



Harlem Hospital Psychiatry: On the Brink of Change

Harlem Hospital's Department of Psychiatry, a long-time academic affiliate of Columbia University Medical Center, sits in a neighborhood with a rich and colorful history. The neighborhood also has its share of troubles mitigated in part by the ongoing rebirth that is juxtaposed with palpable economic hardship. That reality complicates the clinical presentation of many of the patients who receive treatment at Harlem's mental health clinics.



Drs. Kareem Ghalib & Zafar Sharif

"We think broadly about how we support family systems," said Dr. Kareem Ghalib, Director of Child and Adolescent Psychiatry at Harlem Hospital and a graduate of the residency program at PI and Columbia. It would be difficult

to do otherwise; a significant number of children who seek treatment are in the foster care system. Some are cared for by grandparents, who are juggling multiple responsibilities. Many adult patients, too, are burdened by economic and psychosocial stressors that exacerbate their psychiatric symptomatology, noted Dr. Zafar Sharif, who became Chairman of the Department in 2010.

Dr. Sharif leads a staff of 20 psychiatrists who provide treatment for a population spanning 110th to 155th streets, river to river. Staff oversees very active inpatient units with 52 beds and a myriad of outpatient programs, which include an adult outpatient department, a chemical dependency clinic, a mobile crisis unit and a crisis residence, extensions of the comprehensive psychiatric emergency program, which has six extended observation beds. An intensive day treatment program provides care to individuals with severe and persistent mental illness, most of whom are diagnosed with schizophrenia. 70-75% of patients who seek out psychiatric care at Harlem are African-

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Columbia Suicide Severity Rating Scale Predicts Suicide Attempt

Study finds rating scale opens the door for precision in intervention and prevention of suicide among a wide spectrum of populations

A landmark study led by Columbia Psychiatry researchers has shown that the Columbia Suicide Severity Rating Scale (C-SSRS) is not only valuable in assessing suicidal behavior, but is significantly valuable in predicting a suicide attempt. The paper was released online at *AJP in Advance*, the advance edition of *The American Journal of Psychiatry*, on November 8, 2011.

The Institute of Medicine noted in 2002 the lack of definitions and standardization as one of the major impediments to suicide prevention.

Subsequently, the FDA requested a standardized assessment tool for suicidal behavior and selected Columbia Psychiatry researchers to lead that initiative. The study, which builds upon that work, was carried out at three sites with adolescent suicide attempters and adults presenting to the emergency room with psychiatric problems.

Lead author and C-SSRS developer Kelly Posner, PhD, noted, "The results are likely to have tremendous impact both nationally and internationally. Now clinicians have a real



Dr. Kelly Posner

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Message from the Chairman & Director Jeffrey A. Lieberman, MD

Columbia Psychiatry and the APA

As many of you know, I was recently nominated for President of the American Psychiatric

Association (APA), and have decided to be a candidate.

Although I am honored by this nomination, my main motivation for accepting was to make a contribution to the profession of psychiatry and persons suffering from mental illness, including our patients at NYSPI and Columbia Psychiatry.

I am deeply concerned about what is happening to the practice of psychiatric medicine and mental health care. At a time when the scientific knowledge underpinning our field and our ability to help people is increasing faster than ever, the ways in which cost containment and health care reform are being implemented are affecting our ability to treat patients optimally. There is no health without mental health. Psychiatry needs a strong voice at the health care reform table, advocating for policies that will advance the interests of psychiatric medicine and mental health care and reduce the burden of mental illness.

NYSPI and Columbia Psychiatry are leaders in psychiatric research, education and practice. The APA is the nation's preeminent professional organization in psychiatry, with a vision to "ensure humane care and effective treatment for all persons with mental disorders... It is the voice and conscience of modern psychiatry. Its vision is to provide our society with accessible and quality psychiatric diagnosis and treatment."

The APA's mission is to "promote the highest quality care for individuals with mental disorders (including intellectual developmental disorders and substance use disorders) and their families; promote psychiatric education and research," as well as to advance the profession of psychiatry and serve the professional needs of its membership.

The goals and values of the APA and of Columbia Psychiatry and NYSPI are shared to a remarkable degree. As president of the APA I would have a new opportunity to advance these goals, to advocate for the highest quality care and scientifically established treatment for our patients, and to increase support for psychiatric research, education and clinical care.

If elected as APA president my priorities are to:

- Protect the integrity and viability of psychiatric practice and mental health care services
- Enhance psychiatric research
- Enhance the quality of psychiatric education
- Improve collaboration with psychiatric subspecialties and with primary care
- Improve the public's understanding of psychiatry

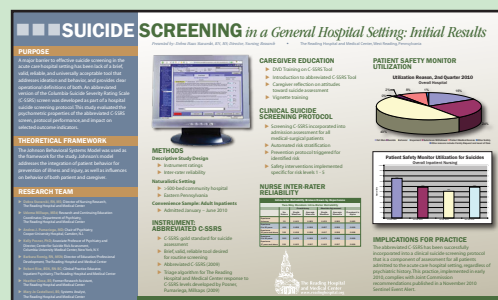
As I take this step, I look forward to hearing from all of you. Please take a moment to send me your questions, ideas, and suggestions about our common concerns.

Columbia Suicide Severity Rating Scale Predicts Suicide Attempt *(continued from cover)*

scientific footing on which to base treatment interventions." Before the C-SSRS, researchers and clinicians had no clear way in which to define risk. "Prevention depends upon appropriate screening and identification," noted Dr. Posner. "In a seminal article in JAMA, Dr. John Mann and colleagues identified this as one of the two most important obstacles to suicide prevention."

"Treatment was initiated at great cost for patients who didn't need it and increased the burden for clinicians with unnecessary referrals," she added. "What our study shows is that using the C-SSRS helps to identify patients that would have fallen through the cracks. It's about saving lives and directing limited resources to the people who actually need them."

Furthermore, "Fifty percent of suicides see their primary care doctor the month before they die; we should be asking questions about suicide the way we monitor for blood pressure."



