

Center for Research on Ethical, Legal and Social Implications of Psychiatric, Neurologic and Behavioral Genetics Opens at Columbia

The Center for Research on the Ethical, Legal and Social Implications of Psychiatric, Neurologic and Behavioral Genetics at Columbia University Medical Center, recently awarded a five-year grant from the National Human Genome Research Institute, unveils its mission this January with the launch of a new website. The center, based in the Department of Psychiatry, brings together clinicians and researchers from across the medical center, along with colleagues from the Hastings Center, a nonpartisan, nonprofit research institute that addresses fundamental ethical questions in health, medicine, and the environment.



As understanding of the genetic contributions to psychiatric, neurologic, and behavioral (PNB) traits

and disorders advances, the knowledge is being quickly translated into clinical practice. The nature of PNB genetic information, however, raises complex questions about the impact the data will—and should—have in both clinical and non-clinical settings. PNB genetic data speak to many of the characteristics closest to individual identity, as well as to many of humankind's most feared afflictions. Because of the stigma associated with many PNB disorders, this genetic information may negatively affect how people view themselves and how others view them. It is critical that we examine the impact of PNB genetic information on patients, health-care professionals, and public policy.

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New Therapeutic Model Keeping Patients On Track to Recovery

In health care, early detection and intervention may make the difference between an illness that robs an individual of his or her quality of life and independence and one in which a path to disability is sufficiently stalled and recovery is possible. For individuals diagnosed with schizophrenia, the disease is usually lifelong, frequently disabling, shortens lifespan an average of 20 years and carries a mortality rate up to three times that of the general population.

In a recent *JAMA* article, Department Chairman Jeffrey Lieberman, MD, and Lisa Dixon, MD, MPH, along with their co-author Howard Goldman, MD, PhD, of the University of Maryland School of Medicine make a strong argument for a new therapeutic model designed to address the needs of people in the early stages of psychosis. The authors write: "Patients with first-episode schizophrenia have been found to benefit from psychosocial treatments including cognitive behavioral therapy, social skills training, family support, and supported employment and education services, which increase rates of work and school participation and social functioning."

OnTrackNY aims to put what we already know about early intervention into practice. An outgrowth



of the Recovery After an Initial Schizophrenia Episode or RAISE research project, OnTrackNY is a clinical program in the Center for Practice Innovations (CPI) comprised of a team of providers passionate about working with individuals and families to design individualized care to help patients achieve their personal and professional aims.

"The goal of this program reaches far beyond helping individuals maintain their symptoms and helping them stay out of the hospital; at the heart of our recovery-oriented approach is to help individuals get closer to their optimal level of functioning: for many, this may involve remaining in or returning to work or school, in addition to learning how to build and maintain interpersonal relationships," said Sapna Mendon, LMSW, OnTrackNY's Director of Program Evaluation.

One of the program's most ardent supporters is the Office of Mental Health (OMH), which asked Dr. Dixon, once the lead investigator of the Maryland RAISE site and now the Principal Investigator of the overall project, to lead the state-wide program. The New York State Psychiatric Institute (NYSPI) is operation central, leading training of key personnel

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Investing in Medical Research for the Future of Our Health and Economy Should Be a No-Brainer

Not long ago, a promising young doctor came to me in tears, alarmed

about the future of his research career. He was conducting a potentially landmark study on early diagnosis and treatment to prevent schizophrenia, but due to sustained cuts in funding from the National Institutes of Health (NIH), he was scrambling to obtain grant support. Sitting across from me, he confided that he was unable to cope with the stress of conducting his research by day and moonlighting in ERs on evenings and weekends to support his family, not to mention the constant struggle to get grants. Finally, he revealed that he was abandoning his research to take a job with an international pharmaceutical company.

Our nation is facing an apocalyptic crisis in financing health care, and as a society, we've made irresponsible, irrational budgetary choices when it comes to biomedical research. As a consequence, we're inflicting damage on our biomedical research enterprise that will take years if not decades to repair.

Our major source of research funding, the NIH and National Science Foundation (NSF), have been held hostage in the political budget battles of Congress and the Obama administration. Since 2003 NIH has seen less than inflationary increases in its budget and reductions in the number of grants it is able to fund. Compounding that trend were the sequester cuts that went into effect in March 2013. NIH cut 5 percent of its budget (\$1.6 billion) across all activities, resulting in significant reductions in the number of grants and the budgets of ongoing research projects. NIH Director Francis Collins commented that this was "the darkest year ever" for medical research funding. The \$1.1-trillion spending plan that President Obama signed last week to finance the government through September sets the NIH budget at \$29.9 billion. And while this

represents a slight increase over the post-sequester NIH budget, it is down \$714 million from the level approved by Congress for 2013, and from the \$30.9 billion provided in 2012.

The harm is not limited to the public sector. Between 2007 and 2012 U.S. industry investment in biomedical research has declined by nearly \$13 billion (9 percent) at the same time that Japan's investment in this sector has risen by more than 30 percent and China's has soared by more than 300 percent.

Investment in biomedical research is vital not only for improving health and quality of life but for its contribution to jobs, a stronger economy, and international competitiveness. Shortsighted decisions lead to greater expense, as well as lost potential for health improvements, reduced health care costs, and a stronger economy in the long run. Consider the significant contributions of research advances over the past century: the increase in life span and the associated productivity and savings in the cost of health care. During the past 40 years, mortality rates for childhood cancers have dropped by 66 percent as a result of early detection and treatment. Between 1968 and 2006 the death rates from heart disease decreased by 65 percent, and the death rates from stroke by 73 percent. Since the introduction of HAART medication combinations in the mid 1990s, AIDS-related death rates in the U.S. have dropped by 79 percent.

While there are always fluctuations in the economy and federal budgets, research requires long-term commitment and consistency to be effective. When we erode the research base that has been built up over the past several decades, we do more than just cause a temporary hiatus. Major research efforts can't be started and stopped in short order; it takes a long time to establish the facilities, infrastructure, and highly trained staff. It may take years, maybe

even decades, for basic and clinical research to recover from the current cuts and divestment. If unable to secure funding for a next step in research, researchers like my colleague must abandon promising areas of investigation after significant investment of time and resources.

