

InPsych

Winter, 2011



Columbia Psychiatry: Progress Report on Strategic Planning

In areas as diverse as faculty affairs, education, clinical services, research, and communications, the chairs of an array of strategic planning groups presented their findings and recommendations at the special Grands Rounds for strategic planning held on January 28, 2011. The event also included remarks by NYSPI Director and Department of Psychiatry Chair Dr. Jeffrey Lieberman, who spoke about the challenges posed by new budgetary constraints, and strategies for NYSPI to maintain and build upon its history as one of the world's leading psychiatric institutes.

In an introduction, Dr. David Strauss, Vice Chair for Research Administration, Ethics, and Policy offered an overview of the 11 strategic planning meetings that were held in 2010 with a total of 264 participants. Chaired and attended by a wide selection of faculty, staff and residents, each group was tasked with offering recommendations about the question: "Where do we want to be in five years, and what do we need to do to get there?"

Faculty Affairs: According to Vice Chair for Faculty Affairs Dr. Anke Ehrhardt, the Faculty Affairs group's recommendations have led to the creation of a new panel of career mentors and new services

for international faculty. Faculty Affairs has also launched a work/life balance task force, and is seeking to facilitate faculty access to teaching opportunities and to the grant development and submission process. Faculty Affairs will also work towards streamlining the promotions process and increasing opportunities for career-enhancing skills-building. Dr. Ehrhardt also noted the importance of achieving diversity both in hiring and in promotions.



Education: Dr. Maria Quendo, Vice Chair for Education and Training, outlined a range of challenges relating to coordination of the many teaching missions within the institution. She reported that an interdisciplinary

education conference will be held in order to explore opportunities for collaboration and to improve training among students, residents, fellows, and interns. Dr. Quendo highlighted the need to increase trainee exposure to the full range of research projects and opportunities across the institution, to expand the use of evidence-based practices through Quality Improvement courses, and to foster successful career trajectories through mentorship and increased teaching opportunities. Dr. Quendo also raised the intriguing long-term idea of developing a graduate school at NYSPI.

(continued on page 2)

Columbia Psychiatry Partners with Hazelden on Innovative Recovery Residence for College Students

Columbia Psychiatry will be partnering with Hazelden, one of the world's largest and most respected private, nonprofit alcohol and drug addiction treatment centers, to offer the first-of-its-kind collegiate recovery residence for college and graduate students during and after treatment for substance abuse. The residence will be owned and operated by Hazelden. Columbia Psychiatry, under the leadership of Jon Morgenstern, PhD, will help guide the development of the recovery program and offer outpatient treatment to residents at Columbia's College Student Program located on the Upper East Side of Manhattan.

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Department of Psychiatry

New York State
Psychiatric Institute



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

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Columbia Psychiatry Today and Tomorrow

We began a planning process last June in order to rationally and systematically develop the strategies Columbia Psychiatry will need to put in place to maintain and build upon our strengths in the coming years, particularly in light of the severe economic conditions that compel us to make do, and do more, with less.

We have reached out to the department as a whole in this process, to stimulate discussion and ideas among our faculty as to how best and in what areas to develop, improve our efficiency and productivity, and competitively position ourselves to take advantage of coming scientific opportunities.

The response, as noted in the *Progress Report* on page 1, has been immense. Our collective intelligence and experience has come up with a multitude of innovative ideas to improve upon our current ways of going about our daily routine, to point out the bottlenecks and obstacles that prevent us from optimal functioning, to better share resources and to communicate with each other.

My role – the administrative role – is to prioritize and implement these ideas, to swiftly put in place those that improve our productivity and quality of life. It is also my role to develop, with your input, an overarching vision for our development.

We live in the worst of times and the best of times. The catastrophic economic

recession impacts us from all sides: New York State is facing its largest budget deficit in history and federal appropriations to NIH are likely to reverse the pattern of growth in funding we have benefited from in recent years. Health care reform legislation and a fragmented federal health care policy and financing system put increasing financial constraints on hospitals and academic medical centers, particularly in psychiatry.

To meet these challenges will require us to examine how we can optimize quality and improve revenue in our clinical services; and to align our goals with national and state funding priorities in areas such as translational science, imaging, genomics, services research and comparative effectiveness studies.

How is this also the best of times? Scientific knowledge in psychiatry is approaching a tipping point. Across psychiatry, in pathophysiology, etiology, diagnosis, treatment and delivery systems, more people are getting better care than ever before. The number and effectiveness of treatments, the quality of people entering the field, the changes in social attitudes and awareness towards mental illness, the robustness and pace of scientific discovery is such that the practice of psychiatric medicine is likely to be transformed within our professional lifetimes. The research at Columbia Psychiatry will be an essential part of defining this transformation.

Progress Report on Strategic Planning

(continued from cover)

Clinical Services: Dr. David Kahn, Vice Chair for Clinical Services, noted that improvement of clinical care requires communication between far-flung services, along with ongoing staff education and stronger ties between clinicians and researchers. To advance these goals, he noted, a weekly half-hour virtual seminar called the “Clinical Matters Club” will be initiated to offer presentations by expert faculty on such issues as evidence-based practice, case studies, and research studies, findings, and journal



articles. Dr. Kahn also laid out plans to “embed” researchers in clinical settings in order to help recruit patients for off-site studies and to conduct research in clinical settings. An intensive day-long annual retreat for clinical faculty is also under consideration.

Research: Dr. Strauss next offered a report about steps taken to improve research efforts. He stressed themes of communication and coordination of efforts, along with a continuing focus on quality and accountability. To these ends, he reported, Psychiatric Institute Research Forum (PIRF) will be launched in March. This new web-based tool will create an online community for discussion, collaboration, resource sharing, consultation, and sharing of news, trends, and opportunities. A research website is also under development. Other initiatives include streamlining the IRB process and coordinating the work of such disparate units as outpatient research clinics, the comparative medicine users group, Basic Science chiefs and directors, and the Core resource advisory group.