"At a time when multiple populations exhibit high rates of suicidality," said Jeffrey Lieberman, MD, Chairman of the Department of Psychiatry at Columbia University and Director of the New York State Psychiatric Institute, "it gives us a great deal of hope that those individuals at greatest risk can be identified and treated. The public health benefits in terms of lives saved could be enormous."

He added, "One of the great benefits of this is that it can be used in many settings -- emergency rooms, clinics, schools, primary care offices -- and be given not only by doctors and medical professionals but also by people who, without any previous medical training, have been trained in the use of the instrument. Following this initial screening, individuals who reach a threshold of concern can then be referred for further evaluation and possible intervention."

"Having a proven method to assess suicide risk is a huge step forward in our efforts to save

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The Brain & Behavior Research Foundation presented **Michael Goldberg, MD**, (Neurobiology and Behavior) with the Goldman-Rakic Prize for Cognitive Neuroscience Research at its National Awards Dinner in October. Dr. Goldberg has been at the forefront of neuroscience research, with specific important contributions to understanding the neural processes underlying primate behavior.

Madelyn Gould, PhD, MPH,

(Child and Adolescent Psychiatry) was awarded the 2011 Excellence in Suicide Prevention Award from the Suicide Prevention Center of New York. The award recognizes her "exemplification of our core philosophy, 'Suicide is Everybody's Business.'" 



Deborah Hasin, PhD,


(Epidemiology) received the Jellinek Memorial Award for 2011, which is one of the highest honors given in the field of alcohol research. Dr. Hasin was selected for her research on the epidemiology of alcoholism and the measurement of alcohol use disorders in general populations. The Jellinek Memorial Fund was established to commemorate Dr. E.M. Jellinek's contribution to the field of alcohol studies.



Richard Krueger, MD, (Law, Ethics and Psychiatry) was appointed to the Working Group on the Classification of Sexual Disorders and Sexual Health by the WHO Department of Mental Health and Substance

Abuse and the WHO Department of Reproductive Health and Research peer mentoring programs to facilitate multi-disciplinary junior faculty productivity in clinical and translational science.

Jeffrey Lieberman, MD received


three awards this fall. In September he was awarded the 2011 Morris H. Aprison Lectureship in Biological Psychiatry from the Department of Psychiatry at the Indiana School of Medicine, an annual award given to an outstanding researcher in schizophrenia. In October he received the 2011 C. Charles Burlingame, M.D. Award, in recognition of outstanding leadership and lifetime achievement in psychiatric research and education, and in November he was honored with the 2011 Scientific Research Award from the National Alliance on Mental Illness (NAMI), recognizing his significant contributions to the understanding of mental illness and the advancement of treatment for those who live with these illnesses. 



Alice Medalia, PhD, (Psychiatric Rehabilitation Services) was honored at the New York State National Alliance on Mental Illness (NAMI) Educational Conference, where she received the Connie Lieber

Research Award. Dr. Medalia is an international leader in the field of psychiatric rehabilitation, who focuses on the treatment of neuropsychological disorders in psychiatric illness. She developed the widely used NEAR (Neuropsychological and Educational Approach to Remediation) model to help people with mental illness improve their thinking skills in such areas as attention, memory, processing speed and problem solving.

Martha Welch, MD, (Developmental Psychobiology) was

honored for meritorious service at Columbia's Alumni Association gala on October 22, 2011. A member of the class of 1971, Dr. Welch has served on numerous committees and has a deep commitment to mentoring young people interested in pursuing medicine. She is founder and co-director of the Brain-Gut Initiative, where her basic research programs investigate the mechanisms that underlie maternal nurture. 

New Appointments



Daniel Javitt, MD, PhD

A leader in schizophrenia research, Dr. Javitt was formerly Professor of Psychiatry and Neuroscience at NYU Langone School of Medicine, in addition to his role as Director of the Schizophrenia Research Program at Nathan Kline Institute. In his new role, Dr. Javitt oversees research on a wide range of psychopharmacological and brain stimulation approaches to new treatment development, including glutamatergic approaches to schizophrenia and depression, electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS) for depression, and transcranial direct current stimulation (tDCS) for cognitive rehabilitation. Dr. Javitt is principal investigator for the Columbia Conte Center for Schizophrenia Research, which focuses on use of neurophysiological and functional brain imaging approaches for assessment of brain mechanisms underlying cognitive dysfunction in schizophrenia.

Dr. Javitt has received numerous awards in his career, most notably Penwalt and Kempf Fund Awards from the American Psychiatric Association, the A.E. Bennett Research Award from the Society for Biological Psychiatry, the Joel Elkes Clinical Research Award from the American College of Neuropsychopharmacology, the Alexander Grailnick Award from the Child Welfare League of America and the Stanley Dean Award from the American College of Psychiatrists. He is Associate Editor of *Schizophrenia Bulletin* and a member of the editorial board of the *American Journal of Psychiatry*. He is former chair of the NPAS study section, a member of the editorial board of the Brain Behavior Research Foundation, and a permanent member of the Institute of Medicine Neuroforum. A Princeton University graduate, Dr. Javitt studied medicine at Albert Einstein College of Medicine, where he also received his PhD and pursued residency training in psychiatry and postdoctoral training in clinical neurophysiology. Dr. Javitt moved to NYU in 1995, before being recruited to Columbia this past year.



Bennie Torres, RN

In September 2011, Bennie Torres was named Business Officer for the New York State Business Office at Psychiatric Institute. Previously, Mr. Torres was Assistant Business Officer (ABO) at Manhattan Psychiatric Center. He was personnel administrator and labor relations officer there before his promotion to ABO.

He brings a unique skill set to his new post. In addition to his background in the Personnel and Business Offices, he has clinical experience as a registered nurse. Mr. Torres worked as a staff nurse in New York City and Connecticut, most recently at Bridgeport Hospital Emergency Department. Mr. Torres is no stranger to the Office of Mental Health system having worked as a teen in the summer of 1977 at Bronx State.

A fluent Spanish speaker, he graduated from Cornell University with a BA in Biology and from Borough of Manhattan Community College with an AAS in Nursing.