This is especially the case with brain research, which provides the scientific underpinnings for mental health care. Mental health has been in the spotlight lately due to violent incidents involving persons with untreated mental illness. Since the gap in our knowledge of mental illnesses is greater than in other diseases, the need for consistent and stable funding is more urgent. And if we think about the investments we are making in cures and improved treatments relative to the economic costs of mental illness including substance use disorders, the investment is very small. The cost of treating mental disorders in the U.S. is \$90 billion a year, while the total annual NIMH budget (the NIH institute that funds the majority of research on mental illness) is \$1.1 billion.

This makes no sense. It is what Jennifer Zeitzer of the Federation of American Societies for Experimental Biology called "budgetary insanity." When we fail to prioritize and protect critical national resources like our biomedical research enterprise, we jeopardize our nation's well-being and future.

Some of our most talented young researchers are leaving the U.S. for better opportunities in Europe and Asia, while others like my young colleague abandon promising careers and areas of investigation. NIH Director Collins remarked that we will never know what lifesaving discoveries scientists forced to abandon their research may have made. Let's hope that it is not too late to reverse this trend.

A version of this article first appeared in the Huffington Post on 1/24/14 (http://www.huffingtonpost.com/jeffrey-a-lieberman-md/investing-in-medical-rese_1_b_4658321.html).

Columbia Psychiatry and NYSPI Remain #1 in Funding from the National Institutes of Health

In 2013 Columbia Psychiatry again ranked #1 in the nation in NIH funding, with \$69.8 million from combined grants received by our faculty through the Research Foundation of Mental Hygiene and Columbia University Department of Psychiatry. This clearly reflects our faculty's extraordinary ability and productivity, and the progress that we continue to make despite a persistently challenging financial environment.

This is the seventh year in a row that we have ranked first, an achievement made even more notable by the \$12.6 million gap between first and second rank. In second place is Yale University with \$57.2 million, third place is the University of Pittsburgh with \$51.6 million, and UC San Diego remains in fourth place with \$44.3 million.

These grants result from the dedication and hard work of Columbia Psychiatry and NYSPI's talented faculty as well as from the numerous services and staff which contribute to and support this research enterprise and enable it to function so successfully. Although each grant award has a single principal investigator, it is truly a team effort that has led to the achievement of this remarkable milestone.



The **Global Mental Health Program** at Columbia (GMHP) was awarded the President's Global Innovation Fund grant (PGIF) for their collaborative work with the World Health Organization (WHO). Support from the PGIF, and Columbia Global Centers, will allow the GMHP to provide scientific leadership to a historic WHO initiative to develop the newest version of the International Classification of Diseases (ICD-11). The ICD is the classification system used by all 194 WHO member countries to describe, treat, and report all health data. The GMHP is part of the international, scientific leadership team that is responsible for developing the diagnostic guidelines for mental and behavioral disorders for the ICD-11. With PGIF and Global Center support, GMHP will host an international symposium in Amman, Jordan that will bring together the ICD-11 Scientific Leadership team for mental and behavioral disorders. This symposium will be essential to advancing the ICD-11 research agenda, drawing attention to global and local mental health priorities and building research and clinical capacity. This global mental health research collaboration has established a clinical practice network that includes 10,000 professionals from over 110 countries representing diverse disciplinary backgrounds. The development of a research network of this magnitude is unprecedented, and promises to transform research and clinical practice for global mental health.

With ongoing support the GMHP will continue to provide leadership and contribute to this

global mental health initiative by working with the Global Centers in Chile, Brasil, India and China. The GMHP also aims to engage Columbia University students through their GMH Scholars program which will provide international training opportunities for students committed to advancing the global mental health agenda.

To learn more about the GMHP, or to contribute to one of our initiatives, please visit ColumbiaGMHP.org or contact Dr. Kathleen Pike at kmp2@columbia.edu.



Lirio Covey, PhD, (Clinical Therapeutics) received an award from the Filipina Women's Network based in Washington, D.C. as one of the 100 Most Influential Filipina Women in the

World. The awardees were officially recognized at a Gala Awards Ceremony and Celebration at the 10th Filipina Leadership Summit held on October 26, 2013 in San Francisco.

Dr. Covey was honored for her work with Dr. Alexander Glassman, her colleague at Columbia Psychiatry's Smoking Cessation Clinic. Their research showed, for the first time, the association between major depression, depressive mood, and smoking. This finding spurred further research among nicotine and tobacco investigators worldwide on the associations between tobacco addiction and psychiatric illness, and on the development of behavioral and pharmacological treatments for hard-to-treat smokers.

Roberto Lewis-Fernandez, MD, (Cultural Competence, Anxiety Disorders) is the recipient of the 2014 Simon Bolivar Award. This award honors a prominent advocate for Hispanics and through the associated award lecture, sensitizes APA



membership to the mental health problems and goals of Hispanics. It will be presented on May 6 at the APA's annual meeting.

Maria Oquendo, MD,

(Residency Education), was elected the new President-Elect of the International Academy of Suicide Research, the leading research organization for experts studying suicide. Dr. Oquendo's research focuses on the diagnosis, pharmacologic treatment and neurobiology of Bipolar Disorder and major depression, with a special focus on suicidal behavior as well as cross-cultural psychiatry.



Margaret Spinelli, MD, (Women's Program in Psychiatry) has been chosen as the recipient of the 2014 Alexandra Symonds Award. The award recognizes a woman psychiatrist who has made

significant contributions to promoting women's health and the advancement of women. It will be presented on May 7 at the American Psychiatric Association's annual meeting.



In August, 2013, **Naja Bomasi** assumed the role of Director of Institution Human Resource Management for the NYSPI State Personnel Office. Ms. Bomasi is a graduate of SUNY at Plattsburgh and received her MBA from the College of Saint Rose. She has many years of HR experience within the State of NY

and most recently was Director of Institution Human Resource Management at Bronx Psychiatric Center. In her new role here at NYSPI, Ms. Bomasi will be responsible for leading and overseeing all aspects of HR functions.