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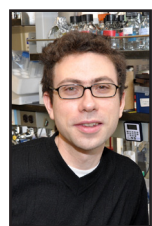
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Co-director of the Developmental Neuropsychiatry Program and world-renowned authority on how children learn to read, **Marion Blank, PhD**, is a 2010 Upton Sinclair Award in Education recipient. The award committee has “honored education authors, doctors, athletes, reading czars, media stars and more, all of whom have contributed to children and youth in some significant way.” http://www.educationnews.org/ed_reports/104237.html



The San Francisco American College of Psychiatrists research award was presented to **John Mann, MD**, (MIND) on February 27, 2011. His presentation was titled “Role of Neurogenesis in Major Depression and Action of Antidepressants.”

Director of the Imprints Center for Genetic and Environmental Lifecourse Research, which fosters collaborative research and intellectual exchange among investigators studying developmental origins in birth cohorts across the globe. With Epidemiology Chair Dr. Sandro Galea, he is also leading the newly established Global Mental Health Program.



Zachary Freyberg, MD, PhD (Molecular Therapeutics) was selected as one of only four P&S physician-scientists to win the 2011 Louis V. Gerstner, Jr. Scholars Program award.

Designed to support physician-scientists in their goal of bringing new treatments to patients, the award provides stipends for up to three years to conduct translational research.



Ezra Susser, MD (Epidemiology) was awarded the American Public Health Association’s 2011 Rema Lapouse Award for outstanding contributions to the scientific understanding of the epidemiology and control of mental disorders. He joins former Lapouse recipients from the Mailman School Mervyn Susser, PhD, Bruce Dohrenwend, PhD, Myrna Weissman, PhD, and Bruce Link, PhD. Dr. Susser is the faculty leader of the Lifecourse Epidemiology cluster in the Department of Epidemiology. He is

Center for Practice Innovations, in the Division of Mental Health Services and Policy Research, received a Substance Abuse and Mental Health Services Administration (SAMHSA) 2010 Science and Service Award. To be eligible for these non-monetary awards, an organization had to demonstrate successful implementation of a recognized evidence-based intervention, including interventions that have been published in the scientific literature and/or appear on a federal or state registry.



Progress Report on Strategic Planning *(continued from page 2)*

Communications: Underscoring many of the themes presented throughout the day, Dr. Harold Pincus, Vice Chair for Strategic Initiatives, noted that communication is an issue across all groups. The strategic planning process underscored the need to facilitate conversations between and among basic, translational and clinical researchers, clinical staff, trainees, and supporting staff. Another challenge, he noted, has been to expand marketing efforts externally in order to increase public awareness and to enhance research recruitment. In order to meet these needs, the Columbia Psychiatry website has had a major retooling to a more patient-friendly design, upgrading of the Columbia University Psychopharmacology (CUPP) Forum, and the launch of the PIRF. In addition, InPsych magazine and the PI Local newsletter are expanding their coverage, and Columbia Psychiatry is now represented on Facebook and Twitter.



The meeting was followed by an afternoon session at which 80 research posters were presented by researchers from 21 divisions throughout the institution. The poster session provided a unique opportunity to display the incredible breadth of work being carried out at NYSPI. Poster topics ranged from the impact of marijuana use, changes in beliefs and attitudes about mental illness, the construction of optimal brain colormaps, suicidality in people with borderline personality disorder, the impact of increasing adult hippocampal neurogenesis, stigma and risk among HIV-positive psychiatric patients, and auditory hallucinations and early visual processing deficits in schizophrenia.

With a goal of promoting communication and collaborations across divisions at PI, the poster session was highly successful: “This is a great way to find out not only what’s happening in the rest of the Institute, but also within your own department. You hear about the different research programs, but don’t always get to see the details. This is an opportunity to learn a lot more,” said Jean Endicott, PhD, Chief of Clinical Phenomenology, as she reviewed the 10 posters presented from her division.

Poster presenter Lisa Chin, JD, EdD, an HIV Center Fellow commented, “as a post-doctoral fellow, I am honored for the opportunity to participate at the NYSPI Poster Session. It was a great experience to see the range of research conducted by the various departments at NYSPI and provides a sense of pride in being part of such a vibrant intellectual environment.”



Sarah Kiskaddon, JD

Sarah Kiskaddon, JD, was appointed Director of Research Oversight and Executive Director of the Institutional Review Board (IRB), New York State Psychiatric Institute (NYSPI), on December 31, 2010. Ms. Kiskaddon comes to NYSPI from the Connecticut Children's Medical Center in Hartford, Connecticut, where she was Director of the Human Research Program and Vice-chairperson of the IRB for 15 years.

In her capacity as Director of the Office of Research Oversight (ORO) at NYSPI, Ms. Kiskaddon will have primary oversight of the policies and operations of the Institutional Review Board and the office of the IRB. This includes regulatory oversight as well as the development of quality improvements to foster collaboration, innovation and efficiencies in the human subject research enterprise. In addition, as Director of the ORO, she will provide regulatory

support for the Institutional Animal Care and Use Committee, and NYSPI Ethics Advisory Board (conflict of interest committee). Ms. Kiskaddon will provide the liaison to oversight and compliance functions at affiliated and collaborating institutions including Columbia University and the Research Foundation for Mental Hygiene. She anticipates working closely with Grants Administration, the Office of Quality Management, and the Clinical Director's office to enhance the institutional culture and promote the highest ethical standards in clinical research.

Ms. Kiskaddon is looking forward to "speaking with investigators and getting their thoughts on the IRB process, and the ways in which we can refine policies or operations to facilitate our working relationships."

A fluent Spanish speaker, Ms. Kiskaddon received her law degree from the University of Pittsburgh, School of Law, in 1995. She holds a Master of Arts in Medical Anthropology from San Francisco State University and a Bachelor of Arts in Anthropology from Scripps College in California.