Paul Appelbaum, MD, received an R21 from the National Human Genome Research Institute to support his project, “Challenges of Informed Consent in Return of Data from Genomic Research.” The grant totals \$400,000 for two years.

A Klarman Family Foundation Grant in Eating Disorders Research was presented to **Nicole Barbarich-Marsteller, PhD**, to help support her study, “Hippocampal Neurogenesis in a Translational Model of Anorexia Nervosa.” The total award is \$250,000 over two years.

An R03 NIDA grant was awarded to **Gillinder Bedi, D Psych**, for her study, “Effects of MDMA (“ecstasy”) and THC on Social Processing.” The one-year award is for \$246,911.

Elias Dakwar, MD, received K23 from NIDA to support his study, “Brief Potent Glutamatergic Modulation: Applications for Cocaine Dependence.” The five-year award totals \$930,960.

Davangere Devanand, MD, received an R01 from the National Institute on Aging in the amount of \$1,369,921. The three-year award will support his research study, “Pilot Combination Treatment Trial of Mild Cognitive Impairment with Depression.”

Bill Fifer, PhD and **Michael Myers, PhD**, received a 5-year grant renewal from NIH (Eunice Kennedy Shriver National Institute of Child Health and Human Development) of \$3.7 million for their project entitled “Prenatal Alcohol in Sudden Infant Death Syndrome and Stillbirth (PASS) Network”.

Joshua Gordon, MD, and **Cornelius Gross, PhD**, were awarded an NIMH R21 grant to support their study, “Pharmacogenetic tool for the manipulation of functional brain connectivity.” The two-year study totals \$383,338.

Dorothy Grice, MD, received an R01 NIMH grant for her study, “6/8-Collaborative genomic studies of Tourette Disorder.” A total of \$239,700 is to be awarded over a three-year period.

NIDA awarded a K award to **Edmund Griffin, PhD**, to study, “Molecular Analysis of the Gateway Hypothesis.” The five-year award amounts to \$929,550.

An R01 from NIMH in the amount of \$3,680,803 was awarded to **Fatemeh Haghghi, PhD**. The five-year award is to support her research, “Neurodevelopmental Profiling of the Epigenome in Human and Rhesus.”

Christina Hoven, DrPH, was awarded a NIDA R21 grant to support her study, “SUD & Decision-Making: A Pilot Imaging Study of Parents & Children.” Dr. Hoven will receive a total of \$215,112 over a period of two years.

Joanne Mantell, PhD, received an NIMH R21 of \$353,384 for her study, “Sexual Risk Compensation and Male Circumcision Among Men in South Africa.” The grant will be distributed over two years.

Rachel Marsh, PhD, and **Helen Simpson, MD**, received an R21 from NIMH for their research project, “An fMRI Study of Three Neural Systems Implicated in Obsessive-Compulsive Disorder.” The grant totals \$439,725 and covers a two-year period.

NIMH awarded an R21 to **Jeffrey Miller, MD**, to support his study, “Novel Mechanisms Underlying Depression: PET Imaging of the Kappa Opioid Receptor.” The two-year grant totals \$462,448.

Catherine Monk, PhD, and **Brad Peterson, MD**, received an R01 from NIMH to support their research study, “The Effects of Prenatal Stress & Poor Nutrition on Brain and Cognition.” The five-year grant totals \$3,122,457.

John Morgenstern, PHD, received an R01 from the National Institute on Alcohol Abuse and Alcoholism for his study, “Component Analysis of Motivational Interviewing.” The five-year grant amounts to \$3,575,237.

Laura Mufson, PhD, received an R23 from NIMH to support her study, “A Stepped Care Model of Adolescent Depression Treatment in Primary Care.” The grant totals \$720,000 over two years.

An R01 from NIMH was awarded to **Ramin Parsey, MD**, for his study “Lithium’s Molecular Mechanism of Action and the Pathology of Bipolar Disorders.” The five-year award totals \$3,691,321.

Robert Remien, PhD, received an R01 from NIMH for his study, “Masivukeni: A Multimedia ART Adherence Intervention for Resource-Limited Settings.” The five-year award totals \$3,023,366.

Franklin Schneier, MD, **Abby Fyer, MD**, and **Helen Simpson, MD**, were awarded an R01 from NIMH to support their study, “Distinct & Common Neural Correlates of Fear Disorders, OCD, & Eating Disorders.” The three-year grant amounts to \$1,646,765.

Gregory Tau, MD, (Child and Adolescent Psychiatry) received an award in the amount of \$60,000 covering two years from the Esther A & Joseph Klingenstein Fund. The grant will support his project “An fMRI Study of Reward-based Learning and Memory in Youth with ADHD and Cannabis Abuse.”

Ronald Thompson, PhD, received a K23 from NIDA for his research study, “Brief Substance and HIV Interventions for Homeless Young Adults.” A total of \$910,965 is to be awarded over five years.

Columbia Suicide Severity Rating Scale Predicts Suicide Attempt (continued from page 2)

lives,” said Office of Mental Health Commissioner Michael Hogan. “Dr. Posner and her colleagues have established the validity of the Columbia–Suicide Severity Rating Scale (C-SSRS). This is a critical step in putting this tool in the hands of health care providers and others in a position to take steps for safety. We congratulate them on their efforts.”

Posner and colleagues’ work over the last 20 years has established the C-SSRS as the definitive assessment tool for suicidal thoughts and behaviors. It is used world-wide in intervention studies and

clinical trials across a broad range of disorders and diseases, and by institutions from the US Military to the World Health Organization to local fire departments. The Reading Hospital and Medical Center successfully implemented an abbreviated C-SSRS into its “clinical suicide screening protocol that is a component of assessment for all patients admitted to the acute care hospital setting.”

Funding for the study was provided by the National Institutes of Health and the American Foundation for Suicide Prevention.