In December 2013, **Marshall Irvin** joined NYSPI as the new Director of Staff Development and Training. He has 12 years of experience working with community mental health agencies and was most recently the Director of Staff Development & Training at the Bronx Psychiatric Center.

Mr. Irvin received a Master's degree in Social Work Administration with a concentration in "Organizational Management and Leadership" from the Hunter College School of Social Work.

As Director Mr. Irvin will work with management to provide staff with an orientation program, on-the-job training and other developmental activities that are necessary for the acquisition and maintenance of core skills and competencies required for their jobs. He will ensure that all NYSPI staff receives training that meets state and federal requirements. In addition, Mr. Irvin will assume the role as the Institute Language Access Coordinator and will work with RFMH to manage the Educational Leave Program. He comes at a critical time when the Institute staff is getting inundated with multiple training requirements and we look forward to having him shepherd us through this process.



Christine McManus, BS, RN also joined Staff Development and Training in December and will work with Mr. Irvin as a nurse educator to develop training and a mentoring program for our Nursing and MHTA staff. Ms. McManus has been working closely with the Department for some time providing critical skills training courses and this new role will expand her educational responsibilities.

She received a BSN from New York University and is currently enrolled in a Master's of Nursing Program for Education at The College of Mount Saint Vincent. Ms. McManus will continue as Infection Control Nurse and will split her responsibilities between Infection Control and Training.



In January 2014, **Moira Rynn, MD**, was formally appointed Chief of the Division of Child and Adolescent Psychiatry. Dr. Rynn has served as Interim Chief since May 2012, and has proven herself to be a talented and effective leader by promoting excellence, collaboration, and productivity within and across the scientific, educational and clinical

activities of the Division. During this brief tenure, she inspired confidence in divisional leadership and earned the respect of division staff, trainees, and faculty.

Dr. Rynn first joined the Division of Child and Adolescent Psychiatry in 2006, and soon after she was appointed Deputy Director for Research in the Division of Child and Adolescent Psychiatry. Dr. Rynn's own research has contributed to the treatment of pediatric anxiety and mood disorders. Her current program focuses on efforts to improve treatments for children and adolescents with treatment refractory mood and anxiety disorders examining the efficacy and safety of experimental pharmacologic agents as well as combination treatments with medication and psychotherapy. More recently, her collaborative research has included novel treatment services for adolescent depression in the primary care setting as well as augmentation strategies for pediatric OCD. Her research has been funded by the National Institute of Mental Health and the National Institute of Child and Health Development.

A graduate of Goucher College, Moira received her medical degree from the University of Medicine and Dentistry of New Jersey. She completed her internship and residency in psychiatry at the University of Pennsylvania Perelman School of Medicine, a Child and Adolescent Psychiatry Fellowship at the Children's Hospital of Philadelphia, Child Guidance Center, and a Neuropsychopharmacology Research Fellowship sponsored by the NIMH at the University of Pennsylvania School of Medicine. Prior to moving to Columbia and NYSPI, Dr. Rynn served as the Medical Director of the Mood and Anxiety Disorders Section of the Department of Psychiatry at the University of Pennsylvania School of Medicine.

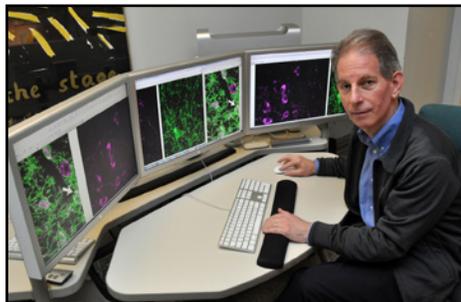
Researchers Uncover New Actions of Dopamine Neurons in the Striatum that Play a Key Role in Schizophrenia and Addiction

The striatum is the region of the brain involved in problem-solving and decision-making. It plays a key role in reward and feelings of pleasure. In addition to associations with addiction and schizophrenia, disruptions in the striatum are linked to the development of neurological disorders such as Parkinson's and Huntington's diseases. New information regarding synaptic activity in the striatum could potentially help researchers develop more targeted treatments for these devastating illnesses.

In a study published in the February issue of the journal *Neuron*, Nao Chuhma, MD, PhD; Susana Mingote, PhD; Holly Moore, PhD; and Stephen Rayport, PhD demonstrated important new actions of dopamine neurons. In addition to their role in influencing the activity of other neurotransmitters, dopamine neurons were found to transmit fast signals using either dopamine or glutamate transmitters to key neurons in the striatum. These actions were revealed using the optogenetics, a new technique that uses light to selectively activate synapses in the mouse brain.

Medication treatments for psychiatric disorders are developed based on research that has shown *how* neurons communicate. What this new work shows is *what* is being communicated. "The ability to monitor

the synaptic actions of dopamine neurons offers new windows into interpreting brain-imaging findings in schizophrenia and addiction that are likely to advance understanding of these disorders," said Dr. Rayport,



professor of neurobiology in psychiatry at CUMC and a research psychiatrist in molecular therapeutics at NYSPI.

Dr. Rayport's team has found that dopamine neurons make fast, direct connections to the cholinergic interneurons. "In the ventral striatum, dopamine neurons release glutamate to excite cholinergic interneurons. This excitation appears to be crucially involved in the response to drugs of abuse, such as

amphetamine and cocaine, as mice lacking dopamine neuron glutamate connections respond less to the drugs."

"It has been established that altered dopamine neuron activity plays a key role in schizophrenia and addiction, but the connections of the neurons have been challenging to decipher," said Dr. Rayport. "These new findings provide a deeper understanding of these crucial neuronal interactions and open up exciting new areas of investigation."

This work was supported by NIH grants P50 MH086404 (Rayport and Moore) and R01 DA017978 (Rayport) and a NARSAD Young Investigator Grant from the Brain & Behavior Research Foundation (Mingote). The authors have no conflicts of interest to declare.

NewGrants

Anissa Abi-Dargham, MD (Translational Imaging), received \$454,859 over two years from the National Institute of Mental Health for "Probing dopamine D2 receptor trafficking in schizophrenia."

