



# InPsych

Winter/Spring, 2012



## The HIV Center: A Legacy of Collaboration in New York City & State

Since the emergence of the AIDS epidemic in 1981, New York City and New York State have been major world epicenters of HIV infection. AIDS-related research at Columbia Psychiatry has been spearheaded by the HIV Center for Clinical and Behavioral Studies which has been directed since its founding in 1987 by Anke A. Ehrhardt, PhD. Dr. Ehrhardt is also Vice Chair for Faculty Affairs of the Department of Psychiatry.



Vanessa Shelmadine, Joyce Hunter, Pam Parker & Ginny Apuzzo

Due to its location in New York, the HIV Center has been uniquely positioned to be on the “cutting edge” of the AIDS epidemic,

years later in other locations.

enabling its investigators to work with critical populations including children and families, adolescents, at-risk women, gay and bisexual men, the homeless, and drug users. Lessons learned in our home city and state have also proved invaluable for work overseas, where patterns found early on in New York often emerged

*(continued on page 8)*

## In This Issue

- 2..... Message from the Chairman & Director Jeffrey A. Lieberman, MD
- 3..... Awards & Recognitions & Grant News
- 4..... Research News
- 5..... Research News
- 6..... New Appointments
- 7..... Special Events
- 8..... Research News
- 9..... Education News
- 10... Alumni News
- 11... Research Studies & Clinical&Research News
- 12... Reading List

*InPsych* Editorial Office:  
David Hellerstein, Dacia Morris, Ray Smith  
Eve Vagg, Rachel Yarmolinsky

Questions or comments to  
[yarmoli@nyspi.columbia.edu](mailto:yarmoli@nyspi.columbia.edu)

Columbia University  
Department of Psychiatry

New York State  
Psychiatric Institute

## WHCS Eases the Burden of Transitioning to Life in the Community

For Washington Heights and Inwood residents diagnosed with a serious mental illness, many of whom are discharged from the Washington Heights Community Service (WHCS) inpatient unit at the New York State Psychiatric Institute, outpatient programs in their communities help keep them engaged as they transition to greater independence. For many such patients, that journey starts with enrollment in the outpatient or continuing day treatment programs at the Inwood or Audubon clinics.

“Patients will often tell you that the hardest part for them was leaving the hospital,” said Dianna Dragatsi, MD, the newly appointed Director of the WHCS and long-time Director of the Inwood Clinic. “They’re going into this abyss of, ‘Oh, my! I’m going to have to jump back into my life. What do I do?’ So having that transition [to the Inwood and Audubon clinics] is very helpful.”

The closely linked inpatient and outpatient programs that former director Francine Cournos, MD, developed ensures a continuity of care that makes the program appealing to referring physicians: “If they [clinicians] have a patient who’s going to be hospitalized, the first, second and third place they’d want them to be is in our unit,” said David Lowenthal, MD, JD, the Clinical Director at NYSPI.

By virtue of its being a treatment program at a state facility, the inpatient unit has the flexibility to work with patients longer than other acute care units in NYC. Such patients are, therefore, often more stable psychiatrically and medically once they are transitioned to the Service’s community clinics. Patients are assessed to determine whether they need the intensive follow-up that the day program provides or whether regular follow-up in the outpatient component of the two clinics is more appropriate.



Music Group of the Inwood Clinic

Overall health and wellness initiatives are integrated into the WHCS clients’ individualized mental health treatment plans and participants are offered a variety of exercise programs, both peer

*(continued on page 2)*



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

[Back to Main Page](#)

### Columbia Psychiatry in the Community

Living as we do in an ever expanding global community, where the virtual world is always on our doorstep, it is refreshing and heartwarming to take stock of our physical community, our relationships with Washington Heights, Columbia University Medical Center, New York City, New York State, and the NYS Office of Mental Health. Partners, collaborators, stakeholders, we work together in so many ways to reduce the burden of mental illness for the people of New York. Since 1896, PI has been part of the state system, first providing a central pathology laboratory for the entire state system of care for the mentally ill, then swiftly growing into a larger tri-part role of researching the causes, treatments and cures of mental diseases, providing clinical care, and educating the psychiatric researchers and psychiatrists of the future.

In 1925 an affiliation agreement between the Trustees of Columbia University, the Managers of Presbyterian Hospital and New York State Hospital Commission created the unique circumstances that embedded the Psychiatric Institute into Columbia University Medical Center, and brought PI into the upper Manhattan neighborhood of Washington Heights.

Today, we see that the ongoing results of that early collaboration are truly astounding. As documented in this current issue of *InPsych*, Columbia Psychiatry is an integral part of care

for the residents of Washington Heights in our Inwood and Audubon Clinics and our inpatient Washington Heights Community Service (*cover article*). NYSPI's Center of Excellence for Cultural Competence serves the needs of Washington Heights' diverse multicultural community, conducting research designed to provide an evidence base for culturally-relevant interventions in health and mental health. (*page 11*).

The remarkable work that Carol Caton and colleagues have done through the years to establish evidence-based interventions to address chronic homelessness (*page 5*), and the extraordinary achievements of the HIV Center for Clinical and Behavioral Studies in their many collaborative studies throughout New York City and State (*cover article*), all demonstrate the commitment, effort and concern for others that are a hallmark of the staff, faculty and researchers of Columbia Psychiatry.

Our residents are no less committed. In the *Residents Corner* (*page 9*) 4th year residents Matt Ehrlich and Sharat Parameswaran report on their collaboration with OMH to improve the lives of patients with an innovative program to change the prescribing of antipsychotic medications.

I am very proud that a tradition of caring for the most vulnerable in our community, a tradition begun 114 years ago, continues to make major contributions to the health and well-being of our neighborhood, city and state.

### WHCS Eases the Burden of Transitioning to Life in the Community *(continued from cover)*

and staff led; individual nutrition counseling and group nutrition and weight management classes; and other therapeutic groups that focus on dual diagnoses, parenting and recreational activities. An innovative walking group at the Audubon Clinic that began as a Columbia University Nursing Students' initiative based on The Walk, Address, Learn and Cue (WALC) Intervention for Schizophrenia Spectrum Disorders has been adapted as a peer-led group.<sup>1</sup>

The Inwood Clinic will soon start a peer-to-peer smoking cessation program and the Audubon Clinic is close to initiating a smoking cessation group for those interested in quitting or reducing their smoking. It has been well-established that serious psychiatric disorders like schizophrenia and bipolar disorder are correlated with high smoking rates. Patients with schizophrenia are thought to smoke at three times the rate as the general population.<sup>2</sup>

Research initiatives are well-embedded in the WHCS clinics as well. A pilot project that was developed several years ago is indicative of this: The Ganguli Method for Weight Loss (developed by Rohan Ganguli, MD at the University of Pittsburgh) served as inspiration for the Inwood clinic's HEALTH Project. HEALTH, as in Healthy Eating and Activity Among Latinos Treated in the Heights, started in 2008 when Christina Mangurian, MD, adapted the protocol for low-income Hispanics (most of whom are Dominican-American), in part, to address the weight gain issues related to antipsychotic medications.