Nicotine “Primes” the Brain for Cocaine Use: The Molecular Basis of the Gateway Sequence of Drug Use for Nicotine and Cocaine

Cigarettes and alcohol serve as gateway drugs, which people use before progressing to the use of marijuana and then to cocaine and other illicit substances; this progression is called the “gateway sequence” of drug use. An article in *Science Translational Medicine* by Amir Levine, MD, Denise Kandel, PhD, Eric Kandel, MD and colleagues at Columbia University Medical Center provides the first molecular explanation for the gateway sequence. They show that nicotine causes specific changes in the brain that make it more vulnerable to cocaine addiction—a discovery made by using a novel mouse model.



Alternate orders of exposure to nicotine and cocaine were examined. The authors found that pretreatment with nicotine greatly alters the response to cocaine in terms of addiction-related behavior and synaptic plasticity (changes in synaptic strength) in the striatum, a brain region critical for addiction-related rewards. On a molecular level, nicotine also primes the response to cocaine by inhibiting the activity of the enzyme histone deacetylase in the striatum. This inhibition enhances cocaine’s ability to activate a gene called FosB gene, which promotes addiction.

The relationship between nicotine and cocaine was found to be unidirectional: nicotine dramatically enhances the response to cocaine, but there is no effect of cocaine on the response to nicotine. Nicotine’s ability to inhibit histone deacetylase thus provides a molecular mechanism for the gateway sequence of drug use.

Nicotine enhances the effects of cocaine only when it is administered for several days prior to cocaine treatment and is given concurrently with cocaine. These findings stimulated a new analysis of human epidemiological data, which shows that the majority of cocaine users start using cocaine only after they have

begun to smoke and while they are still active smokers. People who begin using cocaine after they’ve started smoking have an increased risk of cocaine dependency, compared with people who use cocaine first and then take up smoking.

“These studies raise interesting questions that can now be further explored in animal models,” said study author Denise Kandel, a professor in the Department of Psychiatry at Columbia and in the Department of Sociomedical Sciences at the Mailman School of Public Health. “Do alcohol and marijuana—the two other gateway drugs—prime the

brain by the same mechanism as nicotine? Is there a single mechanism for all gateway sequences, or does each sequence utilize a distinct mechanism?”

The results also emphasize the need for developing effective public health prevention programs encompassing all nicotine products, especially those targeted toward young people. Effective interventions not only would prevent smoking and its negative health consequences but could also decrease the risk of progression to chronic use of illicit drugs.

This work was supported by NIH grants 5 R01 DA024001.

Review of Methamphetamine Research Finds Flaws in Reports Linking Use to Cognitive Impairment: *Implications for Treatment and Public Policy*

A review of recent research findings concerning methamphetamine use suggests claims that the drug causes significant problems with cognitive functioning are exaggerated. The study by Carl Hart, PhD, and colleagues at the New York State Psychiatric Institute and Columbia University was released in the November issue of *Neuropsychopharmacology*.

Methamphetamine belongs to a class of drugs called amphetamines that are used for a variety of illnesses, among them attention-deficit hyperactivity disorder and narcolepsy. The drug, which has grown in notoriety over the last decade, has been popularized in the general media with provocative images depicting its devastating effects on the body. More than 60 studies have reported findings linking methamphetamine abuse to cognitive impairment.

The authors wrote, “Important shortcomings of the research

supporting this dominant view have received only limited attention. For example, in many of the studies the performance of methamphetamine abusers did not differ from controls on the majority of cognitive tasks employed.”

Dr. Hart, Research Scientist at the New York State Psychiatric Institute and Associate Professor of Psychology at Columbia University, focused his review on three critical areas: (1) short-term effects of methamphetamine use while the drug is still in the body (2) long-term consequences and (3) neuroimaging data of brain changes in response to taking the drug.

With regard to data from imaging studies, Dr. Hart and his colleagues found that researchers generally pathologized any brain difference between users and non-users despite the fact that cognitive functioning in methamphetamine users typically fell within

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Dialogues in Science

On Thursday, November 17, 2011 Jeffrey A. Lieberman, MD welcomed special guest Andrew Solomon, author of *The Noonday Demon: An Atlas of Depression*, for Columbia Psychiatry's annual *Dialogues in Science* reception. Held each year at Arader Gallery, *Dialogues in Science* is a private reception for special friends and supporters of the department. Mr. Solomon was joined by Anne Marie Albano, PhD, Associate Professor of Clinical Psychology at Columbia University Medical Center and Director of the Columbia University Clinic for Anxiety and Related Disorders and Moira Rynn, MD, Associate Professor of Clinical Psychiatry at Columbia University Medical Center and Medical Director of the Columbia University Clinic for Anxiety and Related Disorders. The topic of the conversation was *Mood and Anxiety Disorders in Children and Adolescents*.



Gray Matters at Columbia



Pictured left to right: Drs. Holly Moore, Ragy Girgis, Jeffrey A. Lieberman, Angela Tseng and Carolyn Rodriguez

On Thursday, November 10th Jeffrey A. Lieberman, MD and guests welcomed the 2011 **Gray Matters at Columbia** Fellowship Award Recipients at The Colony Club. Dr. Lieberman introduced the five recipients and invited each to speak about their research. The recipients are Drs. Ragy Girgis (Schizophrenia), Alla Landa (Lyme Disease), Carolyn Rodriguez (Obsessive Compulsive Disorder), Angela Tseng (Autism), Holly Moore (Schizophrenia). Dr. Moore holds the Sidney R. Baer, Jr. Fellowship in honor of a commitment from the Sidney R. Baer, Jr., Foundation in support of critical advances in early intervention for schizophrenia. Each year the **Gray Matters at Columbia** Fellowship is awarded to young scientists exhibiting outstanding performance in the genetics of brain disorders. The chosen fellows benefit from the multidisciplinary expertise of a peerless team of clinicians and scientists that includes two Nobel laureates. Funds for these awards were raised at the 2011 Annual Benefit Luncheon at The Plaza featuring special guest speaker former US Representative Patrick Kennedy. **The next Gray Matters at Columbia Annual Benefit Luncheon will take place on Wednesday, April 25, 2012.**

A special thanks to Aspasia Zoumas.