Suzette Evans, PhD (Substance Abuse Division), received \$1,481,376 over three years from the National Institute on Drug Abuse for "Stress-Induced Marijuana Self-Administration: Role of Sex and Oxytocin."

Jay Gingrich, MD, PhD (Sackler Institute for Developmental Psychobiology), received \$439,450 over two years from the National Institute of Mental Health for "Serotonergic Modulation of Claustr-Cortical Circuits."

Rene Hen, PhD, (Integrative Neuroscience), received \$1,616,452 over five years from the National Institute on Aging for "Hippocampal neurogenesis, pattern separation & age-related cognitive impairments."

Daniel Javitt, MD, PhD (Experimental Therapeutics), received \$515,221 from the National Institute of Mental Health for "tDCS Augmentation of Cognitive Remediation in Schizophrenia." The grant covers two years.

Denise Kandel, PhD (Epidemiology of Substance Abuse), received a two-year grant in the amount of \$216,000 from the American Legacy Foundation. The grant will support her study, "Influences of Parental Smoking on Adolescent Smoking in the US Population."

Frances Levin, MD (Substance Abuse Division), received an R01 from the National Institute on Drug Abuse for her study "A Sequenced Behavioral and Medication Intervention for Cocaine Dependence." The five-year grant totals \$3,498,950.

Jonathan Posner, MD (Child Psychiatry), received \$2,103,381 over five years from the National Institute of Mental Health for "Imaging Stimulant Effects on Emotional Lability in Children with ADHD."

Judith Rabkin, PhD, MPH (Clinical Therapeutics) received \$25,000 from Broadway Cares/Equity Fights AIDS to support her study, "ACT UP in Retrospect: Impact of AIDS Activism on Subsequent Life Trajectories." Dr. Rabkin also received an amfAR grant in the amount of \$50,000 for one year for the same project.

Bret Rutherford, MD (Clinical Therapeutics) received an R01 from the National Institute of Mental Health totaling \$2,023,810 over five years. The award will support his study, "Mechanisms of Antidepressant Non-Response in Late-Life Depression."

Claudia Schmauss, MD (Molecular Therapeutics), received \$440,000 covering a two-year period from the National Institute of Mental Health for her study, "Epigenetic modulation of antidepressant efficacy."

Mark Silfstein, PhD (Translational Imaging), received \$557,445 over two years from CHDI Foundation, Inc, for "Development and validation of an in vivo paradigm to image glutamate transmission."

Brain & Behavior Research Foundation Grants total \$60,000. The 2013 NARSAD Young Investigator Grant awardees are:

- **Anne Teissier, PhD** (Neuropsychobiology)
- **Bin Xu, PhD** (Psychiatric and Medical Genetics)

RECEPTION TO SUPPORT BRAIN TRAUMA AND STRESS DISORDER RESEARCH



Dr. Yuval Neria, Dr. Andrew Marks, Giuseppe Bruno, Dr. Jeffrey A. Lieberman, Dr. Rene Hen

On November 10, 2013, the celebrated Italian restaurant Sistina in New York's Upper East Side hosted a cocktail reception to support brain trauma and stress disorder research at Columbia Psychiatry. Sistina owner Giuseppe Bruno generously offered to host the event in the hopes that it would raise greater awareness. Mr. Bruno previously hosted a fundraising dinner to benefit this program in October 2012, and the recent reception provided an opportunity for the Columbia doctors to update their supporters on the progress of their research.



Angela Spencer, Vajihe Soleymani, Patricia Ramonas, Patsy Kahn, Gavin Spencer



John Yarosz, Jane Rice, Rosemarie Lieberman, Marianne Mebane



Ryan Weemer, Dr. Jeffrey A. Lieberman, Matt Colvin



Dr. Jeffrey A. Lieberman, Lori Rosenfeld



James Capozzi, Bill Ramonas



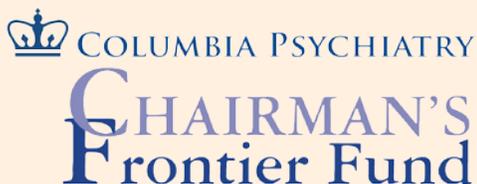
Dr. Andrew Marks



Rosemarie Lieberman, Margaret Furniss, Aspasia Zoumas



Rosemarie Lieberman, Lyanne Saperstein, Michael Saperstein



The **Chairman's 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 Chairman's Frontier Fund helps support new initiatives, as well as ongoing projects that have a direct impact on the quality of the education, research, and services Columbia Psychiatry can provide.

Columbia Psychiatry is proud to be an international leader in the field of psychiatric medicine, and gifts to the Chairman's 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 Chairman's Frontier Fund or to make a gift, please contact Dawn de León, Senior Director of Development, at (212) 304-6670 or djd2152@columbia.edu.

Thank you for your support of Columbia Psychiatry!

SAVE THE DATE

MONDAY, MAY 12, 2014

 GRAY MATTERS AT COLUMBIA
SPRING BENEFIT LUNCHEON



SUPPORTING SCIENTISTS
AS THEY UNRAVEL
THE MYSTERIES
OF THE BRAIN

11:00 a.m. Cocktail Reception
12:00 – 2:00 p.m. Luncheon and Program

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

INVITATION TO FOLLOW

For more information, please contact Dawn de León
at 212-304-6670 or djd2152@columbia.edu
www.ColumbiaPsychiatry.org

GRAY MATTERS AT COLUMBIA NEW FELLOWS RECEPTION



Drs. Holly Moore, Sidney Hankerson, Jeffrey A. Lieberman, Rachel Marsh, Amir Levine

On October 15, 2013, Columbia Psychiatry board member Patsy Kahn hosted the 2013 Gray Matters at Columbia Fellowship Awards Reception at her beautiful home. Members of the GMAC community gathered to celebrate the new fellows (Dr. Sidney Hankerson, Dr. Amir Levine, Dr. Rachel Marsh, and Dr. Holly Moore) and provide support for these outstanding scientists dedicated to searching for the causes and cures of brain disorders.