"People don't have access to traditional grocery stores in our neighborhood so what can you find that's healthy in a bodega that you can use for a meal or a snack," said Dr. Dragatsi. This type of ethnocultural intervention is not limited to patients but family members are encouraged to learn along with their loved ones. Actively engaging family is a model embraced by both outpatient clinics.

*(continued on page 5)*

<sup>1</sup> Feasibility of the Walk, Address, Learn and Cue (WALC) Intervention for Schizophrenia Spectrum Disorders. *Archives of Psychiatric Nursing*, Vol 24, No 1 (Feb), 2010:pp 54-62.

<sup>2</sup> de Leon, J., Dadvand, M., Canuso, C., White, A. O., Stanilla, J. K., & Simpson, G. M. (1995). Schizophrenia and smoking: An epidemiological survey in a state hospital. *Am J Psych*, 152(3), 453 – 455).





**Find us on Facebook, Follow us on Twitter**

Facebook.com/ColumbiaPsychiatry  
Twitter.com/ColumbiaPsych

To find out more about participating in research, please call our research referral line at 212-305-6001 or visit us on the web at [ColumbiaPsychiatry.org](http://ColumbiaPsychiatry.org).



**Susan Essock, PhD**, (Mental Health Services & Policy Research) was promoted to Fellow of the American College of Neuropsychopharmacology (ACNP). Fellows are chosen from among those

who have at least five years standing as Members, and who have made substantial contributions to the College and to the field of neuropsychopharmacology.

**Elisabeth Guthrie, MD**

(Child and Adolescent Psychiatry) has been chosen as the inaugural recipient for the Area 2 APA Member-in-Training Mentor Award. This award was created by the APA Assembly to recognize outstanding mentors to members in training within the APA. Recipients of this award are recognized for their mentorship to MITs and encouragement of MIT leadership development, their positive role modeling in clinical, academic, or advocacy roles, and their help in introducing trainees and/or medical students to the APA and local district branch activities.



*The House I Live In*, a documentary by director-screenwriter Eugene Jarecki, which focuses on the war on drugs, features **Carl Hart, PhD**, (Division of Substance Abuse), and received the Grand Jury Prize at this year's Sundance Film Festival.



**Daniel Javitt, PhD**, (Experimental Therapeutics) is this year's recipient of the Stanley Dean Award for Research in Schizophrenia from the American College of Psychiatrists. The Stanley Dean Research

Award honors an individual or a group that has made a major contribution to the treatment of schizophrenic disorders.

**Alice Medalia, PhD**, (Psychiatric Rehabilitation) has received the Elizabeth Hurlock Beckman award. The \$25,000 award recognizes educators who have inspired their students to create an organization



which has demonstrably conferred a benefit on the community at large or who has

established a lasting basis, concept, procedure, or movement of comparable benefit. Dr. Medalia received nomination letters from around the world commending her cognitive remediation training programs where psychologists and clinicians are trained to start their own clinics in cognitive remediation, based on the NEAR model (Neuropsychological & Educational Approach to Remediation) that she developed.



**Scott Stroup, MD, MPH**, (Mental Health Services & Policy Research) was elected to membership in the American College of Neuropsychopharmacology (ACNP), a distinguished organization that selects

members based on a number of criteria including scientific productivity, leadership in innovative research and mentorship.

For the second consecutive year the **Child Psychiatry** clinical service at New York-Presbyterian Hospital has received the award for highest patient satisfaction scores of all ambulatory services. The service was also recognized for the most improved percentile ranking in patient satisfaction scores. These absolutely outstanding achievements that are a credit to the hard work, skill, and dedication to excellence of all the staff and trainees on the service.

## Jeffrey Lieberman, MD, Chosen as President-Elect of the American Psychiatric Association

We are very pleased to announce that Dr. Lieberman has been elected by the membership of the American Psychiatric Association to be the next President-Elect. His term as President-Elect begins in May, 2012 and his term as President of the APA will begin in May, 2013.

"The scientific foundations and the quality of psychiatric care are better now than any time in human history and with the potential to improve rapidly. However, unless psychiatric services and mental health care

are adequately supported, both the burden of suffering and the costs of untreated mental illness will continue to rise" says Dr. Lieberman. "There is no health without mental health." As APA President, Dr. Lieberman plans to actively address urgent priorities in the field, including influencing health care legislation and policies on access to and funding for mental health care, increasing funding for clinically relevant psychiatric research, and supporting graduate medical training in psychiatry.

## GrantNews

The National Institute of Mental Health awarded \$440,000 over a two-year period to **Majo Vattoly Joseph, PhD**, (MIND) for his study, "Development of PET Tracers for in Vivo Quantification for PDE10A."

**Scott Small, MD**, (Taub Institute for Research on Alzheimer's Disease and the Aging Brain) has received \$2.7 million over five years from the National Institute of Mental Health for "Longitudinal Imaging of Patients at Clinical Risk for Psychosis."

**David Sulzer, PhD**, (Neurological Institute) has received \$1 million over three years from the JPB Foundation to support his study, "Mechanisms of Parkinson's Disease Pathogenesis."

**Ezra Susser, MD, DrPH**, (Imprints Center for Genetic and Environmental Lifecourse Studies) and Sandro Galea, MD, DrPH, Department of Epidemiology, have received \$3.3 million over five years from the National Institute of Mental Health for "Regional Network for Mental Health Research in Latin America."

National Institute of Neurological Disorders and Stroke awarded **Yuanjia Wang, PhD**, (Biostatistics) \$1.1 million over four years for her study, "Efficient Methods for Genotype-Specific Distributions with Unobserved Genotypes."