Research News

The Center for Practice Innovations (CPI) was established in November 2007 to support the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families. The CPI serves as a key resource to OMH by spreading those practices identified by OMH as most critical to accomplish OMH's system-transformation initiatives. Four initiatives are currently underway: Wellness Self-Management (WSM), Focus on Integrated Treatment for Co-Occurring Disorders (FIT), Act Institute, and Supported Employment – Individual Placement and Support (IPS).

WSM is an adaptation of Illness management and Recovery (IMR), a nationally recognized evidence based practice for adults with serious mental health problems. WSM is a strength-based curriculum-supported program that provides consumers with information, skills and strategies to self manage mental health challenges and to engage in recovery supporting actions. It has been utilized by over 100 programs across NYS, with well over 4000 consumers participating in WSM services. CPI is pleased to announce that it is a recipient of the 2010 Science and Service award presented

by The Substance Abuse and Mental Health Services Administration (SAMHSA) for its work with Wellness Self-Management (WSM). This award was presented to only 7 programs across the country in the category of mental illness and recovery support services.



Center for Practice InnovationsSM
at Columbia Psychiatry
Building best practices with you.

CPI's Focus on Integrated Treatment for Co-Occurring Disorders (FIT) initiative helps programs implement integrated treatment for co-occurring mental health and substance use disorders (COD), a proven strategy for helping people sustain and maintain recovery. The treatment emphasizes the importance of people setting their own recovery goals (such as education, employment, re-connecting with children and families) and underscores the key role of peers in the recovery process.

Developed for real-world settings, FIT's practical approach features 35 online learning modules that allow practitioners to choose when and where to take their training. Modules include inspiring personal recovery stories, clinical vignettes, interactive exercises, and expert panel presentations. These modules have been recognized for their excellence by receiving the esteemed Brandon Hall Research 2010 Excellence in Learning Gold Award for Best Custom Content and two silver Omni Intermedia Awards.

The ACT Institute brings support and training to the 70+ Assertive Community Treatment programs across the state. It recently launched its first online training module, with plans to add two additional online modules in 2011.

The CPI offers training and support to PROS programs across New York State to bring consumers the Individual Placement and Support (IPS) approach to supported employment. Regional learning collaboratives allow employment staff and supervisors in each region to meet on a regular basis, in person and through webinars, and the meetings are supplemented by program-specific consultation calls.

In addition, CPI provides on-site technical assistance to a small number of PROS programs.

To learn more about the various initiatives and resources available at the CPI, please visit www.practiceinnovations.org

Study Finds Extra Copies of Brain Receptor Gene Linked to Schizophrenia

Receptor's properties could lead to quick development of new therapies



Dr. Maria Karayiorgou

A team of international gene hunters sifting through the human genome has identified a gene with one of the strongest links to schizophrenia ever found.

The gene, called VIPR2, makes a protein in the brain that helps control the formation and activity of the brain's neurons and had never before been linked to schizophrenia.

The new study reveals that people with schizophrenia are 14 times more likely to have extra copies of the VIPR2 gene and produce more VIPR2 protein than people unaffected by the disease. The team, led by Jonathan Sebat of UCSD, first found the extra VIPR2 copies in a group of families collected by Maria Karayiorgou, MD, professor of psychiatry at P&S and one of the study's senior investigators. They then replicated the finding in a larger group that included several thousand patients and unaffected controls. The results appeared Feb. 23 on the website of the journal Nature.

The finding is exciting for two reasons, Karayiorgou says. "Even though VIPR2 is responsible for a small percentage of schizophrenia cases, it is one of very few genes or genetic regions that we know is linked to the disorder," she says. Dozens of genetic associations have been reported in the past two decades, but the statistical support for most links is weak. "The vast majority of the genes that have been associated with schizophrenia in the past are probably false positive findings."

The other thing that sets VIPR2 apart is its therapeutic potential. "Unlike most genetic discoveries, we already know why it leads to the disorder: we know that too much of the gene is the problem," she says. And because the gene makes a protein that acts as a receptor, turning on after binding another molecule, "it should be relatively easy to find drugs that can turn off the receptor instead."

The success in identifying VIPR2 highlights a shift in the way scientists think about schizophrenia genetics. Initially, scientists thought that most cases of the disorder were caused by common genetic variants, or by 'misprints' in several genes that alone only placed a person at slightly increased risk of developing schizophrenia, but together worked in concert to cause schizophrenia. But so far several searches based on that premise have not conclusively found any genes with solid links.

The results have disappointed scientists who are depending on gene discoveries to give them clues about what causes schizophrenia and how to treat the disorder more effectively. "After finding a gene, the next step is to study the gene in animals and work

out how it causes the disease," Karayiorgou says. "Those studies take a lot of time and effort, so it's important to find genes that are solidly linked to schizophrenia so you know what you're studying in animals is relevant to the human disorder."

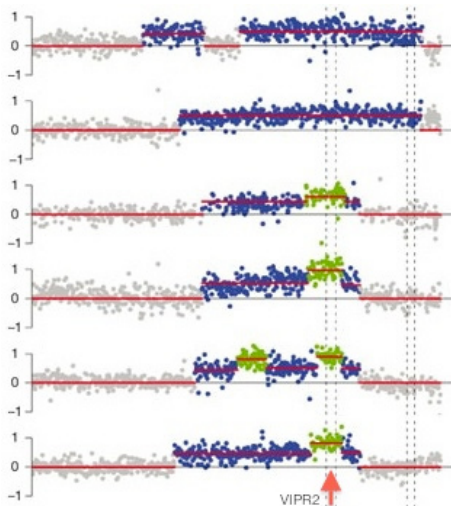
A few years ago researchers changed tactics and began looking for genetic variants that almost invariably lead to the disorder but are rare. The tactical change came, in part, from the realization that the only indisputable cause of schizophrenia – a missing section of chromosome 22q11 – is relatively uncommon, found in about one to two percent of cases. (The link between chromosome 22 and schizophrenia was first uncovered by Karayiorgou just over 15 years ago.) In 2008, four different research groups, including one led by Karayiorgou, published the first results of these searches, which identified several regions of the genome that were strongly linked to schizophrenia but rare. The new study extends those findings and identifies a specific gene: VIPR2.