*Dr. Jeffrey A. Lieberman,
Patricia Ramonas, Bill Ramonas*



Monica Sagner, Teresa Melhado



Jennifer Yeh, Jaclyn Tortora



Vajihe Soleymani, Farah Moinian



Patsy Kahn, Dr. Jerry Finkel



Laura Lemle, Jennifer Weis Monsky



Dr. Amir Levine



*Joe Jensen, Claudia McNulty-Jensen,
Aspasia Zoumas, Dr. Jeffrey A. Lieberman*



Ted Kamoutsis, Dr. Anne Marie Albano, Jeremy Lieberman, Dr. Moira Rynn, Dana Buchman



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To find out about participating in a research study or for more information about any of our clinical programs, please call our referral line at 212-305-6001 or visit us on the web at ColumbiaPsychiatry.org.

Are you a Columbia Department of Psychiatry alumni? 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

William Offenkrantz, MD, class of 1951, wrote: "My Mother was in labor on Labor Day 89 years ago. I am reaping the benefits of my wisdom in my choice of parents by outliving my expiration date." He is living and practicing psychoanalysis and other forms of psychotherapy in Scottsdale, Arizona. "I enjoy my "work" and my 4-day weekends. As you all know, this is reputed to be one way to keep Dr. ALZ from the door. We'll see."

Seymour Jacobson, MD, wrote: "I don't recall my date of completion of my residency at PI. I did start in 1954 and, as I recall, most of my fellow residents had been in practice of various medical specialties or subspecialties. At this time, I've been out of activity in the field but still like to know what's going on with those of my group who survive. I recall my first assignment at PI was giving ECT and insulin coma. When people ask what my work was, I often give them a jolt by saying 'shock treatment.'"

1980s

Catharine Buttinger Fedeli, MD, PhD completed residency in 1988 and her fellowship in 1990. She manages a private practice full time. She got re-married on September 11, 2012. "In addition to my 25 year old daughter Emma and 18 year old son Alberto, I have now a 19 year old step-daughter Isabella."

2000s

Class of 2011 graduate **Tresha Gibbs, MD**, is attending psychiatrist at the Bellevue Hospital Children's CPEP. On April 17, 2013 she had a baby boy, Justin Alexander Gibbs who weighed 8lb 12oz.

In June 2013, **Aaron Krasner, MD**, (Class of 2013 – Child; 2011 – Adult) was appointed Adolescent Transitional Living Program Chief at Silver Hill hospital in New Canaan, Connecticut. He writes: "It is a unique leadership opportunity that will allow me to use my eclectic work and academic history to help vulnerable adolescents with a variety of psychiatric impairments. The treatment model will be a hybrid of Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and medication management."

In addition to his new role, Dr. Krasner shared news of his daughter Clarissa's birth. Finally, his AACAP Pilot Research Award was recommended for commendation.

Drew Ramsey, MD, (Class of 2004) has been quite busy promoting eating for brain health. In addition to contributing his expertise on psychiatry-related topics in numerous media interviews, he was featured in New York Magazine for his promotion of kale as brain food. On the heels of his latest book *50 Shades of Kale* Dr. Ramsey has helped launch National Kale Day, an annual event celebrated on October 2.

New Therapeutic Model Keeping Patients On Track to Recovery

(continued from cover)



at three additional locations, all selected by OMH and community mental health leaders: Kings County in Brooklyn, MHA of Westchester and the Zucker-Hillside hospital at North Shore Long Island Jewish.

"OMH leadership believes this is really part of being a progressive recovery-oriented system," said Dr. Dixon. "Eventually, the idea is to train and provide technical assistance so all individuals in the state have access to effective and engaging early intervention services." She added: "We want to be a resource for the state and a leader in the state."

The RAISE Connection program, now nearing completion at NYSPI's Washington Heights Community Service, received NIMH funding to develop and implement a program for patients with schizophrenia and schizoaffective disorder with onset illness within two years. Multiple studies worldwide have found that a delay of about two years marked the length of time between the appearance of psychotic symptoms and the initiation of treatment (Marshall et al; 2005).

Its focus was to measure the impact of the program over two years as well as to learn about the challenges of implementing the intervention in a real-world setting. In addition to collecting quantitative data, researchers obtained qualitative data through Interviews with family members, participants and clinicians. Preliminary information suggests that the RAISE Connection program had very high rates of engagement and significantly improved rates of school and work participation while increasing rates of remission.

One important feature of RAISE that will be carried over to OnTrackNY is face-to-face meetings with patients prior to discharge from inpatient programs. Making the effort to facilitate a transition that can be daunting for patients goes a long way towards establishing trust and building rapport. This early connection is a unique aspect of the clinical program that will hopefully be adapted by programs throughout the state.

OnTrackNY launched in June 2013 and has been transitioning remaining RAISE Connection Program participants into the clinical intervention. Outreach is multimodal said Ms. Mendon, who is leading the recruitment effort as well as overseeing training.

"If we can reach people even before their first hospitalization – great! That would be amazing and would be our ultimate goal," said Ms. Mendon who added that the program is casting a wide net that goes beyond ERs and inpatient programs. Outreach efforts have been directed at providers, family members, advocacy groups like NAMI, local precincts and the Department of Justice. The Center of Prevention & Evaluation or COPE in Columbia's Department of Psychiatry was also a great resource during the RAISE study. The OnTrackNY team will continue to be available for those individuals from the COPE clinic who have developed psychosis.

Working with colleges and the Department of Education is also a priority in helping to identify a pool of young people ages 16-30, for whom OnTrackNY is designed: "If you think about our age range – if you think about high school students and people in college, teachers and counselors are around them throughout the majority of the day," said Ms. Mendon. And added, "Providing education about early warning

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Residents' Corner: Sean Luo, PGY 4



While his academic career started out in the hard sciences, 4th year resident Sean Luo, MD, PhD explained recently that his interest in issues with a larger “social impact” and “problems at the intersection of

neuroscience and social science,” particularly substance abuse, may lead him in yet another direction: studying social neuroscience, a new field devoted to understanding the interactions between brain, biology and society. Nearing the end of his residency and contemplating what to do next led to conversations with his father, who is an economist. Those exchanges prompted the thought of following through on joining the ranks of researchers in substance abuse research. It would be one avenue to pursuing a trajectory that is, for him, both intellectually stimulating and socially responsible.