## Researchers Take Closer Look at Ketamine and Like What They See

If it seems like everybody is talking about ketamine, it's probably because you've seen or heard the news reports of the drug's popularity among research scientists studying it as a potential treatment for a variety of disorders. Some of that research is taking place right here in the department of psychiatry: John Mann, MD, Chief of the Division of Molecular Imaging and Neuropathology, and Matthew Milak, MD, are funded by the National Institute of Mental Health, to establish the optimal ketamine dose to improve depressive symptoms. Daniel Javitt, MD, PhD, Director of the Division for Experimental Therapeutics, is keen to identify markers for treatment response. Carolyn Rodriguez, MD, PhD has wrapped up a small study exploring ketamine for obsessive-compulsive disorder. Others like Lawrence Kegeles, MD, PhD, and Elias Dakwar, MD are teasing out the drug's effects on brain mechanisms implicated in substance abuse and schizophrenia.

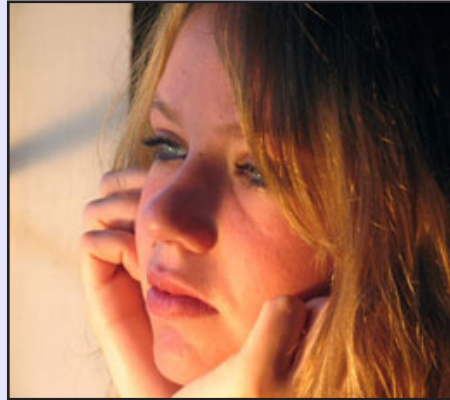
But why the seemingly sudden interest in ketamine? Well, the answer lies in its ability to make depressed people feel better in a short period of time. As effective as some antidepressants are for patients, one of the most frustrating part of treatment is the delayed response. A patient typically waits weeks before feeling better on an antidepressant. In the nearly 40 years of research and drug development, this delay in experiencing benefit has characterized all antidepressant medications so far.

"Even though there are many different types of antidepressants on the market that have been approved by the FDA, they all tend to work in some way by changing the levels of neurotransmitters like norepinephrine and serotonin. Some do both," noted Dr. Mann. The newer medications differ from the older ones, for the most part, by having fewer side effects and are, therefore, better tolerated than earlier antidepressants. Nonetheless, waiting days for a medication to take effect may seem endless to someone who can barely function because of depression, who can't fathom getting out of bed or worse, who feels that life isn't worth living anymore. Waiting weeks to find out that the antidepressant you've been prescribed isn't working at all is just plain frustrating.

In roughly nine small studies of ketamine, which was given as a single intravenous dose infused over about 40 minutes - except in one case where a lower dose was infused over a few minutes - most patients reported feeling much better a few hours later. After a few days, patients' depression symptoms were

still improved. However, after about one week patients began to deteriorate and, a maintenance medication was necessary to sustain the improvement.

As Dr. Mann explained, "It's exciting for several reasons: one, it seems to work in people who haven't done very well on traditional antidepressants; two, it works very fast so you know whether it's going to work or not within a few hours; third, it gets people a lot better not a little better. So, that's very encouraging."



The promising results of early studies are spurred on by a still greater discovery. Unlike many medications on the market now, ketamine works through a different neurotransmitter system, the glutamate system. Serendipitously, the glutamate system attracted some serious attention among psychiatric researchers when some participants in a ketamine study to recreate schizophrenia-like symptoms in healthy volunteers found that their depression symptoms were a lot better after the study ended. This revelation, together with findings from older studies of the glutamate system that had been prematurely dismissed, was thrilling news to those in the psychiatric field.

"Glutamate has been mostly studied in psychiatry in relation to schizophrenia," said Dr. Javitt. For at least the last 20 years he has led the field in research in this area. "In the late 1980's, early 1990's it was shown that they [ketamine and PCP] worked by blocking glutamate and a specific type of glutamate receptor called the NMDA receptor."

He added, "The exciting story that seems to be emerging is that if you block an NMDA receptor, if you have too little an NMDA function, you end up with something that looks like schizophrenia." On the other hand, too much NMDA function triggers depression-like symptoms. The strange thing is, though, ketamine actually causes a surge in glutamate function. That's the paradox. It shouldn't make people with depression feel better,

but it does. Lawrence Kegeles, MD, PhD, a research scientist in the Division of Translational Imaging, and his lab are studying this paradoxical effect.

According to Dr. Kegeles, animal studies have shown that ketamine triggers "sprouting of new spines on the neurons, strengthening of synapses in certain parts of the brain in rodents. It happens downstream - it happens later than the NMDA receptor blockade and it seems to be related to the benefits that you get [from ketamine]." The question then becomes, said Dr. Kegeles: "Can we go around that step where in the short run symptoms get worse and go downstream where the benefits are and seek to develop a drug that has the downstream benefits of ketamine without the detrimental effects. That would open up the benefits to patients with schizophrenia, who can't take ketamine because it worsens their symptoms."

A number of labs are working towards finding markers for the type of patient who is more likely to get better with ketamine. The multi-site STAR-D study (of which Patrick McGrath, MD, was a principal investigator) showed that patients with treatment-resistant depression had high glycine levels in their blood. Glycine, pointed out Dr. Javitt, is known to stimulate NMDA-receptors. "If one looked for a group of patients who had these high glycine levels, they might be the ones who are most likely to respond to the medication."

Dr. Javitt will soon start recruitment for a set of studies that will look at changes in patients' EEGs or brain waves in the hopes of identifying changes in the brain that predict ketamine response.

The findings that new research could yield are tantalizing to think about and ketamine research is still brand new. Scientists still don't know what the best dose is to prevent the side effects that few, if any people, would tolerate: illusions, paranoia, memory problems. It's been given by IV in studies - not the ideal method of treatment delivery so more studies need to focus on how the drug works so other, similar treatments can be developed. An oral medication seems safer and, unlike the intranasal application that one center is exploring, less likely to be abused. Furthermore, no studies have yet been completed that have established the long-term consequences of ketamine use. But, for patients and their families having new and better options can be life-changing.

**For more information about participating in a research study, call Columbia Psychiatry's referral service at 212-305-6001.**

## As Funding for Homelessness Studies Decline, Even Greater Need for Evidence-Based Research

If you've ever commuted to work by subway you've probably come in contact with a homeless man or woman who regularly takes the same line you do. Some cities' homeless may be "invisible" but residents of the five boroughs have seen their fair share of people, who sleep in our parks when the weather cooperates and resort to subway stations or shelters when the temperature dips precipitously low. Invisible or not, the homeless frighten some of us: they remind us just how unpredictable life is.

They may have lost their jobs, fallen into debt or survived a nasty divorce that left them spiraling out of control. Or, as is so often the case, they suffer from a serious psychiatric illness that is untreated or undiagnosed. Too many enter and leave the shelter system only to return again and again. These are the chronically homeless and identifying the factors that contribute to their circumstances and implementing services to help rehabilitate these men and women are two things that Carol Caton, PhD, feels passionately about.