Planning Your Legacy

Charitable giving takes many forms – cash gifts, gifts of securities, gifts that provide you with income for your life and gifts that the Psychiatry department at Columbia University will receive after your death. All gifts are appreciated and central to our success, enabling our faculty to pursue promising research, our students to learn, and our physicians and staff to help restore patients to health.

Testamentary gifts, such as bequests or designations of pension assets, to the Psychiatry department provide your estate with an estate tax deduction which can reduce your

estate tax burden and allow you to leave a legacy for programs important to you.

Gifts that pay you income for your lifetime may be an ideal way to increase your income, receive a charitable income tax deduction, avoid capital gains taxes and make a substantial gift.

Our planned giving officers can assist you in structuring a gift to suit our personal needs; please contact Laura Tenenbaum, Director of Development at 212.342.2108 or email givingwell@columbia.edu for more information.

COLUMBIA PSYCHIATRY GIVING

The Frontier Fund is the annual fund of Columbia Psychiatry and provides critical support for our core mission. The name is inspired by the brain itself – one of the last true frontiers of exploration and discovery, and the focus of our vital research at Columbia Psychiatry. The four supporting opportunities within the Frontier Fund are the Young Investigators, Clinical Research and Treatment, Education and Outreach, and Chairman's Initiatives. Columbia Psychiatry is proud to be an international leader in the field of psychiatric medicine, and gifts to the Frontier Fund make a significant difference in our work. We are extremely grateful to our dedicated supporters for their generosity.

To learn more about the Frontier Fund or to make a gift, please contact Natasha Requeña at 212-304-7224 or nr2332@columbia.edu.

Thank you for your support of Columbia Psychiatry!

A Smart Option for 2011

Your IRA Required Minimum Distribution Can Be a Gift

If you own an IRA and are age 70½ or over, you must take a distribution from your IRA each year and pay income tax on the distribution – even if you do not want or need the money! However, for those who want to support our work, there is a charitable giving option for meeting the required minimum distribution.

Here's how the IRA Charitable Rollover works:

- A simple, one-step distribution is made from your IRA directly to the Columbia University Department of Psychiatry.
- The distribution counts toward satisfying the required minimum distribution rule.
- The distribution is excluded from your income for federal tax purposes – no tax is due!
- Most important of all, the gift can immediately be used to support the Columbia University Department of Psychiatry.

Please contact Laura Tenenbaum at 212.342.2108 or email givingwell@columbia.edu for more information about this unique giving option. Under current law, this opportunity expires December 31, 2011.

Review of Methamphetamine Research Finds Flaws in Reports Linking Use to Cognitive Impairment

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the normal range. The data failed to support claims of long-term deleterious effects on cognition in relation to methamphetamine. Overall, acute, short-term drug use produced improvements in cognition for both users and non-users; they experienced faster response speed, better attention and enhanced visuospatial perception, that is, the ability to orient oneself visually.

The danger of relying on flawed data lies in its application to treatment guidelines and public policy.

“The assumption that methamphetamine causes a broad range of cognitive impairments, has led many treatment providers to negate cognitive-behavioral therapy (CBT) as a treatment option. This is sad on multiple levels. Most importantly,



Dr. Carl Hart

however, CBT is arguably the most effective substance abuse treatment, and the current dominant perspective decreases the likelihood that methamphetamine abusers will be permitted access to this important treatment that could facilitate their drug abstinence,” warned Dr. Hart. “This review and what we now know about effects on cognition show that CBT may well be an

option for people seeking treatment.”

In their review, the authors noted similarities between cocaine drug policy in the 1980s and the readiness to link methamphetamine abuse to impairments in cognition. “Of course, as is the case with any substance of abuse, methamphetamine abuse is associated with multiple deleterious effects including increased hospital admissions and arrests. But, this does not absolve us of our responsibility as objective scientists.”

As a further cautionary note, Dr. Hart said “Science drives policy and the politics of treatment and punishment. We need be critical and careful about our interpretation of the scientific data investigating the effects of substances of abuse to truly understand the best way to treat those affected.”

The support of the Open Society Foundation and National Institute on Drug Abuse (Grant #s DA-03746 and DA-019559) is gratefully acknowledged.

ClinicalServices

Harlem Hospital Psychiatry: On the Brink of Change (continued from cover)

American, while Hispanics make up 15-20%, and Whites 5%.

“We see a lot of co-morbidity in terms of substance abuse and psychiatric disorders. That always complicates the treatment of these patients,” said Dr. Sharif. An inpatient detoxification unit with 14 beds helps patients get ready to start the journey to sobriety.

With an eye on the future, Dr. Sharif helped to recruit Dr. Cynthia Grace, a psychologist who left her stamp on City College’s psychology department in her role as chairperson and also in her capacity as head of its training program in psychology. Now tagged to spearhead the expansion of the psychology services at Harlem, Dr. Grace is an integral part of Dr. Sharif’s vision for the continued evolution of clinical services that patients will be able to obtain. She is expanding the range of services available in the adult outpatient clinic to include interpersonal psychotherapy, cognitive behavioral therapy, and dialectical behavioral therapy.

“Harlem Hospital is a center of excellence for bariatric surgery,” noted Dr. Sharif. “There’s a mandatory psychological evaluation of every bariatric surgery candidate. Under Cynthia Grace’s direction, we provide this consultative service to the bariatric surgery program.” Though not subsumed under the psychiatry department at Harlem, mental health consultations are also provided to adult and pediatric HIV patients by a Columbia-based team.

Dr. Sharif, a researcher who studies schizophrenia treatment, is just a year into the job of leading a department that seems braced to achieve great things, if the plans for expansion are any indication. He outlined several goals for the department which are improving the quality of care, improving the residency and child fellowship training programs, and “initiating research specific to the challenges faced by patients with psychiatric illness in the Harlem community.”

“We have a small grant to fund screening and treatment of depression in young adult women who are pregnant,” said Dr. Sharif. “This is a pilot program, but we definitely want to expand it to include all pregnant women seeking obstetric services here.” The project will also offer follow-up in the post-partum phase.