"There will probably be hundreds of these rare genetic causes, and instead of referring to the disease by just one name, schizophrenia, we will instead talk about the VIPR2 schizophrenia, or the 22q11 schizophrenia," Karayiorgou says.

That doesn't mean necessarily that hundreds of different treatments will be needed, she adds. "I think it's likely that these genes will have some critical nodes in common that will let us identify treatments that help people with many different types of schizophrenia. Our ongoing work in animal models strongly suggests that this will be the case, but that should become even more apparent in the next few years when we find more genes and have a chance to study how they work."

--Susan Conova

(This article originally appeared in P&S Magazine at <http://ps.columbia.edu/news/study-finds-extra-copies-brain-receptor-gene-cause-schizophrenia>)



Genome scans of thousands of families show that people carrying extra copies of the VIPR2 gene have a high risk of developing schizophrenia. The blue and green dots above show extra copies of genetic material in several people who participated in the study

Gray Matters at Columbia

Gray Matters at Columbia is a research fellowship fund within Columbia University Medical Center's Department of Psychiatry, and since its inception in 2007 has raised over \$500,000 to support 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. The Gray Matters at Columbia Spring Benefit Luncheon is put together by a dedicated volunteer committee, and is inspired by a mother who lost her son to suicide after a long and difficult struggle with schizophrenia. The fund is a memorial to those who have been lost and a sign of hope to all who struggle with brain disorders. Past special guest speakers at the Gray Matters at Columbia Spring Benefit Luncheon have included Jane Pauley, Anne Ford, Dick Cavett and Paula Zahn, and in 2011 the occasion will honor Patrick Kennedy.



"Since my arrival at Columbia Psychiatry in 2005, support for young investigators has been a top priority. Fostering the next generation of scientists in psychiatric medicine is imperative in allowing for new discoveries in prevention, diagnosis and treatment of disorders. Initial funding for young research investigators through federal grants is highly competitive and can be inconsistent and limited. Providing support at this critical time enables our scientists the opportunity not only to commit to a career in research, but assists them as they establish their research focus and professional experience. Gray Matters at Columbia provides vital support for this priority, and represents our hopes for the future of psychiatric medicine."

*Jeffrey A. Lieberman, MD
Chairman and Lawrence C. Kolb Professor
Columbia University Department of Psychiatry*

Jeffrey A. Lieberman, M.D.
Chairman, Columbia University Department of Psychiatry
and
The Gray Matters at Columbia Benefit Committee
request the pleasure of your company at the

GRAY MATTERS AT COLUMBIA SPRING BENEFIT LUNCHEON

TUESDAY, MAY 3, 2011

Mistress of Ceremonies
DONNA HANOVER

Honoree
PATRICK KENNEDY

The Plaza Hotel
Fifth Avenue at Central Park South
New York City

11:00 am
Cocktails and Silent Auction
12:00 pm - 2:00 pm
Luncheon and Program

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GRAY MATTERS AT COLUMBIA
SPRING BENEFIT LUNCHEON

GRAY MATTERS AT COLUMBIA SPRING BENEFIT LUNCHEON

SUPPORTING
YOUNG SCIENTISTS
AS THEY UNRAVEL
THE MYSTERIES
OF THE BRAIN



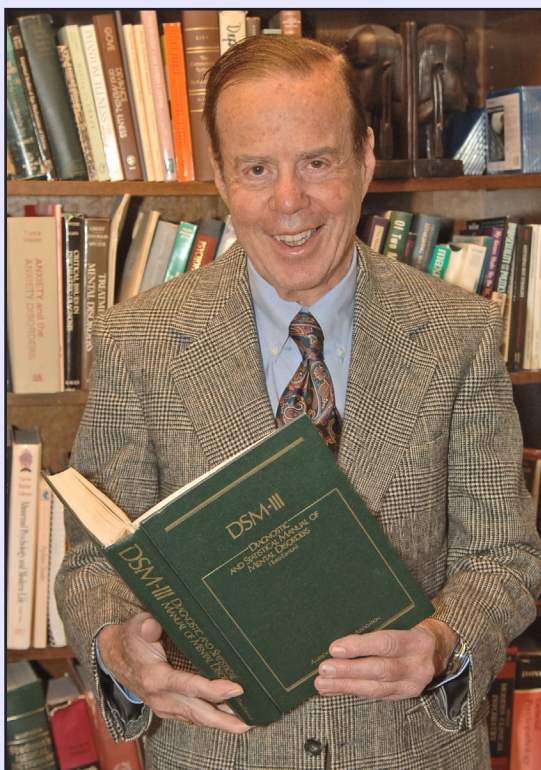
Bob Spitzer's Retirement Tribute

Robert Spitzer has been a quintessential part of NYSPI and Columbia Psychiatry for nearly 50 years. Charming, brilliant, unwilling to suffer fools at all, let alone gladly, Bob Spitzer has been the guiding -- prodding, encouraging, opinionated -- genius of modern psychiatric diagnosis.

To mark Bob's retirement, Michael First, who has worked closely with him for many years, invited friends and colleagues to describe, illustrate and assess his life and work during a special Grand Rounds on December 17, 2010. Dr. Jeffrey Lieberman opened the proceedings, noting that Bob Spitzer is one of the most influential and important psychiatrists of the twentieth century, and renowned among his colleagues as "the original smartest man in the room."

Dr. First followed with a brief tribute entitled *Bob Spitzer: From Childhood to Retirement in 10 Minutes*, which included such little-known gems as Bob's decision to become a psychiatrist at age 15, and publishing 3 papers while still in medical school.