Between undergrad at the University of Chicago and his residency, Dr. Luo earned his PhD at Columbia in computational neuroscience and acquired some skills in artificial intelligence and machine learning, with two prominent basic science researchers, Dr. Larry Abbott and Nobel Prize winner Dr. Richard Axel, collaborating with a team of researchers from a number of other academic institutions. The group’s focus was the olfactory system in the fruit fly and “teasing out basic computational principles in understanding how the fly can learn new behaviors as well as having specific,

and accurate discriminative power to olfactory stimuli.” Dr. Luo further explained: “We were using tools from computer science, specifically artificial intelligence and a branch of artificial intelligence called machine learning, which is essentially algorithms you design that encapsulate certain aspects of natural biological learning.”

That work – which was at the confluence of computer science, neuroscience and statistics – together with his growing interest in extrapolating information from large data sets led him to psychiatry. One of the enigmatic things about treatment of psychiatric disorders is the capacity for some individuals to benefit from a medication while others don’t. “The variables upon which the answer depends are huge,” said Dr. Luo. “Just like the rest of medicine, psychiatry has moved into an area where large datasets are becoming more available and more common.” Studies like Dr. Lieberman’s CATIE trial, which compared the effects of second and first-generation antipsychotics, are rivaled in size by multi-site substance abuse research studies done under the auspices of the NIDA Clinical Trials Network. The richness of the data collected in these studies now includes genetic samples. Therefore, said Dr. Luo, “it’s starting to be very exciting to dig into the dataset and to construct algorithms that can be very useful clinically.”

And, in terms of substance abuse research, specifically marijuana and the question of who may be at risk or benefit from its use, Dr. Luo said “We don’t know because we don’t have sophisticated enough algorithm to figure out

for whom it’s good. Just like a lot of other questions in psychiatry, this is one of those issues that can be addressed by looking at large datasets.”

When he weighed his options for residency, Dr. Luo found Columbia’s training program outranked its competitors in terms of the wide spectrum of research possibilities from basic to clinical research. During the rigorous interview process for the research track, he met Dr. Frances Levin, one of two mentors he has in the substance abuse division. That mentorship relationship with Dr. Levin and her colleague Dr. Ned Nunes has proved to be mutually beneficial. Dr. Levin had this to say: “Sean has a remarkable way of using his intellect, creativity, and training in theoretical neuroscience to address unresolved clinical questions in addiction psychiatry. We are delighted that he has chosen to pursue a clinical research career and accepted a position in our substance abuse fellowship.” Dr. Nunes noted: “Sean has put his finger on a really important problem, namely how to pick the right treatment for the right patient. We’re not very good at this in psychiatry. We have treatments that work great for some patients, but not others. The good news is that we have made a lot of progress in developing effective treatments for the addictions, behavioral and pharmacological. But, to match the right treatment with the right patient is still often trial and error. Sean has a set of tools from his basic work in neuroscience that he is going to apply to this key clinical problem in a translational way. It’s very exciting, and we look forward to seeing how it develops in the years ahead.”

New Therapeutic Model Keeping Patients On Track to Recovery

(continued from page 8)

signs and reaching out to this community may potentially help us identify individuals in need of services, and will help our teams connect with them before reaching the point of hospitalization.”

Capacity for OnTrackNY is projected to be 30 patients at a time, who will have access to a cadre of mental health professionals over a two-year period. In addition to a psychiatrist and nurse, people enrolled in the program will also have a primary clinician, and access to services from

the team’s supported education and employment specialist as well as a recovery coach, who focuses on social skills building and addresses substance abuse issues.

To provide a referral to OnTrackNY, contact Lionel Winninger at wininge@nyspi.columbia.edu. For further information about the program, or to inquire about available training opportunities and technical assistance, contact Liza Watkins at ontrackny@nyspi.columbia.edu or 212-740-7784.

Study Examines Delivery of Outpatient Mental Health Treatment

Visits to physicians that resulted in a mental health diagnosis increased at a faster rate for young people than adults in a study by Mark Olfson, MD, MPH, of Columbia University Medical Center/New York State Psychiatric Institute and colleagues, examining the outpatient delivery of mental health treatment. The study was published in the January issue of *JAMA Psychiatry*.

The use of psychotropic medications to manage mental health diagnoses is increasing but little is known about changes in the delivery of mental health treatment, according to the study.

Researchers gathered data on outpatient visits to physicians in office-based practices

in 1995-2010 from the National Ambulatory Medical Care Surveys (N=446,542).

Between 1995-1998 and 2007-2010, visits resulting in mental disorder diagnoses per 100 population increased faster for youths (< 21 years) than for adults. Visits to psychiatrists also increased faster for youths than for adults. Non-psychiatrist physicians making mental health diagnoses included pediatricians, general practitioners, internists and other specialists. In the study, psychotropic medication visits increased at comparable rates for youths and adults.

“Over the last several years, there has been an expansion in mental health care to children and adolescents in office-based medical practice.

This growth, which coincided with an increase in the number of prescriptions of psychotropic medications, offers new clinical opportunities to relieve the psychological distress associated with the common childhood and adolescent psychiatric disorders,” the study concludes. “Yet, it also poses risks related to adverse medication effects, delivery of non-evidence-based care, and poorly coordinated services.”

Funding for this research study was provided by a grant from the Agency for Healthcare Research and Quality (U18 HS021112, Dr. Olfson), grants from the National Institute on Drug Abuse (DA023200, DA019606, DA023973, Dr. Blanco) and the National Institute of Mental Health (MH076051, Dr. Blanco).