The child psychiatry program received a grant from *Turnaround for Children*, a non-profit group that works with schools and low-income communities. The grant provides funding for a social worker, who will oversee the management of referrals from three public schools partnered with the Harlem Hospital Child Clinic. In addition, the social worker and clinicians at Harlem will participate in team meetings “to minimize the impact of psychiatric illness on school performance.” Dr. Ghalib also hopes to initiate satellite clinics in neighboring schools.

For more information on Harlem Hospital’s Department of Psychiatry, contact Dr. Zafar Sharif at 212 939 3071 or zas1@columbia.edu.

Residents' Corner: Mayumi Okuda Benavides, PGY-II

Growing up in Colombia, Mayumi Okuda Benavides always had it in mind to pursue her medical training in the United States. Like any ambitious trainee, she set her sights on the finest training programs. After working as a research coordinator with Dr. Carlos Blanco on one of the most important epidemiological surveys of psychiatric disorders, Dr. Okuda Benavides earned her place as a psychiatric resident in Columbia's Department of Psychiatry.

When she matched at Columbia, Dr. Blanco said he didn't provide much advice: "She knew that what she had to do was work hard in research and clinical work, be compassionate to patients, and be a team player. She already had those skills."

In 2005, Dr. Okuda Benavides completed medical school in South America and quickly found a job in the university's anxiety disorders clinic, where she stayed for almost three years. After moving to the US in 2007, she joined the anxiety disorders clinic as a research assistant and within two years was promoted to project manager for the pathological gambling clinic under Dr. Blanco's leadership.

In addition to working on clinical trials on treatments for depression in Hispanics, Dr. Okuda Benavides carried out secondary analysis as well as wrote manuscripts from the data culled from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), an NIAAA-funded study. <http://pubs.niaaa.nih.gov/publications/AA70/AA70.htm>

"It's the largest epidemiological survey in the US, ever," said Dr. Okuda Benavides. "It has two waves so we're able to look at changes over time. The first wave was done in 2001 and the second wave in 2004, following the same subjects." The study's aims are to look at measures of psychiatric disorders, including personality disorders, substance abuse, and social demographic information in the general population.

The potential impact of the study is far-reaching and a sample of publications based on the NESARC dataset (and available online) shows where future research dollars should be invested: underage drinking, treatment and recovery from alcohol dependence, consequences of excessive alcohol use, comorbidity (of alcohol use disorders and psychiatric diagnoses.)

That Dr. Okuda Benavides became part of such an important research endeavor had little to do with serendipity and a lot to do with good, old-fashioned hard work. "I always wanted to get



involved in everything," she says of her time at the pathological gambling program. I showed him [Dr. Blanco] that I was very interested in everything he was doing so I started working on the results of the study." She went on to add, "I don't believe in luck but in making use of the opportunities that you find available. In my case I'm very grateful I found an excellent mentor who gave me stimulating tasks and supported my ideas."

The result of her hard work is co-authorship on 10 research articles based on NESARC data, including an Archives of General Psychiatry paper published in December 2008: "Mental Health of College Students and Their Non-College-Attending Peers."

She currently juggles her research with her demands as a resident on the Washington Heights Community Service, one of three inpatient units at the Psychiatric Institute. A typical day involves evaluating patients, meeting with their families and discussing patients' progress and treatment plans with the clinical team on the unit. As a fluent Spanish speaker, there is no language barrier to navigate with the mostly Spanish-speaking patient population on the unit.

As for her career goal, Dr. Okuda Benavides has set her sights on clinical trials in substance abuse disorders in underserved populations, an interest that started while she was a visiting medical intern in Barcelona, Spain.

"I think she has a rare combination of strong intellect, clinical skills, maturity, and generosity that allows her to take a clinical problem, translate it into a research question, engage the collaboration of her colleagues and then bring the results of her research back to the clinic so that it can benefit patients," said Dr. Blanco.

Are you a Columbia Department of Psychiatry alum? We'd like to hear from you! Let us know how you're doing so we can share the news with your fellow classmates.

Please send your news (including year of graduation) to morrisd@nyspi.columbia.edu.

1950s

Laurence T. Beahan, MD, completed residency in 1959. He has been retired from practice for a few years now and continues to live in Buffalo NY. He reports that: "My two sons and I just returned from a cruise through the North West passage of the Canadian Arctic and up the coast of Greenland to 79 degrees and 30 minutes North Latitude where dense sea ice turned us back. Giant icebergs, stormy seas and rocky island were an inspiring site as were the resilient Inuit people who cling to a meager living despite the receding ice cap."

1960s

W. Douglas Skelton, MD, class of 1967 is Dean Emeritus, Mercer University School of Medicine. He continues to serve as public health director for the Coastal Health District, which includes eight counties. In addition, Dr. Skelton was recently appointed to the Mercer Medical School's Savannah Campus Advisory Board. He and his wife are enjoying witnessing their children's flourishing careers and their grandchildren's burgeoning interest in the world around them.

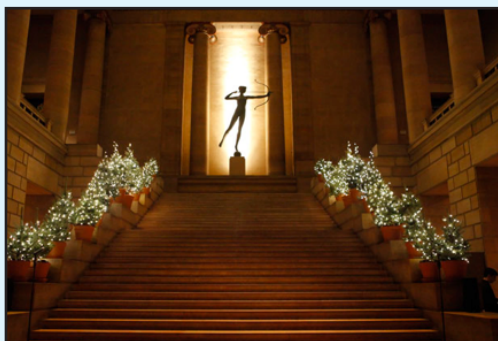
1980s

William G. Honer, MD, FRCPC, completed residency in 1988. As of October 1, 2011, he was appointed head of the department of psychiatry at the University of British Columbia.

Jonathan Silver, MD, class of 1983, has a new book that was published in March 2011: Textbook of Traumatic Brain Injury, 2nd edition. Drs. Silver, Thomas W. McAllister and Stuart C. Yudofsky are editors.