"My first foray into homelessness was back in the mid- to late-1980s when the Fort Washington Shelter was a major facility for homeless men. There were close to 1,000 or more men who were crowded into the drill floor," recalled Dr. Caton, who is a Research Scientist at NYSPI and a Professor of Clinical Sociomedical Sciences (in Psychiatry) at Columbia University. "We did a preliminary study and it showed that many of the men who were in the on-site psychiatry program at the shelter would return to the shelter after being placed in community housing."

That study led to the Critical Time Intervention Project (CTI). CTI is an evidence-based intervention for homeless men and women with mental illness. It was developed through a partnership between the New York State Psychiatric Institute (NYSPI) and Columbia University, with funding from the Office of Mental Health (OMH) and the National Institute



of Mental Health (NIMH). At the time CTI started in the 1990s, New York City was coming to terms with its housing crisis; there were too few residences for low and middle-income New Yorkers let alone the homeless population. Housing advocates helped usher in the Housing First initiative that was tied to the philosophy that securing stable living arrangements first would make it easier to address other issues, such as a psychiatric disorder or substance abuse, that contribute to homelessness.

"We all noticed that leaving the shelter was a major experience for a lot of men because it was going back into an unfamiliar setting in many cases," said Dr. Caton. "They had no ties to the neighborhood. They weren't used to living on their own." Dan Herman, DSW, Ezra Susser, MD, DrPH, and others started CTI to help these men transition back into the community and to do so successfully. Participants in the CTI project were men in their 30s or 40s, who were severely mentally ill, some with co-morbid substance abuse, and who had been in the shelter for months at a time, sometimes longer.

CTI became a national model because its efficacy was established in an experimental study. Homeless men who were enrolled in the program were found to be less likely to return to homelessness after reintegrating into the community compared to those who received usual care. The nine-month case management intervention has since been

adapted to serve homeless women as well as men and women leaving prisons and jails.

If CTI established Columbia Psychiatry and NYSPI as leaders in the effort to bring needed services to the homeless mentally ill, then its ongoing studies are helping to bring greater attention to the populations that are emerging as the most vulnerable among the city's dispossessed. Dr. Caton, as Director of the Columbia Center for Homelessness Prevention Studies, had the opportunity to work with young investigators on pilot efforts focused on interventions for homeless youth and families. Homeless families are the fastest rising subgroup of the homeless population. As Federal funding for research has become more limited, the standards for successful grant applications have risen. Pilot studies designed to explore aspects of a new program's successful implementation and efficacy can inform NIH intervention development projects. Private foundations typically like to fund program efforts, so there is an opportunity to design scientific research on new homeless services programs that may eventually establish them as "evidence-based." Rigorous scientific testing can ensure that programs that really do work are scaled up to reach the people in greatest need.

New York State has taken the lead in broadening the criteria for homeless services for the chronically mentally ill. "The young adult mentally ill have kind of been left in the lurch," said Dr. Caton. "These are 19, 20, 21 year-olds who are seriously mentally ill but typically have not adapted well to supportive housing settings designed for people ten or twenty years older. The state has been active in pioneering special housing programs for this population, which I think is very admirable and very much needed." Rehabilitating, as much as possible, homeless youth with mental illness might lessen the negative consequences of chronic homelessness that may be more difficult to reverse at age 30 and 40.

## WHCS Eases the Burden of Transitioning to Life in the Community *(continued from page 2)*

Staff members develop a close working relationship with many families, who provide critical feedback regarding the patients' psychiatric status and functioning. The fact that the two Clinics, as well as the inpatient unit, have many bilingual clinical staff - including a number who are native Spanish speakers - truly helps in cultivating meaningful interactions.

"The case managers are often the ones reaching out to the families and having family meetings," pointed out Jean-Marie Bradford, MD, the Audubon Clinic Director, who spoke about the benefit of the extended family in the Hispanic culture. "Oftentimes even if the parents can't help out or come to the family meetings there might be an involved aunt, uncle, grandmother or other relative." Psycho-education with families supplements the primary focus of educating patients about their diagnosis to give them some of the responsibility for their own treatment and their own recovery.

As WHCS continues to improve its services to patients and their families, Dr. Lowenthal believes that enhancing care in the Clinics means greater collaboration between the Community Service and PI's experts in public

psychiatry. "We've got a lot of faculty here who are very smart, who are on the cutting edge, who advise the State. And trying to work with them is something we hope to do more of."

A new collaboration with the Division of Mental Health Services and Policy Research, introduced the RAISE Connection Program (led by Susan Essock, PhD, at Columbia Psychiatry) under the auspices of the WHCS. The Program is an OMH-funded initiative that aims to keep people who have had a first episode of psychosis engaged in supportive programs to prevent school drop-out and treatment non-compliance as well as to forestall disability as early as possible in the illness. Ilana Nossel, MD, leads the treatment team providing these services here at NYSPI.

For a patient population whose ability to take initiative may be so diminished, providing help to return to work or school, or even motivating patients to remain socially involved can be challenging. But the WHCS staff is committed to meeting the needs of their patients—for as long as they need.

## Anissa Abi-Dargham, MD



The Department of Radiology has appointed Anissa Abi-Dargham, MD Associate Director of the Columbia University PET Center, effective January 1, 2012.

As Associate Director of the PET Center, Dr. Abi-Dargham will be responsible for supervising operational and strategic components related to neuroscience, particularly those related to clinical and pre-clinical research in psychiatry. She will also

provide broad direction to the Center's research programs related to neuroscience, and serve as the primary liaison between New York State Psychiatric Institute (NYSPI)/Columbia Psychiatry and PET/Radiology.

Dr. Anissa Abi-Dargham's work has focused on the development of tools to image neurochemical alterations in the brains of patients with schizophrenia and addictions. This research has resulted in findings describing the complex alterations of dopamine transmission in schizophrenia and their relationship to clinical symptoms, cognition and response to treatment, as well as their interrelatedness to glutamate dysfunction.

As Chief of the Division of Translational Imaging at NYSPI, she is dedicated to understanding the cellular mechanisms underlying the imaging findings in schizophrenia and has been collaborating with basic scientists to develop tools to that effect. She is PI on an NIMH funded Conte Center for the study of dopamine dysfunction in schizophrenia. She is Deputy Editor for imaging for Neuropsychopharmacology and Biological Psychiatry. Dr. Abi-Dargham brings unique expertise and integrity to the operation of the new facility, and her involvement appropriately reflects the importance of Psychiatry's place in PET research at Columbia.