Ron Bayer then told about Bob's critical role in the removal of homosexuality



from DSM-II; Jerry Wakefield discussed Bob's "development of a definition of mental disorders" that created a cultural conversation that went far beyond psychiatry; Jean Endicott spoke of the many years she worked with Bob

developing diagnostic criteria; Don Klein discussed the beginning and end of the hegemony of psychoanalysis in American Psychiatry as the term neurosis came under the scrutiny of diagnostic criteria. Bob Spitzer's masterful compromise in DSM-III to keep neurosis -- inside parentheses (it was finally removed in DSM-IV). Hannah Decker spoke of Bob's contribution to psychiatry from an historical perspective and the revolution that was created by DSM-III.

Allen Frances, the penultimate speaker, argued that Bob Spitzer is the most influential person in psychiatry in the last 30 years and will remain the most important for a long time to come. In bringing order out of chaos, Bob Spitzer allowed psychiatry to re-enter medicine and become a scientific discipline.

Finally, Bob himself paid tribute to his wife, Janet Williams, whom, he said, was with him every step of the way, and to his six children, all of whom were present for this moving and historic tribute.

Watch online at <http://www.veomed.com/va012557122011>



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 Emily Carey at 212-543-5942 or eac2149@columbia.edu. Thank you for your support of Columbia Psychiatry!

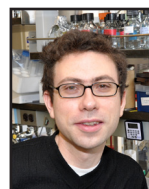
New Grants

Mary Cavaleri, PhD, LCSW, (Mental Health Services and Policy Research) has received an R21 award from NIMH entitled “Developing and Testing of a Peer-Delivered Intervention for Depression” for the period 1/1/2011 - 11/30/2012. This project will develop and evaluate an intervention that utilizes Family Peer Advocates to improve the identification of depression and linkage to mental health services for predominantly low-income, mothers of color caring for youth with psychiatric needs.



Jimmy Choi, PsyD, (Mental Health Services and Policy Research) was awarded a K23 from NIMH for his project “Intrinsic Motivation and Learning in Schizophrenia.” This grant will help consolidate new research skills for Dr. Choi and allow him to test programmatic treatment elements in behavioral treatments for schizophrenia.

NIDA awarded **Richard Foltin, PhD**, (Division on Substance Abuse) an R01 to support his study, “Hypocretin Antagonists as a Novel Approach to Medication Development.” The four-year grant totals \$1,604,862.



Zachary Freyberg, MD, (Center for Molecular Recognition) received a K-award from NIDA to support his research study, “Revealing Novel Mechanisms of Amphetamine Action in a Drosophila Model.” Dr. Freyberg will receive \$930,960 over five years.

Kimberly Hoagwood, PhD, (Mental Health Services and Policy Research) has been awarded a contract from the NYS OMH titled “Children’s Technical Assistance Center (C-TAC) for Clinic Treatment

Programs Serving Children and their Families” for the period 1/1/2011 - 12/31/2011, with options to extend through 12/31/2015. The C-TAC will provide training and support on quality improvement strategies, including clinical and organizational skills, to all NYS child-serving mental health clinics, with the overall goal of improving mental health outcomes for children and their families.



In addition, **Dr. Hoagwood** and her team have received a four-year subaward from the National Committee for Quality Assurance (NCQA) to work with a collaborative group in the development of child health care quality measures. This is part of a \$7.7 million grant from the Agency for Healthcare Research & Quality (AHRQ) to NCQA. Authorization for the funding comes from the

Children’s Health Insurance Program Reauthorization Act (CHIPRA), which extended and expanded coverage for low-income children. Dr. Hoagwood’s group will be responsible for all activities related to developing, testing and validating pediatric quality measures for mental health.

Robert Remien, PhD, (HIV) received an R01 from NIMH for his study entitled, “Structural Intervention to Increase Screening and Testing for Acute HIV Infection.” The grant totals \$2,132,898 for four years.



Stefan B. Rowny, MD, (Brain Stimulation) has received a K23 award from NIMH entitled “Improving Outcomes in Geriatric Depression: Magnetic Seizure Therapy” The grant totals \$926,800 for five years.

2010 NARSAD Young Investigator Award

Jayeeta Basu, PhD	<i>The Role of Inhibition in Input Timing Dependent Plasticity</i>
Nancy M. Bivens, MD, PhD	<i>Modeling Schizophrenia in Mice by Altered developmental expression of neuregulin 1 (Nrg1)</i>
Jimmy Choi, PsyD	<i>Neural Basis of Intrinsic Motivation in Schizophrenia</i>
Marc J. Dubin, MD, PhD	<i>Anatomical Biomarkers of Risk for Familial Major Depression</i>
Ragy R. Girgis, MD	<i>A PET Imaging Study of the Effects of Risperidone on the Dopamine-3 Receptor in Schizophrenia</i>
Sidney H. Hankerson, III, MD	<i>Pilot Study of Group Interpersonal Psychotherapy with Depressed African Americans</i>
Mazen A. Kheirbek, PhD	<i>The Role of Neurogenesis in Hippocampal Excitability and the Antidepressant Response</i>
Daisy Lin, PhD	<i>piRNA-directed DNA Methylation in Advanced Paternal Age and Offspring Psychiatric Disorders</i>
Maria H. Milekic, PhD	<i>Paternal Age and Epigenetic Mechanisms in Psychiatric Disease</i>
Torfi Sigurdsson, PhD	<i>Electrophysiological Investigation of Neural Circuits Subserving Working Memory in a Genetic Mouse Model of Schizophrenia</i>
Ryan L. Subaran, PhD	<i>Identifying Genetic Modifiers of the Serotonin Transporter 5-HTTLPR in Major Depressive Disorder Through Linkage Analysis</i>
Lawrence H. Yang, PhD	<i>Stigma Associated with a High-Risk State for Psychosis: Potential Adoption of a Controversial Diagnosis for DSM-V</i>

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@pi.cpmc.columbia.edu.

