this time of decreased community mental health services, limited psychiatric services in the correctional settings, and limited availability for intensive treatment. Many intellectually disabled, cognitively impaired, and mentally ill clients manifest a “cloak of competence,” which must be recognized as an attempt to mask deficits that define severe mental illness. Many of Crestwood’s clients also had multiple, co-occurring disorders that required an understanding of pharmacology, neurology, and psychiatry, as noted by the American Neuropsychiatric Association.

Neurocare Corporation, a head-injury and neurological disorders treatment facility in Concord, California, hired Dr. Woods in 1991 specifically to work with neurologically impaired individuals who had psychiatric manifestations of their cognitive impairments. A multidisciplinary environment, the Neurocare treatment team consisted of neurologists, neuropsychiatrists, neuropsychologists, and social workers. An intimate knowledge of brain/behavior relationships was required in order to avoid misdiagnoses of atypical symptom presentations.

During this same period, Dr. Woods was a psychiatric and pharmacological consultant to the Triumph Over Pain (TOP) Rehabilitation Program in Kentfield, California. Kentfield Rehabilitation Hospital was one of the premier rehabilitation facilities in Northern California. Dr. Woods was responsible for monitoring complex drug regimens with medically ill individuals. Many neuropsychiatric drugs are used in the treatment of pain patients, including antidepressants, anti-anxiety agents, anti-epileptics, and anti-psychotics. Often, these drugs are not utilized for their primary psychiatric indication. For example, antipsychotics, anti-depressants, and anti-seizure medications may be effective in diabetic limb and phantom pain.

Due to the physical debilitation of many of these patients, as well as the multiple medications necessary for many of these patients’ rehabilitative efforts, neurological complications are common. Delirium and agitation appear frequently in this physically compromised population. Personality Disorders, substance abuse, and malingering are all found more commonly in chronic pain patients according to the medical literature. Determination of malingering, as well as recognizing the impact of personality disorders, if they were present, was a crucial component of effectively treating this challenging population. Differentiating substance use from effective treatment was also necessary for successful clinical intervention. During this time period, Dr. Woods also was the Medical Director of a successful pain management program at Doctors Hospital, in Pinole, California.

The evaluation of sleep disorders, disorders in the architecture of sleep, is a seminal, and often overlooked, component of medical illness, psychiatric disorders, and pharmacological interventions. Sleep disruption is frequently the first overt symptom of an underlying medical, neurological, or psychiatric disorder. Disruption of sleep can be found in almost all neuropsychiatric disorders. Substance abuse is also often related to impairment of normal sleep patterns. From 1990 through 1995, Dr. Woods served as the Coordinator and Psychiatric Consultant to the Insomnia Division of Doctors Hospital, Pinole, California, Sleep Disorders Center. Fred Nachtwey, M.D., a Board Certified neurologist, and Richard Sankary, M.D., a Board Certified pulmonologist, were the coordinators of this clinic.

The clinic evaluated and treated sleep disordered patients for neuropsychiatric disorders, such as anxiety and depression, as well as neurologically-derived disorders related to the dysfunction of the sleep centers of the brain, or pulmonary problems, such as Sleep Apnea. An understanding of sleep architecture was required, since the phase of sleep architecture in which the sleep disorder occurs can often be of diagnostic significance.

From 1990 through 1995, Doctors Hospital contracted with Dr. Woods to provide Consultation-Liaison services to the general medical hospital. This contract also extended to Brookside Hospital in San Pablo, California, later renamed Doctors Hospital. Consultation-Liaison Psychiatry is the practice of neuropsychiatric evaluation of medically ill patients. His evaluation of chronically ill patients and developmentally disabled, neurologically comprised patients, as well as sleep disordered patients was a natural outgrowth of his practice and clinical experience.

Dr. Woods served as the Clinical Director of the New Beginnings Chemical Dependency Program at Doctors Hospital from 1990 through 1994. New Beginnings evolved from a program limited to treating solely chemically dependent patients to a program that treated patients who presented with what are called co-occurring and co-morbid disorders. Individuals with co-occurring disorders have multiple psychiatric disorders, which is the norm, rather than the exception. Co-morbid disorders are multiple medical and psychiatric disorders whose symptoms interact, causing worse medical and psychiatric outcomes. Many persons with neuropsychiatric disorders also attempt to self-medicate their symptoms.