Work of HIV Center Investigators Highlighted

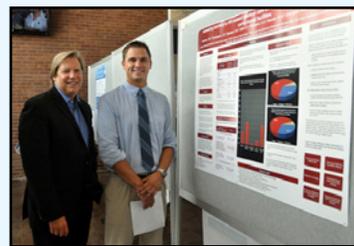
Focused on topics ranging from new challenges in HIV testing and treatment to interventions with incarcerated youths, heterosexual Latino men, South African college students, and transgender youth, more than two dozen posters co-authored by HIV Center investigators were displayed in NYSPI's Kolb Annex lobby.

The display, held on September 12, 2013, included several posters which were originally presented at the XIX International AIDS Conference in Washington, D.C. during July 2012. The event was sponsored by the Development Core of the HIV Center, which is based in the Columbia Psychiatry Division of Gender, Sexuality, and Health.



Mary McKay, Ph.D., (at left) and Claude Ann Mellins, Ph.D. presented their work from “The VUKA Family Project: A family-based mental health and HIV prevention program for perinatally HIV-infected youth.” The paper focuses

on an intervention for families in which children were born with HIV infection and are now reaching late childhood and adolescence. Dr. Mellins is Co-Director of the HIV Center and of its Development Core; Dr. McKay is Director of the Public Health Practice and Policy Core.



Robert Remien, Ph.D., (at left) and James Tesoriero, Ph.D., co-presented a poster on “Assessing barriers to HIV-related medical care among persons incarcerated in NYS prisons.” Dr. Remien is Director of the HIV Center and of its

Administrative Core; Dr. Tesoriero is Director of the Division of HIV/STD/HCV Prevention Services with the NYS AIDS Institute and a member of the HIV Center's Statistics, Epidemiology, and Data Management Core. This project reflects one of several collaborations between Center investigators and the NYS and NYC health departments.

Researchers Find Smoking Cessation Drug Varenicline Does Not Increase Suicide Risk

An analysis of 17 placebo-controlled randomized trials found that varenicline, a medication FDA-approved for smoking cessation, was not associated with suicide risk. The results, published online in the *American Journal of Psychiatry* on September 13, 2013, are striking in light of the FDA's 2009 black-box warning for varenicline stating its possible link to depression and suicide.

To assess varenicline's safety as a smoking-cessation treatment—as well as any associated risk of increased suicidal thoughts and behavior, depression, aggression/agitation, and nausea—J. John Mann, MD, Paul Janssen Professor of Translational Neuroscience at Columbia University Medical Center, and his co-author, Robert Gibbons from the University of Chicago, reanalyzed data of more than 8,027

patients from Pfizer-run trials, both those with (n=1,004) and without (n=7,023) psychiatric disorders. Their analyses included a new group of subjects, not previously reported upon, who had a psychiatric disorder, as they were potentially at greater risk of psychiatric symptoms or side effects. They also analyzed a Department of Defense (DoD) dataset of 35,800 patients who received varenicline or

Participating in 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 research participant and from one of the doctors in a research study that is investigating a new antidepressant treatment for a type of depression known as dysthymia.

A Participant's Perspective

Fifty-six year old Erin (not her real name) freely admits that in her Midwestern upbringing going to therapy was not an option. "No matter how bad or good things got, I/my family would say – in the words of Garrison Keillor – things were 'not bad, can't complain, could be worse.'" But roughly 20 years ago, a series of events – including juggling the demands of caring for a toddler while starting a new business – contributed to her seeking therapy. She was diagnosed with major depression and was prescribed Prozac and later Effexor. The results were mixed.

Erin's depression seemed to be under control until last year when she found herself "drinking more wine than I should" and crying more frequently. Fate would intervene in the form of a subway ad

that she saw on her way into work in Midtown. It was about research studies in the Depression Evaluation Service in the Department of Psychiatry at Columbia. "I'm so glad I read it and took note of the number and I just decided to call," she said, adding "I was very happy that Columbia had a midtown office...If everything had to be [uptown] that would have been difficult."

Her enrollment in the study led her to realize that she had been suffering from dysthymia, a chronic state of depression characterized by constant low



typically lasts two or more years and often causes significant suffering and impairment, according to Dr. Hellerstein, who has been studying the disorder for over 20 years.

One of the studies for which he's recruiting volunteers is investigating "a newly approved antidepressant medicine, desvenlafaxine, for the treatment of people with chronic depression. Desvenlafaxine (trade name Pristiq) has been approved by the FDA for the treatment of major depression." With the help of patients like Erin, Dr. Hellerstein hopes to learn whether desvenlafaxine could potentially be useful in treating dysthymia. The study involves a 6 to 12 week double-blind period during which half of the participants will take the new medication and half will take a placebo (an inactive look-alike pill). Double-blind means that neither the participant nor the investigator knows if an individual is taking the active medication or not (though were there to be an emergency, that information could be easily obtained).

moods. In addition to having a name for what she had been experiencing, Erin learned that though she had been skeptical about all medication, she could get to the point where feeling good was possible. In fact, she said recently, "I feel really good."

Though she has been in New York for 10 years, Erin was pleasantly surprised to learn about the many resources available at Columbia Psychiatry. She had nothing but good things to say about the research team, noting that everyone including the research assistant and investigators were very professional.

"Dr. Hellerstein has been really great. It was the first time I'd ever felt that a psychiatrist was so confident and so knowledgeable," said Erin. An added benefit of her research participation was the free medication treatment she received for 3 months after the study ended.

After the double blind phase, all participants are offered treatment for 12 weeks with an FDA-approved antidepressant. Participants will have assessments of their depressive symptoms, social functioning, and personality several times during the first 12 weeks, and again after 24 weeks in the study.

With the help of his DES colleagues Drs. Patrick McGrath, Jonathan Stewart, and Deborah Deliyannides, as well as the MRI imaging team led by Dr. Bradley Peterson, Dr. Hellerstein is getting MRI scans of participants before and after the double-blind phase of the study. "We are able to look at brain structure, connectivity between different brain centers, activation of different brain centers by tasks, and also the amount of various brain chemicals in different brain regions." This information will eventually help us to understand what effects depression has on the brain, and hopefully to design better and more effective treatments.