1980s

Michael First, MD, a 1987 graduate of the residency program, has been asked to be an external consultant on the new NIMH initiative to develop a neuroscience-based research classification, called the Research Domain Criteria (RDoC) project. He has also been asked by the World Health Organization (WHO) to be the chief technical and editorial consultant for the revision of the International Classification of Diseases, 11th edition (ICD-11).

Class of 1983 graduate Galina Mindlin, MD, PhD, reports that "In 2005 I brought a modern technology to US, which helps insomnia, anxiety, stress-related conditions. It is called BMT or Brain Music Treatment, which translates the person's brain waves into musical frequencies. ..." She is also working on a book: *Your Playlist Can Change Your Life*, which will be out soon.

Mark Nathanson, MD, class of 1986, continues to develop geriatric mental health services in the AIM medical primary care clinic at

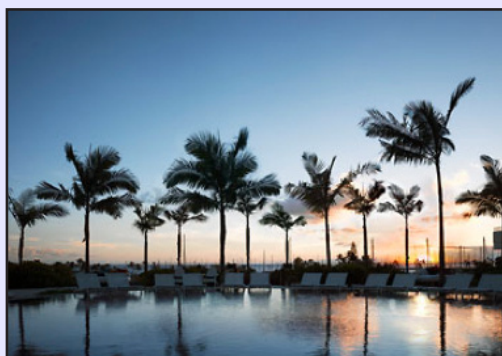
NewYork Presbyterian Hospital and the planned expansion of the Geriatric Psychiatry fellowship/Stroud Center/ NYS Office of Mental Health. He is volunteer supervisor at the COSMO student-run clinic. He is an active member of the NYC Elder Abuse Task force and also continues as the medical director of the Mobile Crisis team at Elmhurst Hospital.

1990s

Class of 1998 graduate, **Peter M. Bookstein, MD**, became the Treasurer of the Columbia Psychoanalytic Center in July, 2010.

2000s

James Gangwisch, PhD, class of 2006, announced that his family has grown. His wife Iohana gave birth to their first child, a daughter Alana, who was born on February 1 at 2:30 p.m. weighing 7 lbs.



The 2011 APA Annual Meeting in Honolulu, Hawaii

Attending the APA Annual Meeting in Honolulu? Please join past and present friends and colleagues following the convocation of the 2011 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 16th from 6:00-8:30 PM at The Waikiki Edition, 1775 Ala Moana Boulevard, Honolulu, Hawaii (online at www.editionhotels.com).



Columbia Psychiatry Partners with Hazelden on Innovative Recovery Residence for College Students *(continued from cover)*

"Substance abuse and addiction are highly prevalent and greatly underserved in our society, and teenagers and young adults are particularly vulnerable to these serious conditions" noted Jeffrey Lieberman, MD, Chairman of Columbia Psychiatry and Director of the New York State Psychiatric Institute.

Currently, Columbia's College Student Program is one of only a handful of outpatient programs designed especially for young adults ages 18 to 29. The partnership represents an important step in expanding Columbia Psychiatry's services for young adults with addiction and mental health disorders. "The level of stress on college campuses is unprecedented and this has led to an increasing number of students who experience crises related to mental health and addiction issues", says Betty Jeanne Kass, director of the Columbia College Student program. The College Student Program provides a supportive atmosphere and state-of-the-art treatment geared to enabling young

adults to transition out of crisis and return to their academic pursuits.



"Our experience in treating young adults in crisis has made us aware of the need to extend support beyond the hours someone attends treatment. Thus, availability of a safe, supportive and fun living environment will substantially improve our ability to help young adults by combining state-of-the-art treatment

with a welcoming place to live," says Jon Morgenstern, director of Addiction Treatment at Columbia Psychiatry.

Hazelden's residence, called Tribeca Twelve, is scheduled to open this summer at 283 West Broadway, and will offer young adults in recovery from addiction an independent living environment with fully-integrated support services, plus access to many recreational activities and special events.

The program will be open to men and women, age 18 to 29, who are participating in or have completed an addiction treatment program, are committed to their sobriety, and are either attending college or planning to return to college. The program will be available to all colleges and universities.

For more information please visit The College Student Program on the online at <http://columbiapsychiatry.org/clinicalservices/college-student-program> or call 212-326-8441.

Residents' Corner – Vanessa Toney Bobb



Child and Adolescent Psychiatry fellow Vanessa Toney Bobb, MD, PhD, used her Substance Abuse and Mental Health Services Administration (SAMHSA) grant to fund a cognitive behavioral therapy (CBT) training program in St. Vincent and the Grenadines, the Caribbean country from which her parents immigrated.

While thoughts of the Caribbean may conjure up idyllic images, the state of mental health care in St. Vincent is anything but. It would not be hyperbole to say it is anemic. As Dr. Bobb learned, “The country has zero child and adolescent psychiatrists. They actually have no psychologists. There are three psychiatrists in the nation.” Mental health professionals there are all too aware of the disadvantage at which this places residents. Dr. Bobb also noted that her aunt had, in years past, suggested the need to shore up mental health services in the country. Did her aunt’s musings have any influence on her decision to bring evidence-based practices to St. Vincent?

“I think it’s very helpful to come from a family that recognizes the importance [of treating psychiatric disorders] and

encourages me to try to ameliorate these conditions,” said Dr. Bobb. After reaching out to the Vincentian community in New York and officials in mental health and school counseling on the island to inquire about service needs, Dr. Bobb became acquainted with Dr. Amrie Morris-Patterson of the Mental Health Centre in St. Vincent.

In February 2010, together with Anne Marie Albano, PhD, ABPP, Director of the Columbia University Clinic for Anxiety and Related Disorders, and Schuyler Henderson, MD, Deputy Director of the Center for Suicide Risk Assessment, Dr. Bobb travelled to St. Vincent where roughly 65 participants, including social workers, nurses, school counselors, physicians, pastoral counselors and mental health clinic staff received training in a one-day workshop on CBT for adolescent depression. Dr. Bobb, who taught the implementation of screening tools to two clinicians prior to the workshop, also provided case consultations.