## Lisa Dixon, MD, MPH



We are delighted to welcome Lisa Dixon, MD, MPH, as Professor of Psychiatry at NYSPI in the Division of Mental Health Services and Policy Research, effective April 1, 2012. Previously, she was a Professor of Psychiatry and Director of the Division of Services Research at the University of Maryland School of Medicine and Acting Director of the VA Capitol Health Care Network Mental Illness Research Education and Clinical Center.

A graduate of Harvard College, Dr. Dixon received her medical degree from Cornell Medical College and MPH from Johns Hopkins University. She completed her internship and residency in psychiatry at New York Hospital – Cornell Medical Center, followed by a research fellowship at the Maryland Psychiatric Research Center of the University of Maryland.

Dr. Dixon is an established health services researcher with continuous funding from NIMH, VA and foundations since 1992. Her grants have focused on improving the quality of care for individuals with serious mental disorders with a particular emphasis on services that include families, reducing the negative impact of co-occurring addictions and medical problems, and improving treatment engagement and adherence. In addition, Dr. Dixon edits the column in Psychiatric Services dedicated to Public-Academic partnerships. She has published more than 170 articles in peer-reviewed journals and received the 2009 American Psychiatric Association Health Services Senior Scholar Award as well as the Wayne Fenton Award for Exceptional Clinical Care. With a long-standing interest in education, Dr. Dixon was Director of Education and Residency Training of the University of Maryland-Sheppard Pratt Residency training program at its inception.

At Columbia and the New York State Psychiatric Institute, Dr. Dixon will direct the Center for Practice Innovations and will work closely with the NYS-OMH on a variety of initiatives including the state-wide implementation of services for people experiencing their first psychotic episode. She will also work as the Medical Director of the Lieber Clinic in our East 60th St. clinical program. Clearly, her expertise will be of great value as we work to bring the highest quality of clinical services and best practices to the people of New York State.

## Dianna Dragatsi, MD



Effective March 1, 2012, Dianna Dragatsi, MD, became Director of the Washington Heights Community Service (WHCS).

The Washington Heights Community Service is an integral part of the New York State Psychiatric Institute (NYSPI) that provides mental health services to the populations of northern Manhattan within our catchment area. Dr. Dragatsi is a graduate of McGill

University Medical School who completed her psychiatry residency training and a public psychiatry fellowship at Columbia and NYSPI. Following her training, she worked in the WHCS and has been the Director of the Inwood Clinic of WHCS since 2004.

In her new role, Dr. Dragatsi will be primarily responsible for the clinical operations of the two WHCS outpatient clinics, the Inwood and Audubon Clinics, and she will continue to report to David Lowenthal, MD, JD in his role as NYSPI's Clinical Director. For the time being, she will also continue to serve as Director of the Inwood Clinic. This appointment comes at an ideal time. As the health care financing system undergoes major changes in the coming months and years, it is critical to have someone who can focus full attention to our community service programs. Dr. Dragatsi, with her public psychiatry background and years on the Community Service, is the ideal person for this position.

## Carey Davidson



In October 2011, Carey Davidson became executive director of CARING at Columbia, a component of the Division of Child and Adolescent Psychiatry that provides culturally-sensitive prevention and intervention programs that use art and music for at-risk children in New York City. Ms. Davidson has an impressive non-profit background having worked in a diverse array of non-profit management positions for more than 17 years. Prior to joining CARING, she

was Director of Development and founding member of Ballroom Basix USA, an arts-in-education program that teaches children partner dance.

To expand CARING's reach and, hopefully, procure greater funding for the program, Ms. Davidson is focusing on building a strong social media presence.

A graduate of Queens College of the City University of New York, Ms. Davidson has come full circle; she started her career at Columbia University as a compensation analyst and quickly rose in the ranks to finally becoming Director of Human Resources at Columbia College. Her strong business acumen and appreciation of the arts make her an essential addition to the CARING staff.

Ms. Davidson welcomes all staff to "stop by room 1814 to say hello and learn more about our programs, events, volunteering and other opportunities to take action helping to bring our program to more at-risk youth."

## GRAY MATTERS AT COLUMBIA SPRING BENEFIT LUNCHEON



SUPPORTING YOUNG  
SCIENTISTS AS THEY  
UNRAVEL THE MYSTERIES  
OF THE BRAIN

Jeffrey A. Lieberman, M.D.  
Chairman and Lawrence C. Kolb Professor  
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

WEDNESDAY, APRIL 25, 2012

Mistress of Ceremonies  
DONNA HANOVER

Honoree  
GWYNETH PALTROW

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

11:00 a.m.  
Cocktails and Silent Auction  
12:00 p.m. - 2:00 p.m.  
Luncheon and Program

**For further information, or to purchase tables or tickets, please contact  
Leigh Ann Brienza at 212-304-7227 or lab2213@columbia.edu.**

*Gray Matters at Columbia* is a research fund within Columbia University Medical Center's Department of Psychiatry that provides support for young aspiring scientists at the critical early stage of their careers. Since its inception in 2007, it has raised over \$850,000 to support these outstanding individuals searching for the causes and cures of brain disorders. The chosen fellows benefit from the extensive expertise of a peerless team of talented scientists at Columbia that includes two Nobel laureates who serve as their teachers and mentors. The *Gray Matters at Columbia* Spring Benefit Luncheon is the major annual fundraising event by Columbia University Medical Center to support research in brain disorders. It is organized 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.



2011-12 Gray Matters at Columbia Fellows (left to right): Holly Moore, Ph.D., Carolyn Rodriguez, M.D., Ph.D., Ragy Girgis, M.D., Angela Tseng, Ph.D., and Alla Landa, Ph.D.

## The HIV Center: A Legacy of Collaboration in New York City & State (continued from cover)

*Today, HIV Center researchers maintain strong partnerships throughout New York State, including the following.*

- **HIV Center Director Anke A. Ehrhardt, PhD co-founded the New York HIV Centers Consortium**, which now comprises 29 HIV research-focused organizations in the New York tri-state area. The Consortium sponsors scientific conferences and annual Directors' meetings in order to promote exchange of multidisciplinary scientific information, consultation on complementary areas of knowledge, sharing of resources, and forging of new research partnerships. Dr. Ehrhardt remains one of three members of the Consortium's Steering Committee.

- **Researchers at the HIV Center worked with the AIDS Institute of the New York State Department of Health** to conduct a structural intervention promoting the use of the female condom in agencies throughout the state. Theresa Exner, PhD was Principal Investigator of the "New York State Female Condom Promotion Program," which included the participation of a broad spectrum of agencies funded by the AIDS Institute including CBOs primarily engaged in outreach; medical facilities that provide HIV primary care; HIV case management; contraceptive or STI services; harm reduction programs, including needle exchanges; and drug treatment programs.