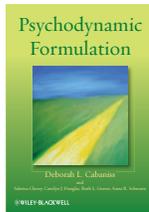
To learn more about Dr. Hellerstein's desvenlafaxine research study as well as other studies he is recruiting for, please call 646-774-8000 or go to <http://columbiapsychiatry.org/researchclinics/depression-evaluation-service>. To volunteer for a research study at Columbia Psychiatry, call 212-305-6001.

A Researcher's Perspective

David Hellerstein, MD, is a psychiatrist in the Depression Evaluation Service (DES), which launched a very successful subway advertising campaign in October 2012. The ads were aimed at commuters seeking treatment alternatives for their depression. While some people may have heard of or known someone with major depression, fewer of them have heard of dysthymia. No wonder then Erin was caught by surprise after her screening at the DES office in Midtown.

"As researchers, we are really appreciative of help given by people who participate in our studies," says Dr. Hellerstein. "They are helping us to understand the scientific basis of depression, and the brain effects of depression and treatments. Also, we believe that we provide excellent clinical care in the context of our research studies. We do careful diagnostic evaluations of all our patients, and after the double blind clinical phase of treatment we provide clinical medication treatment – if the study medicine hasn't worked then we try to find something that will. Especially since we appreciate the effort they have put into being a study, we are particularly motivated to help them get better."

Dysthymic disorder or dysthymia, also known in the DSM-5 as 'persistent depressive disorder,'



Psychodynamic Formulation

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

Publisher: Wiley-Blackwell, May 2013

Despite the centrality of psychodynamic formulation to our work with patients, few students are taught how to construct them in a clear systematic way. This book offers students and practitioners from all fields of mental health a clear, practical, operationalized method for constructing psychodynamic formulations.



Global HIV/AIDS Politics, Policy and Activism: Persistent Challenges and Emerging Issues

Editor: Raymond A. Smith, PhD

Publisher: Praeger, October 2013

The new three-volume bookset *Global HIV/AIDS Politics, Policy, and Activism: Persistent Challenges and Emerging Issues* includes 45 chapters by a multidisciplinary team of more than 70 contributing authors from 16 countries. The bookset captures key persistent challenges and emerging issues including: struggles to maintain funding and support for global for HIV treatment programs; efforts to re-energize activist responses to the epidemic; the search for sustainability of HIV programs within the developing world; and the emerging role of new biomedical technologies in HIV prevention. It explores the actions (or inactions) of political systems and governments around the world, the realities of policy and policymaking amidst widely differing national and regional epidemics, and the ongoing opportunities for -- and limits of -- activism and community mobilization.

New Center for Research on Ethical, Legal and Social Implications of Psychiatric, Neurologic and Behavioral Genetics

(continued from cover)

“Scientific findings regarding PNB traits must be discussed with special attention to the human and social context because such traits and disorders—from Alzheimer’s, schizophrenia, and depression to empathy, aggression, and intelligence—can touch our sense of who we are as persons,” said Erik Parens, PhD, a senior research scholar at the Hastings Center. Parens and Josephine Johnston, a Hastings Center research scholar, are investigators on the project. “The new center is uniquely situated to offer such attention.”

The center will focus on three areas. The first is the impact of PNB genetic information—in both clinical and research contexts—on patients, family members, and clinicians, including effects on causal attributions, treatment choices, health and lifestyle decisions, identity, and self-image. The second area of focus is the impact of PNB genetic information in non-clinical contexts in which it may affect perceptions of autonomy and responsibility for behavior, both in the judicial process and in everyday life. The third area of focus draws on data collected by center researchers and others to suggest how PNB genetic information should influence policy in clinical contexts (e.g., diagnostic and treatment decisions), research contexts (e.g., access to genetic data), and social contexts (e.g., legal rules and health policy).

Advances in PNB genetics affect a wide range of people—patients and families, scientists and clinicians, lawyers and policy makers. The center is committed to engaging all of them in its research and to translating its findings in ways that meet their needs. An annual conference will help to educate professionals and lay people about these issues. To ensure the future of these activities, the center has established a multidisciplinary postdoctoral training program to nurture the next generation of leaders in ethical, legal, and social research in PNB genetics.

“Our center offers the opportunity to advance knowledge of the ethical, legal, and social implications of one of the most rapidly growing areas of genetics. Drawing on our empirical studies and input from key stakeholders, we will develop strategies to guide the use of PNB genetic data in clinical and research settings, as well as in courts, legislatures, and regulatory agencies,” said Paul Appelbaum, MD, director of the center and of the Division of Law, Ethics and Psychiatry in the Department of Psychiatry at Columbia University College of Physicians and Surgeons. “By integrating empirical researchers with experts in ethics, economics, law, and public policy, we hope to point the way toward beneficial use of the latest scientific findings in this exciting new area of genetics.”

This center is a Center for Excellence in ELSI Research funded by a grant from the National Institutes of Health #1P50HG007257-01.

Researchers Find Smoking Cessation Drug Varenicline Does Not Increase Suicide Risk *(continued from page 10)*

nicotine-replacement therapy, to compare rates of neuropsychiatric side effects and to “assess reports of anxiety, mood and psychotic symptoms and disorders, other mental disorders, and suicide attempt.”

The results showed that “Varenicline is more effective than we thought for smoking cessation and safer than we thought,” said Dr. Mann. He added, “The specific concern that it may increase the risk for suicidal behavior is not supported by

the results of this study. This should encourage smokers to try a smoking-cessation program. Moreover, since smoking rates are higher with some psychiatric disorders, this is even better news for such patients in terms of the safety of a smoking-cessation program that includes the use of varenicline”.

Patients who took varenicline were significantly more likely to remain abstinent. Additionally, the drug did not increase rates of suicidal

events, depression, or aggression/agitation. The DoD study results showed that patients who took varenicline were not at greater risk for developing a neuropsychiatric disorder. In fact, rates were significantly lower for patients who received varenicline than those who received nicotine replacement therapy.

Funding for this research study was provided by National Institute of Mental Health grants MH062185 (Dr. Mann) and MH8012201 (Dr. Gibbons).