1990s

Class of 1996 graduate **Naomi M Simon, MD MSc**, was appointed Director of the Center for Anxiety and Traumatic Stress Disorders clinical and research program at Massachusetts General Hospital, where she also serves as Director of the Complicated Grief Program in the Department of Psychiatry. In addition, Dr. Simon was named Chief Medical Officer of the Red Sox Foundation and Massachusetts General Hospital Home Base Program for returning veterans and their families, focusing on PTSD and Traumatic Brain Injury clinical care, research, outreach and education.



The 2012 APA Annual Meeting in Philadelphia, Pennsylvania

Attending the APA Annual Meeting in Philadelphia? Please join past and present friends and colleagues following the convocation of the 2012 annual meeting of the American Psychiatric Association at the APA Annual Meeting Reception hosted by NewYork-Presbyterian Hospital, Weill Cornell Medical College Department of Psychiatry and Columbia University Department of Psychiatry. The reception will be held on Monday, May 7th from 7:00-9:30 PM at The Philadelphia Museum of Art. In addition to the Great Staircase Hall at the museum, reception guests will have access to the entire 19th Century Collection.

World AIDS Day 2012: Can Antiretroviral Treatment Play a Role in Preventing Further Spread of HIV?

In recognition of World AIDS Day 2012 on December 1, Columbia College of Physicians and Surgeons posted an interview with Robert Remien, PhD on their *Newsroom* website: *Can antiretroviral treatment also prevent further spread of HIV?*

When antiretroviral drugs for HIV came on the scene in 1996, the lives of hundreds of thousands of HIV-positive people were changed forever.

Now, new research suggests that antiretrovirals can also have a role in preventing the spread of the virus, giving researchers hope that "treatment as prevention" can help end the epidemic.

In the video, Robert Remien, PhD, professor of clinical psychology in the Department of Psychiatry and in the HIV Center for Clinical and Behavioral Studies, discusses the new research behind this idea and the obstacles that must be overcome to turn the idea into reality.

Click on the video, or go to <http://ps.columbia.edu/news/five-five-robert-remien-phd>



Participating in a Research Study / Conducting a Research Study: The View from Both Sides

Participants in research studies help others by contributing to medical research. They also can play an active role in their own health care, gain access to new research treatments and, at Columbia Psychiatry and New York State Psychiatric Institute, receive the highest quality care provided at no-cost. Call 212-305-6001 to find out more about research and see if participating in a research study is the right choice for you.

In the story below, we hear from a grandparent-guardian whose granddaughter is enrolled in an arm of a research study for children and adolescents who have a biological parent diagnosed with major depression. The HAPPY study (Helping Adolescents stay Positive and Prevent Depression in their Youth) provides therapy to teens who aren't depressed, and the component described below is specifically for teens who have already experienced depression.

The Researcher's Perspective

"An ounce of prevention is worth a pound of cure," the saying goes. Dedicated scientists continue to strive for treatments for illnesses that wreak havoc on people's lives. But, more and more, researchers are encouraging prevention, finding that the benefits are innumerable. Rachel Jacobs, PhD; Anne Marie Albano, PhD; Andrew Gerber, MD, PhD; and Brad Peterson, MD, are applying the old adage to a study with children who have a biological parent diagnosed with major depression. The HAPPY study (Helping Adolescents stay Positive and Prevent Depression in their Youth) provides therapy to teens who aren't depressed.

The rationale for the study is based on the results of research carried out by another team of Columbia Psychiatry researchers. That group, which was led by Myrna Weissman, PhD, and Brad Peterson, MD, found thinning of the connection between nerve cells in a region of the brain called the cortex was associated with risk of developing

The Caregivers' Perspective

Beverly is an investigative reporter – well, not really, but she jokingly refers to herself as such even though her background is really in vintage clothing. But, since she retained guardianship of her 13 year-old granddaughter, she's had to teach herself about psychiatric research, navigate the bureaucracy of the school system and cultivate relationships with people who can help her get access to resources for Chloe (not her real name).

"Because I grew up being ADHD myself when they didn't have a label for it - even before they called it minimal brain dysfunction back in the 60's," said Beverly "I have my own frame of reference. There's something they say in the community, 'If you spot it, you got it.' So that's how I kind of looked at Chloe; I was seeing a mirror image of my childhood."

After seeing a description of the HAPPY study online, Beverly called about getting Chloe evaluated. But, the evaluation in early October didn't quite turn out as they might have expected it would. "Since Chloe comes from a background

depression. The study participants, who were not depressed but who had a parent who was, had the most significant thinning – 30% on average – on the right side of the brain. This biomarker, that is a biological feature that indicates the presence of an illness, can help researchers develop interventions for depression.

With this compelling finding in hand, the HAPPY study researchers are recruiting adolescents at risk of depression and who have cortical thinning in the hopes of reversing the thinning.

Twelve to 18 year-old adolescents who are enrolled in the study will be chosen at random to either receive cognitive behavioral therapy (CBT), a type of talk therapy, or study-skills training. "There are good prevention studies that suggest that CBT



Dr. Rachel Jacobs and Karen Shoum

of family members with depression, it certainly put her in the running," said Beverly. "But because Chloe had an episode at six, where she was extremely, extremely unhappy and was having a really hard time coping with all her surroundings as well as school, I was told that Chloe was not a candidate for the HAPPY study. Her six year old episode was considered a full-blown episode of depression."

The research coordinators, however, offered the option of enrolling her in an off-shoot or pilot of the main study; Chloe would participate in only one part of the study, receiving cognitive behavioral therapy or CBT.

Dr. Karen Shoum, who provides the therapy explained that Chloe and Beverly's enrollment in the CBT component is helping to answer some

can be helpful and we know that it can be helpful for adolescents who are depressed," said Dr. Jacobs. In addition to the therapy, each participant must do an MRI before and after treatment to see what changes in cortical thinning, if any, can be identified.