- **The New York/New Jersey AIDS Education and Training Center, led by Francine Cournos, MD**, is a multi-site training program which responds to the prevention, diagnosis and clinical management training needs of HIV clinical care providers in the region. The NY/NJ AETC also seeks to increase the number of area clinicians who are able and willing to provide HIV/AIDS clinical treatment, to build capacity for culturally competent HIV treatment in minority communities, and to systematically evaluate program activities and disseminate best practices.

*HIV Center investigators also collaborate with partners at the city, county, and local neighborhood levels, including the projects outlined below.*

- **Center investigators are collaborating with the New York City Department of Health and Mental Hygiene (NYCDOHMH)** in the CDC-funded "12 Cities" Enhanced Comprehensive HIV Prevention Plan (ECHPP) initiative in response to the US National HIV/AIDS Strategy mandate. This "12 Cities" initiative can improve outcomes in epicenters, reform health

services, and provide national models. Robert Remien, PhD and Laurie Bauman, PhD have been advisors to the NYCDOHMH on ECHPP and are working to identify the optimal combination of HIV prevention, care, and treatment to reduce new HIV infections. Center investigators have also contributed to NYCDOHMH work on borough-wide HIV testing initiatives in the Bronx and Brooklyn and on identifying early-stage acute HIV infections.

- **Recognizing that youth in the juvenile justice system are at substantial risk for HIV/STIs** due to mental health issues, substance abuse problems, and family or neighborhood factors, Katherine Elkington, PhD is working with the NYS Department of Corrections to develop and pilot test a family-based HIV/STI prevention intervention for youth at two probation centers in Ulster and Dutchess Counties, New York.

- **The HIV Center intervention "Working It Out" for lesbian, gay, bisexual, and transgender (LGBT) youth** continues to be disseminated throughout New York State and beyond. A video-based, manualized intervention to promote the health and wellbeing of LGBT adolescents, "Working It Out" was developed jointly by CBO staff, media professionals, youth representatives, and HIV Center researchers including Joyce Hunter, DSW. Most recently, the intervention was implemented at Kingston High School in upstate New York in collaboration with the Hudson Valley LGBTQ Community Center.

- **Within Washington Heights neighborhood, the HIV Center contributed significantly to the founding of two mental health resources.** The Special Needs Clinic at NewYork-Presbyterian Hospital, which was co-founded and is co-directed by HIV Center investigator Claude Ann Mellins, PhD, specializes in the mental health treatment of HIV-affected families. The clinic is one of the largest specialized family-based programs in New York City providing comprehensive mental health services to children and families affected by HIV and substance abuse. Likewise, The Lucy A. Wick Clinic for HIV Mental Health, which was founded in 1987 through the HIV Center's Community Core, was the first HIV specialized outpatient mental health service in New York City and continues to be the premier provider of services to local inner-city residents affected by the virus.

*To learn more about the HIV Center and its collaborators throughout New York City and State please visit: <http://www.hivcenternyc.org/community/index.html>*



# Collaboration

Engaging communities  
and populations  
affected by HIV



## Residents' Corner – Matthew Erlich and Sharat Parameswaran Report on SHAPEMEDS

As we reported a year ago... In 2009, the New York State Office of Mental Health's (OMH) medical director Lloyd Sederer, MD, had an idea about how to enhance the quality of prescription practices throughout the state. The idea was taken up by Commissioner Hogan and was just taking form when then first year residents **Matthew Erlich, MD** and **Sharat (Sharu) Parameswaran, MD** received a golden opportunity to participate thanks to the recommendation of residency program graduate Christina Mangurian, MD. They became part of the work group that piloted an innovative intervention to try to change how doctors in New York State prescribe antipsychotics and improve patients' response to treatment.

In July 2011, the Office of Mental Health implemented SHAPEMEDs, a checklist that every clinician treating patients on antipsychotic medications would be required to use at each of the 70 facilities in the state-operated system. The checklist was implemented after OMH joined forces with the Department of Psychiatry to improve medication prescribing. Drs. Erlich and Parameswaran, now in their 4th year of residency, were integrated into the planning process and worked closely with key OMH and Columbia Psychiatry stakeholders to help devise the monitoring system, which they reported on at a recent Grand Rounds "When The Patient Is A Population: A Public Mental Health Case Conference" with Lloyd Sederer, MD, Medical Director of NYS OMH. (The Grand Rounds can be viewed online at <http://www.veomed.com/va021770742012>.)

New York has the nation's largest mental health system; 650,000 people receive psychiatric treatment each year, according to Dr. Sederer. Thirty-one percent of them have psychotic disorders. This population of patients should have access to the latest evidence-based treatment. They were New York state residents who were receiving care in the post-CATIE study era yet their treatment failed to reflect the recommendations of that study. "Moreover, although research demonstrated that clozapine was more effective than ... other antipsychotic medications for people with persistent and less than responsive



psychotic illnesses, it was underutilized with only about 12% usage according to medical claims data," noted Dr. Erlich in his grand rounds presentation.

Inconsistent medication prescribing was just one of the problems identified. There was also a failure to integrate basic health screenings into patients overall health assessments. According to Medicaid claims data, 60% of adults and 74% of children on moderate or high-risk antipsychotics had never been screened. Mentally ill patients often have multiple physical health problems, which can have an enormous impact on the course of their psychiatric illness, even compromising treatment adherence and ultimately recovery. Consistently assessing patients' health concerns is critical to identifying potential pitfalls like spiking weight and other metabolic effects related to antipsychotic medication. In addition, when transitioning patients from the hospital setting to community programs there was a noticeable gap in treatment; services were neither coordinated nor sustained. Patients were non-compliant and following discharge from acute treatment settings, very few had follow-up care with a psychiatrist.

Due to these findings, New York State's mental health policy makers set out to get patient care back on track. One of several tools implemented as part of a large, systematic treatment plan was an antipsychotic medication prescribing checklist that asks prescribers to respond to six key factors when monitoring their patients: Side effects, Health concerns, Adherence, Patient Preference, Expense of medication, and MEDication monitoring. After completing the checklist, prescribers are asked what

medication strategies they plan to use based on the responses they have provided.