The enormity of their task was further illuminated when Dr. Bobb and her colleagues learned the staggering rates of depression among high school girls in the Caribbean. A recent study of girls in St. Vincent, St. Kitts and Jamaica concluded that “Roughly half (53%) of the students reported some symptoms of depression with 19.2% reporting moderate and 10.7% reporting severe symptoms of depression.”

“That’s higher than our rate [in the US]. That makes me wonder whether this is a true statistic or whether children in the Caribbean report symptoms more than in the US,” said Dr. Bobb.

The success of the workshop may lead to even more work with the Vincentian mental health community and bridge-building between practitioners there and the American Psychological Association as well as the American Academy of Child and Adolescent Psychiatry. Dr. Bobb speculated that the workshop would evolve into a phase of ongoing supervision and technique supervision by phone.

Dr. Bobb, who obtained her MD and PhD at Brown University, has a stellar academic record and has received numerous awards recognizing her work. While pursuing her medical degree, she received the Student National Medical Association President of the Year Award, and the prestigious National Medical Association Emerging Scholars Award, the highest academic honor presented by the National Medical Association for academic achievement, leadership and potential for contributions to medicine. She won the Peter Henderson Award of the American Association of Directors of Psychiatry Residency Training (AADPRT) for her paper, “High dose olanzapine effectively manages treatment refractory schizophrenia in an adolescent with a history of clozapine induced cardiomyopathy.” She presented her paper at the American Psychiatric Association in May, 2010.

Dr. Bobb’s work in St. Vincent is indicative of her commitment to community outreach and she will continue in this vein when she begins a public psychiatry fellowship in July 2011.

Welcome 2011-12 CHIEF RESIDENTS



Margaret Haglund graduated Phi Beta Kappa from Wesleyan University with a BA in government and a concentration in political theory. She then attended the Mount Sinai School of Medicine as part of its Humanities and Medicine program.



Meredith Kelly received her BA in architecture from Yale University. She graduated Alpha Omega Alpha from Albert Einstein College of Medicine. During medical school Meredith founded the AMWA mentorship program at Einstein and served on the Career Advising Committee, among other activities.



Alison Hermann graduated from The Ohio State University with a BS in Psychobiology. Alison obtained her MD degree from SUNY Health Sciences Center in Brooklyn, graduating with distinction in Neuroscience and earning the APA award for Outstanding Achievement in Psychiatry.



Sonya Martin earned her BA in history from Amherst College and her MD from New York University. She received an MA in social science at the University of Chicago on a full tuition merit scholarship based on research conducted on international adoption at the national orphanage in Kathmandu, Nepal.

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 two participants in a research study about whether adding a drug called memantine to a treatment with naltrexone (a once-a-month injection for heroin and painkiller addiction) makes the treatment more effective and helps prevent relapse, and we hear also from Dr. Adam Bisaga, the principal investigator of this study, formally called "Placebo Controlled Study of Memantine as an Adjunct to Naltrexone in the Treatment of Opioid Dependence"

Two Participants' Stories

Michael and Shadow (not their real names) couldn't be more different; one comes from College Point, Queens and the other Hell's Kitchen, Manhattan. Despite their differences, though, they do share one thing, a past that involved heavy heroin abuse. After using heroin for about 20 years, 40 year-old Michael had not only abused his body, he had damaged his relationship with family members. "They didn't want anything to do with me." At one point, his drug habit consisted of using 35 bags of heroin a day. He had two jobs, making over six figures, but still couldn't pay his bills on time.

In June 2010 Michael started the Naltrexone/Memantine research study at Columbia Psychiatry/NYS Psychiatric Institute. His 6'1" frame was a gaunt 138 pounds. Now, after having successfully completed the study, he's a healthy 190 pounds. "I have my life back," he said. Michael said that at one point he considered undergoing a risky procedure that purported to reset the receptors in the brain, in essence, fooling the body into thinking it had never abused heroin. "I was that desperate," said Michael who had also seen the procedure portrayed on an

episode of Law and Order. Instead, he followed up on a radio ad for Dr. Bisaga's study and although he was somewhat skeptical about naltrexone's ability to help him get clean and sober, he enrolled in the study.

Shadow was also questioning whether joining this research study would work for him. He had abused heroin for 18 years and couldn't venture far from his "medicine" knowing that two or three days without sniffing heroin would mean staggering pain. He said he sometimes used 40 bags of heroin a day. Like Michael he had tried quitting before. Unlike Michael, who had achieved 7 months sobriety at one point, Shadow only made it a day or two before the withdrawal symptoms pushed him to again find solace with heroin. When his girlfriend gave him an ultimatum and when he came to accept that he might some day die addicted to heroin, he decided to get help. Methadone was not for him, he said, and other treatment proved out of reach financially, especially



and inhibiting behaviors associated with relapse.

Naltrexone is a long-acting opiate blocker that was approved for opioid addiction in the fall of 2010. However, it's been available as a long-lasting treatment for alcohol addiction for more than five years. The injection provides a continual stream of naltrexone at a level sufficient to block the effects of heroin or painkillers. Therefore, a user who takes heroin or another opioid drug while in treatment will not experience the usual high and will most often continue in abstinence.

Standard treatment for opioid addiction is methadone, an intervention that requires a life-long commitment and must be taken daily. Unlike methadone, naltrexone use may "facilitate decrease of other drug use." It's also been shown to be "very well-tolerated," added Dr. Bisaga.

Candidates for the Naltrexone/Memantine study

for someone without health insurance. A friend saw an ad for Dr. Bisaga's research study in the Village Voice and soon Shadow was checking himself in for the initial detox phase of the study.

Once they started feeling good and were discharged home, both Michael and Shadow, decided on an experiment of their own; they each, despite warnings by the study staff, took heroin to find out whether the naltrexone would indeed block the effects of the drug. It did.