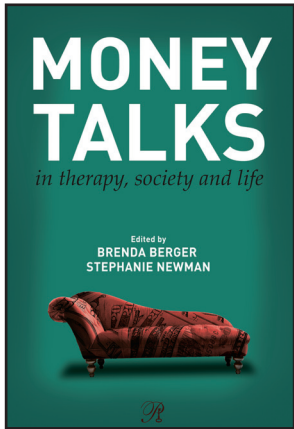
Dr. Jacobs is careful to point out that this biomarker is just one risk factor of many: "One risk factor doesn't mean you're doomed [to develop depression]." Something else to note about the study, a child may qualify for participation even if the parent is not formally diagnosed. "There are lots of people in the community who say they've been really stressed or they've had some difficulty and we go through an assessment with the parent to make sure there's some history of depression," said Dr. Jacobs. For those parents who don't have a clinician to provide regular treatment, HAPPY study coordinators provide referrals.

Find out more about the HAPPY study online at www.columbiadepression.org or contact Inga Korsgaard at 212-543-0153.

important questions that may help improve future studies. "The pilot intervention will follow the same manual for CBT that will be used in the [HAPPY] study. We pilot the intervention to allow for training of additional therapists as well as to troubleshoot any unexpected difficulties that could arise with the manual in its current form." (Pilot study enrollment is limited.)

Beverly is grateful that her granddaughter was lucky enough to get CBT for free: "I can tell you that at 67 I'm still trying to get somebody to give cognitive behavioral therapy to me – because it's supposed to be one of the really, really good things. It gives you life skills and ways to deal with that outside stimulus that you might not already know."

While being careful about not "overstepping my bounds," this self-proclaimed "chatty Cathy" admits to telling other parents about options, including research studies, that may be helpful for their children. As for her experience at Columbia Psychiatry, Beverly had this to say: "I found that Columbia is extremely, extremely open, good, and a place where if there's help to be given, they'll give it."



Money Talks: In Therapy, Society and Life

Editors: Brenda Berger, PhD, and Stephanie Newman, PhD

Publisher: Routledge

August 2011

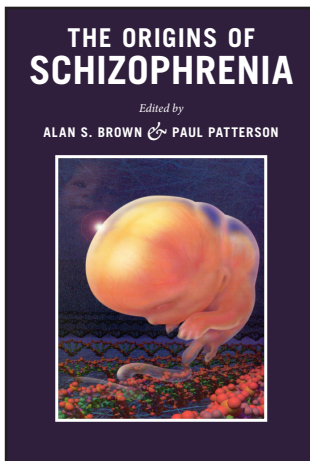
Drs. Brenda Berger and Stephanie Newman, both psychoanalysts and clinical psychologists, recently published a collection on money and the psychological issues around it. The book tackles a subject that is often taboo in therapy. It includes provocative essays by some of the most eminent people in the field.

One of the compelling chapters (which all use composite clinical vignettes to preserve patient confidentiality) describes the emotional problems of very wealthy patients as they emerge in therapy—feelings of fraudulence and guilt about whether their money was deservedly earned, or was reaped too easily or inherited, distrust of the motives for people's friendship, the burdens of financial freedom. Another counterintuitive chapter is about how, during the recent financial meltdown, some wounded couples emerged through the struggle with stronger relationships while others who profited, were overwhelmed by new opportunities and found their bonds fraying.

There are chapters about the meaning of money to children, adolescents and young adults, and the complexity and taboo of money generally in training and practice.

Money Talks was stimulated by issues which emerged in treatments during the financial crisis. The book delves into such questions as the roots of insatiable greed and the accompanying lack of responsibility.

Dr. Berger is Senior Associate Director for Psychology at Columbia's Center for Psychoanalytic Training and Research.



The Origins of Schizophrenia

Editors: Alan S. Brown, MD and Paul Patterson, PhD

Publisher: Columbia University Press

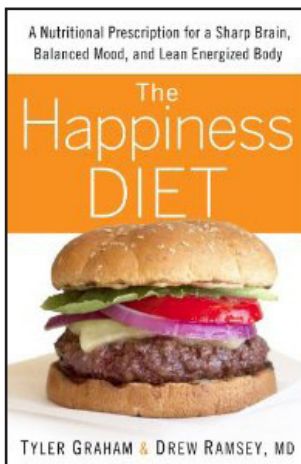
November 2011

The Origins of Schizophrenia synthesizes key findings on a devastating mental disorder that has been increasingly studied over the past decade. Advances in epidemiology, translational neuroscience technology, and molecular and statistical genetics have identified new putative environmental risk factors and candidate susceptibility genes, recasting schizophrenia's neurobiological nature. Providing the latest clinical and neuroscience research developments in a comprehensive volume, this collection by world-renowned investigators answers a pressing need for balanced, thorough information, while pointing to future directions in research and interdisciplinary collaboration.

The Origins of Schizophrenia spans a broad scope of potential etiologic factors involved in the disorder, including environmental insults, susceptibility genes, copy number variants, and epigenetic modifications. The book thoroughly examines these topics from the vantage point of epidemiologic, clinical, and basic

neuroscience approaches. This text is an essential resource for researchers in psychiatry, psychology, and neuroscience and for clinical mental health professionals.

Dr. Brown is Professor of Clinical Psychiatry and Clinical Epidemiology at Columbia Psychiatry.



The Happiness Diet

Editors: Tyler Graham and Drew Ramsey, MD

Publisher: Rodale

December 2011

While many books have examined the ways in which food impacts our physical health, **The Happiness Diet** is the first one to clearly elucidate the link between how we eat and how we feel. Happiness is a biological event, and in order for our brains to fire on all cylinders, they must be properly nourished. Our neurotransmitters rely on vital nutrients like manganese, B vitamins, and healthy fats to do their jobs—and if we're feeding our brains the SAD Diet, we're sabotaging our mental health.

In **The Happiness Diet**, readers will learn the simple changes that make a big difference in how they feel. With food lists, shopping tips, brain-building recipes, a Happiness Food Pyramid, and other tools, Graham and Dr. Ramsey empower readers to build a better brain and reclaim happiness.

Dr. Ramsey is Assistant Clinical Professor of Psychiatry at Columbia Psychiatry.