Taking care of the very sick comes with risks and sometimes mistakes happen. Things get overlooked even by the most vigilant healthcare professional. So a checklist to help guide the care of patients and minimize provider error and improve treatment outcome seems like an effective and fairly easy tool to for clinicians to use. Captain "Sully"

Sullenberger credited a checklist for helping him steer passengers to safety when his plane crashed in the Hudson. Despite their effectiveness in other fields, there has been resistance to employing checklists in medicine, as reported in a 2007 New Yorker essay by Atul Gawande ([http://www.newyorker.com/reporting/2007/12/10/071210fa\\_fact\\_gawande](http://www.newyorker.com/reporting/2007/12/10/071210fa_fact_gawande)).

SHAPEMED's developers were keen to make it easy for clinicians to incorporate the checklist into their practice and welcomed their feedback to help improve it. Adult and child versions exist as do an inpatient and outpatient version of the program. To further enhance patient care delivery, integrated prescribing principles and an antipsychotic medication guide summarizing the research literature on prescribing are included in the electronic SHAPEMEDs interface used by OMH physicians to complete the checklist.

Outpatient facilities are required to complete SHAPEMEDS every three months while inpatient facilities must complete it every six months. Reports are regularly generated by OMH on how successfully providers have been completing due SHAPEMEDs as well as on the data being generated by responses to the checklist questions. As of March 1st, almost 40,000 SHAPEMEDs have been completed for over 15,000 patients in the state-operated OMH mental health system. Although challenging to incorporate into busy clinical workloads, SHAPEMEDs has given New York State prescribers a means to systematically address the complex issues involved in prescribing antipsychotic medications and improve the quality of care for patients.

**Are you a Columbia Department of Psychiatry alum? We'd like to hear from you! Let us know how you are and what 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](mailto:morrisd@nyspi.columbia.edu).**

## 1960s

**Charles L. Bowden, MD**, class of 1968, heads an Advanced Center for Interventions and Service Research in Bipolar Disorders, which was recently funded by NIMH through 2016. He is Clinical Professor of Psychiatry and Pharmacology at the University of Texas Health Science Center.

An alumnus from the class of 1967, **W. Douglas Skelton, MD**, is doing some consulting work with Trinity Medical School, a new Caribbean school graduating its first class this year. He writes: "The students are delightful, and have MCATs in a range predictive of success in medical school, but not competitive for US schools. And the weather is great in the Caribbean!"

## 2000s

**Craig Beach, MD**, class of 2009, writes: I am still living in Canada. I worked for 18 months as a forensic psychiatrist at the maximum-secure psychiatric hospital in Ontario. In March 2012, I will be moving to London (Ontario, not UK) to assume the combined roles of Chair, Division of Forensic Psychiatry

at The University of Western Ontario and Physician Leader, Regional Mental Health Care. I am very excited to be moving to a larger city and to a position with greater academic and leadership opportunities.

I have also been actively involved in teaching and facilitating educational events and workshops on topics in general and forensic psychiatry, and I have a part-time private practice.

**Jennifer Lee, MD**, graduated from the child psychiatry fellowship in 2007. She is Medical Director of the Autism and Developmental Disorders Program at St. Vincent's Behavioral Health, Westport Campus, which is part of St. Vincent's Medical Center.

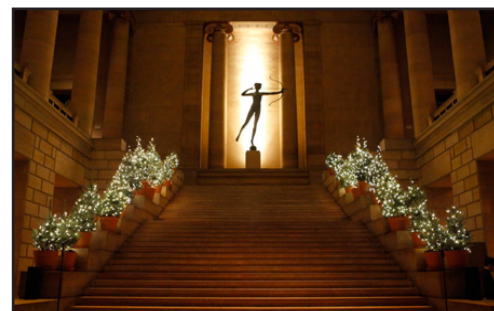
**Alicia D. McGill, MD** graduated from the Adult Psychiatry Residency in 2004 and will return to NYSPI/Columbia in July 1, 2012 to begin the Child and Adolescent Psychiatry fellowship. She currently has a private practice in Manhattan and lives on the Upper West Side with her husband, Andreas Kraebber, MD (graduate of the NYSPI Adult Residency '00 and faculty member at the Columbia Psychoanalytic Center) and their three children.

## The 2012 APA Annual Meeting in Philadelphia, Pennsylvania

Attending the APA Annual Meeting in Philadelphia? Please join past and present friends and colleagues following the convocation of the 2012 annual meeting of the American Psychiatric Association at the APA Annual Meeting Reception hosted by NewYork-Presbyterian Hospital, Weill Cornell Medical College Department of Psychiatry and Columbia University Department of Psychiatry. **The reception will be held on Monday, May 7th from**

**7:00-9:30 PM at The Philadelphia Museum of Art in the Great Stair Hall.** Reception guests will have access to the museum's renowned 19th Century Collection of European Art.

Congratulations to **Deborah Cabaniss**, winner of the 2012 Alumni Award! Following what has become a long tradition, Dr. Cabaniss has directed that the funds donated for her award be given to support residents attending



the APA Meeting. We encourage you to give generously in support of this cause when making your annual donation to the Alumni Association.

## COLUMBIA PSYCHIATRY GIVING

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

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

Thank you for your support of Columbia Psychiatry!

## Participating in a Research Study

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.**

## Clinical&ResearchNews

### Center of Excellence for Cultural Competence: Serving Families in Upper Manhattan

As one of two Centers of Excellence for Cultural Competence in the OMH system, the Center at the New York State Psychiatric Institute (NYSPI) has launched several initiatives to increase access to mental health services for underserved families in upper Manhattan.

According to census estimates, Northern Manhattan, home to the New York State Psychiatric Institute, has one of the greatest concentrations of ethnically/racially and linguistically diverse populations in New York City. In Washington Heights and Inwood, about 72% of the community is of Latino origin, while in Harlem, 67% is African American with 20% Latino. The neighborhoods at the tip of the island have one of the highest concentrations of poverty in the city. For community residents, poverty, lack of access to medical services, and limited English proficiency are significant barriers to physical and mental health care.

Recognizing the need to provide services that take into account the cultural, linguistic, and ethnic makeup of Northern Manhattan residents, the NY State Legislature provided the funding for the NYSPI's Center and the Center at the Nathan Kline Institute in 2007. At NYSPI, Center director Roberto Lewis-Fernández, MD, and his staff are working in partnership with providers and residents of the Washington Heights/Inwood and Central Harlem communities to implement some key initiatives: integrating physical and mental health services for people with serious mental illness (SMI), improving engagement strategies to guide underserved populations into psychiatric treatment where needed, and identifying evidence-based methods to enhance access to care among individuals with limited English proficiency.