The New Beginnings Program had the advantage of being housed within Doctors Hospital, a general medical hospital. Consequently, Dr. Woods consulted to the general hospital on issues of pharmacological interactions as well as co-occurring/comorbid disorders. The Director of Nursing at Doctors Hospital contracted with him to reorganize medical rounds in the Intensive Care Unit, in order to make the Unit more responsive to neurological disorders and drug interactions that might present as neuropsychiatric disorders and with neuropsychiatric symptomatology. Dr. Woods rounded with nurses, internists, cardiologists, neurologists, and hospital pharmacologists 5

on all patients in the Intensive Care Unit. During this period, Dr. Woods was named Outstanding Medical Director of Psychiatric, Rehabilitation, and Recovery Hospitals for National Medical Enterprises.

Appointed as Senior Consulting Addictionologist by Doctors Hospital in 1994, Dr. Woods oversaw complex withdrawals and detoxifications, and developed research protocols for the use of new medications for opiate withdrawals and sedation in the intensive care units.

Dr. Woods has consulted with neuropsychologists on neuropsychological tests, including the Wisconsin Card Sorting Test, Halstead Reitan Battery, the Cognistat, the Montreal Cognitive Assessment Instrument (MOCA), and Delis Kaplan Executive Function System (DKEFS). He is certified to administer the MOCA. He has also studied other psychometric instruments, including, but not limited to, the Minnesota Multiphasic Personality Inventory (MMPI-1, 2, and RF), the Millon Clinical Multiaxial Inventory, the Personality Assessment Inventory, the Rorschach, and instruments measuring effort.

Dr. Woods joined the faculty of the University of California, Davis, Medical School, Department of Psychiatry, in 1996. For the next four years, Dr. Woods taught Forensic Psychiatry and Criminal Responsibility to psychiatrists in the Postgraduate Forensic Fellowship.

Prior to being installed as Secretary General the first time in 2009, Dr. Woods was asked by the International Academy of Law and Mental Health to spearhead a joint human rights effort to establish a forensic medicine initiative at Makerere University in Kampala, Uganda. This effort was started in November, 2006.

In 2015, Dr. Woods was asked by the Malawi Human Rights Commission to participate in developing neuropsychological assessment instruments at Zomba Hospital in Zomba, Malawi. Along with Colleen Adnams, Ph.D., from the University of Capetown, South Africa, they created culturally relevant neurological instruments.

His appointment to Morehouse College of Medicine, as well as his involvement in Tanzania, Uganda, Zanzibar, Malawi, and Kenya, reflect the transition in mainstream psychiatric thought from the minimization of culture in determining psychiatric intervention to the recognition that, even in disciplines that appear to be scientifically grounded, such as psychopharmacology and neurodevelopmental disorders, a deep understanding of the cultural nuances in neuropsychiatric evaluation is absolutely necessary.

Dr. Woods was a Founding Partner in JohnsonWoodsGroup, focused on advising startup companies and institutions on best neuropsychiatric practices that may be relevant to business. Dr. Woods is also on the Advisory Board of Roots Medical Clinic, a multipurpose provider of medical, pediatric, and behavioral services for community and post incarceration minority

populations in Oakland, California. Additionally, Dr. Woods sits on the Governing Board of the Stanford University Health Alliance(MSSP), Accountable Care Organization, LLC and the Board of Stanford Medical Partners. He also serves on the Advisory Board of Cal-Pep, a nonprofit organization dedicated to HIV education. Dr. Woods is the Board Chair of the Felton Institute, the largest Bay Area Behavioral Health provider, serving 80,000 persons over 6 counties.

He is Neurosciences Advisor to BetterManager, a leader in advanced coaching for all levels of management. He is also the Neurosciences Director of Grr-ithm Technologies, “dedicated to harnessing the power of Human-AI collaboration to enhance your resilience in the face of life's challenges, so you adapt and thrive.”