After each of his numerous other attempts to get better, Michael said "I always had the desire to go back to using, but this [naltrexone] somehow dampens the desire." Now, more than nine months opiate-free, he calls his recovery, "A miracle." Though it's not always easy, he said, "Today I have a life."

Shadow, too, has newfound appreciation for life. Upon completing the study, he felt so much a new man he told the study staff "What you did for me is payment enough," not caring much about the compensation the research provided. He added that "I came from the dark into the light." Days that once upon a time blurred into each other to the point where he lost track of them now stand out clearly.

A Researcher's Perspective

Opioid addiction is growing at an alarming rate, according to reports by the U.S. Department of Health and Human Services. Heroin or prescription painkillers such as Vicodin or Percocet can be dangerous drugs because of their highly-addictive quality and ability to ravage lives.

While treatment for opioid addiction is available, compliance remains a concern. Even with the introduction of new treatments like naltrexone, a long-lasting medication available in injectable form, patients continue to relapse. "Many people are not compliant with treatment because of a lot of side effects that people continue to experience in the first months," said Dr. Adam Bisaga. Even the seeming convenience of a once-monthly injection does not eliminate the risk of relapse.

"Thirty to forty percent of people who can be detoxified and start on naltrexone do not return for the second injection," according to Dr. Bisaga, who is recruiting participants for a study of naltrexone with memantine as an add-on treatment to improve the rate of compliance.

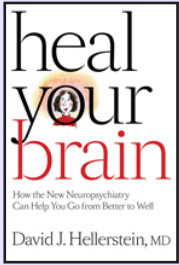
Studies of drugs like memantine, an NMDA receptor antagonist, suggest its effectiveness in easing discomfort associated with withdrawal symptoms

include people for whom methadone is not appealing, who are interested in a more flexible treatment, who live far from a treatment program, who failed prior treatments, as well as those who wish to discontinue methadone maintenance and are at risk for relapse. During the research study, participants get individual one-on-one therapy once weekly and medical check-in with a nurse up to three times per week to track side effects and vital signs. "They get medication, but they also get cognitive behavioral individual therapy to develop skills that they can use in order to avoid situations that may precipitate relapse – how to manage stress, how to manage cravings, how to recognize situations that bring on cravings," said Dr. Bisaga.

An important component of the study relates to the role significant others play in maintaining treatment and avoiding relapse. They are invited to therapy sessions where they not only learn about the importance of treatment, but they help keep participants on track with study requirements.

To learn more about participating in this study, call 212-923-3031

For more information about participating in our research studies, visit our website at www.ColumbiaPsychiatry.org, or call 212-305-6001.



Heal Your Brain: How the New Neuropsychiatry Can Help You Go from Better to Well

Author: David Hellerstein, MD

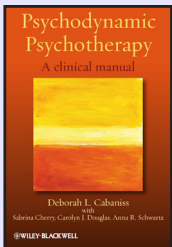
Publisher: Johns Hopkins University Press

March 2011

Over 45 million people in the United States struggle with depression or anxiety disorders. Dr. David J. Hellerstein uses the term New Neuropsychiatry to refer to emerging approaches that integrate neuroscience advances into clinical practice in order to help people with these disorders. Unlike Old Psychiatry, which often focused on early life issues, the New Neuropsychiatry focuses on improving present-day life and on achieving long-term remission of symptoms. Depression and anxiety disorders damage the brain, but treatment can change the patterns of brain activity, brain cell connections, and even the brain's anatomy.

To illustrate, Dr. Hellerstein relates the stories of people as they travel through various phases of New Neuropsychiatry treatment, from evaluation to therapy to remission.

<http://jhupbooks.press.jhu.edu/ecom/MasterServlet/GetItemDetailsHandler?iN=9780801898839&qty=1&source=2&viewMode=3&loggedIN=false&Java-SORRY=y>



Psychodynamic Psychotherapy: A Clinical Manual

Authors: Deborah Cabaniss, MD, Sabrina Cherry, MD, Carolyn Douglas, MD, Anna Schwartz, MD

Publisher: John Wiley and Sons

January 2011

This book offers a practical, step-by-step guide to the technique of psychodynamic psychotherapy, with instruction on listening, reflecting, and intervening. It will systematically take the reader from evaluation to termination using straightforward language and carefully annotated examples. Written by experienced educators and based on a tried and tested syllabus, this book provides clinically relevant and accessible aspects of theories of treatment processes. The workbook style exercises in this book allow readers to practice what they learn in each section and more "actively" learn as they read the book.

The Center for Eating Disorders at Columbia Psychiatry is proud to sponsor

Body of Work

The Art of Eating Disorder Recovery



Judith Shaw

Exhibition on view: March 16 – April 6, 2011

Hours: 9am - 5pm, open to public, photo ID required

Location: Columbia University Medical Center, 1st Floor Atrium, 1051 Riverside Drive, New York NY

Opening Reception

Wednesday, March 16, 2011 / 3:00 - 4:30 PM

Presentation and Discussion on Eating Disorders and Recovery

Artist Judith Shaw and Dr. Evelyn Attia, Director of the Eating Disorders Center

1st Floor Auditorium, 1051 Riverside Drive, New York NY

Wednesday, March 16, 2011 / 4:30 - 5:30 PM

Body of Work is a sculptural diary of life with an eating disorder. Assemblage-style forms relate complex issues underlying anorexia and the challenges of recovery.

Contact: Judith@judithshaw.com

The Center for Eating Disorders brings together unprecedented clinical, research and educational expertise and resources to provide comprehensive and compassionate treatment for recovery and lifelong health.

For more information call **212-543-5739**

or visit us on the web at

www.columbiacenterforeatingdisorders.org

The Center for Eating Disorders was established by the Departments of Psychiatry at Columbia University and Weill Cornell Medical College, New York State Psychiatric Institute and New York-Presbyterian Hospital.

This exhibit was made possible in part by the generous support of Stewart Rahr