Currently, the Center is leading the Cultural Formulation Project for DSM-5, the American Psychiatric Association's much-anticipated fifth edition of the diagnostic manual for psychiatric disorders. It is a "multi-site project to assess the feasibility, acceptability, and perceived clinical utility of a cultural formulation interview assessing cultural factors in a clinical encounter." Such an interview could help primary care doctors get a clear and accurate diagnosis and identify patients in need of psychiatric care, particularly those who are least likely to volunteer that information. It may also help mental health clinicians elicit consumers' and relatives' views on their clinical problems and what they expect in terms of treatment.



Cultural competence, while important in clinical practice, is no less weighty an issue where research is concerned. And, if research findings are anticipated to influence treatment across populations, including racial and ethnic minorities in studies is critical.

A literature review of studies investigating lifestyle interventions (for example, exercise and dietary counseling) for adults with SMI that was carried out by the Center in 2010 and published in the *Journal of Psy-*

*chiatric Services* concluded that "There is a serious underrepresentation of racial and ethnic minorities in lifestyle intervention studies among people with SMI and a lack of attention to cultural and linguistic factors in this area of research."

"The results of our review may not be entirely surprising to a lot of us who work with this population, but the findings are sobering," said Dr. Lewis-Fernández. "Lifestyle changes are shown to reduce cardiac risk, a known contributor to premature death in people with SMI." This begs the question, How are clinicians expected to provide culturally-relevant interventions if their patient population isn't recruited for studies?

While research studies done at NYSPI, by virtue of its location, have a fairly reasonable representation of Hispanics, the Center's literature review found that, nationally, most studies include very few Hispanics. Of the 22 studies that reported the racial/ethnic makeup of their sample, Hispanics made up for 6.4%. Asians were a mere 4.1%.

Asians of Chinese extraction represent 1% of the foreign-born population in Washington Heights and Inwood. To improve services to the Chinese immigrant community, NYSPI's Cultural Competence Center conducted a Stigma and Community Mental Health Intervention for Chinese Immigrants to reduce stigma and improve work performance as well as social recovery in individuals with SMI. The Center is also reaching out to families of Chinese, Hispanic and African American residents to educate them about what to expect after their loved ones are diagnosed with a psychiatric disorder and how to provide support to help them through the course of their illness.



## Your Playlist Can Change Your Life

Authors: Galina Mindlin, MD, PhD, Joseph Cardillo, PhD, Don DuRousseau, BS, MBA

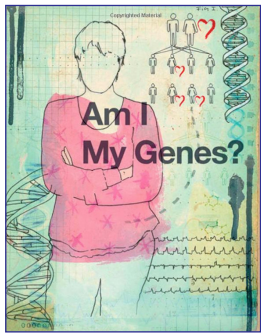
Publisher: Sourcebooks

January 2012

Maybe you blast the speakers when you need to get pumped up. If that's all you do, though, you're not taking full advantage of the way music can help you. Listen to a slower track first and the one-two punch of the playlist can push you even higher. Overflowing with easy-to-use tips like these, *Your Playlist Can Change Your Life* is the first book to offer scientifically proven methods for using your favorite music to enhance your life. You'll discover how you can use the tunes you love to:

- Relieve anxiety
- Organize your brain
- Live creatively
- Increase your alertness
- Sharpen your memory
- Enhance your ability to fight off stress, insomnia, depression, and even addiction
- Feel happier
- Improve your mood

Teaching readers how to customize playlists for a feel-good prescription that has no side effects, *Your Playlist Can Change Your Life* offers a natural way to a better you simply by listening.



## Am I My Genes?: Confronting Fate and Family Secrets in the Age of Genetic Testing

Author: Robert Klitzman, MD

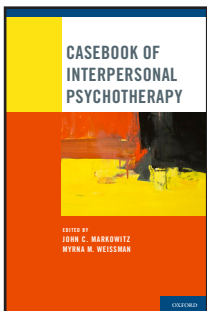
Publisher: Oxford University Press, USA

March 2012

In the fifty years since DNA was discovered, we have seen extraordinary advances. For example, genetic testing has rapidly improved the diagnosis and treatment of diseases such as Huntington's, cystic fibrosis, breast cancer, and Alzheimer's. But with this new knowledge comes difficult decisions for countless people, who wrestle with fear about whether to get tested, and if so, what to do with the results.

*Am I My Genes?* shows how real individuals have confronted these issues in their daily lives. Robert L. Klitzman interviewed 64 people who faced Huntington's Disease, breast and ovarian cancer, or Alpha-1 antitrypsin deficiency.

The book describes--often in the person's own words--how each has wrestled with the vast implications that genetics has for their lives and their families. Klitzman shows how these men and women struggle to make sense of their predicament and its causes. They confront a series of quandaries--whether to be tested; whether to disclose their genetic risks to parents, siblings, spouses, offspring, friends, doctors, insurers, employers, and schools; how to view and understand themselves and their genetics; what treatments, if any, to pursue; whether to have children, adopt, screen embryos, or abort; and whether to participate in genetic communities. In the face of these uncertainties, they have tried to understand these tests and probabilities, avoid fatalism, anxiety, despair, and discrimination, and find hope, meaning, and a sense of wholeness. Forced to wander through a wilderness of shifting sands, they chart paths that many others may eventually follow.



## Casebook of Interpersonal Psychotherapy

Editors: John Markowitz, MD, Myrna Weissman, PhD

Publisher: Oxford University Press, USA

March 2012

Interpersonal psychotherapy (IPT), an empirically validated treatment for depression and other disorders, is becoming more frequently used to treat a range of psychiatric diagnoses. Based on evidence that interpersonal problems contribute to the onset of psychiatric disorders, IPT helps patients to change interpersonal behavior in order to improve psychosocial functioning and relieve symptoms. IPT both relieves psychiatric symptoms and helps to build social skills.

Bringing together experts who have treated patients with and conducted clinical research on IPT, the *Casebook of Interpersonal Psychotherapy* responds to the growing need for a foundational text to supplement the available manuals on IPT. The *Casebook* provides a wealth of real life treatment material, and illustrates the use of IPT in the hands of expert psychotherapists treating patients with a range of conditions and complications in different IPT treatment formats. The detailed cases give a sense of how IPT proceeds and how it works. Chapter authors describe specific adaptations of IPT for patients with particular disorders, including mood disorders, anxiety disorders, eating disorders, and personality disorders. The book also covers different contexts in which IPT may be practiced, including group therapy, inpatient settings, and telephone therapy.

The *Casebook of Interpersonal Psychotherapy* is an invaluable resource for psychiatrists, psychologists, social workers, psychiatric nurses, and other mental health professionals interested in psychotherapy.