

## The LGBT Health Initiative Established at Columbia Psychiatry

### *A New Program Brings Together Research, Clinical Care, Education and Policy to Fight Stigma and Promote Resilience among LGBT People*

As the needs of lesbian, gay, bisexual, and transgender (LGBT) Americans have been increasingly recognized across society, a new program at Columbia University Medical Center has been established to improve the health and well-being of LGBT individuals.



The vision guiding the newly established LGBT Health Initiative is to draw upon the world-class clinical, research, and educational resources of the renowned medical center to ensure the health and well-being of every member of the LGBT community and their loved ones. This unprecedented move to harness the resources of CUMC on behalf of the LGBT community will foster long-needed research efforts, create innovative medical and mental health services, lead to the training of students and practitioners, and promote the development of outreach strategies specific to today's critical needs.

“Across the lifespan, new issues are emerging, including LGBT youth coming out at earlier ages, new family identities being forged by same-sex marriage and co-parenting relationships, and the aging of the first openly LGBT generation,” noted the Initiative's Director, Anke A. Ehrhardt, Ph.D., who is also Director of the Division of Gender, Sexuality, and Health at the NYS Psychiatric Institute and the Columbia University Department of Psychiatry.

(continued on page 10)

### In This Issue

- 2..... Message from the Chairman & Director Jeffrey A. Lieberman, MD
- 3..... Awards & Recognitions & New Appointments
- 4..... Education News & HIV Center Renewal
- 5..... Research News
- 6-7..Development & Special Events
- 8..... Alumni News & New Grants
- 9..... Education News
- 10-11..Research News
- 12... In Memoriam & Departmental Reading List

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## Integrated Psychiatry Services a Win-Win for Patients and Providers

In August 2012, Barbara Linder, MPA, was named the Behavioral Health Service Line Director at NewYork-Presbyterian Hospital, joining a group of service line directors who oversee areas such as neurosciences, organ transplantation, cardiovascular health, and children's and women's health, reporting to Dr. Richard Liebowitz, Chief Medical Officer of NYP. In her new role, Ms. Linder is charged with strengthening psychiatry services at NYP, which includes both the Columbia University Medical Center and Weill Cornell Medical Center campuses.

Despite the high caliber of clinical psychiatric

services at NYP/Columbia, today's regulatory and fiscal environment is putting new pressures on providers to improve quality and lower costs. In response, the hospital is focused on collecting and managing data in new ways to identify opportunities for improved care delivery and verifiable clinical outcomes.

“Regulatory agencies are demanding more data, and psychiatry is probably the most regulated specialty,” says Ms. Linder. “And health care is a field that has only recently begun to harness the full potential of data analytics.”

Ms. Linder and Dr. Jeffrey Lieberman, Director of NYSPI, Chairman of Psychiatry at Columbia University College of Physicians and Surgeons, and Psychiatrist-in-Chief at NYP/Columbia, have discussed the strategic challenges that the department will need to address as mental health care reimagines itself and moves into the future. Certain provisions of the Affordable Care Act will direct funding toward integrated medical services. To support this goal of integrating services, investing in partnerships across disciplines is critical.

(continued on page 2)





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

[Back to Main Page](#)

### Learning from Tragedy

Whenever someone commits a hugely unspicable horror, like the shootings in Connecticut or Aurora, mental health professionals are asked to explain why –or at least how--somebody could do such a thing.

I have struggled with this question during my entire career as a psychiatrist, a teacher of mental health professionals, and a consultant in a number of these high-profile cases. But in recent years these events sadly have grown less isolated, and we are forced to understand and compare what previously might have been “once in a lifetime” incidents and determine what can be done to stop them. So, increasingly, I find myself shifting from an answer of “we can’t know for sure” to “we have to know more.” Or, at least, we have to try to better understand, and take the steps necessary to protect each other and society.

It is true that most violent behavior is not committed by individuals who are mentally ill, and most individuals with mental illness are not more violent than anyone else. In fact people with mental illness, especially those with severe forms such as schizophrenia and bipolar disorder, are more likely to be the victims of violence than they are to commit violent acts.

But it is also true that some individuals with severe mental illnesses are significantly more likely to be violent than the general population. Many of these individuals are newly ill – suffering their first episode of severe mental illness – and have never been treated, or are untreated or refusing treatment. This small group of individuals cast the stigma of fear and dangerousness onto all mentally ill persons when, in fact, their story should have another moral for us.

A variety of studies have examined the association between violence and mental illness. While an increased incidence of violence has been demonstrated among

the severely mentally ill, many of these studies note that the violence is most frequently carried out by people who have acute positive symptoms of illness. Non-compliance with medication and lack of awareness of being ill are also significantly associated with an increase in violent behavior. Thus, increased risk of violence may predominate in extremely ill patients who are not in treatment. This was illustrated by the CATIE study, a large study on schizophrenia conducted by the National Institutes of Health, in which all the participants were receiving treatment and the incidence of serious violence was less than four percent – lower than the national rate for violent crime.

Given that treatment may prove a critical factor in preventing these tragedies, the issue of mental health care deserves more attention. Gun control is certainly a key issue, but access to treatment is also necessary to truly limit the potential for violence in mentally ill persons.

We need to investigate which forms of treatment are more effective for potentially dangerous individuals; how such individuals can best be identified before they commit violent acts; and under what circumstance and by what criteria should mechanisms like involuntary treatment and even hospital commitment be imposed to provide the maximum protection for the individuals and the public. Only when these issues are given adequate attention in the public discussion and the political arena, will we be able to prevent future tragedies.

### Integrated Psychiatry Services a Win-Win for Patients and Providers *(continued from cover)*

NewYork-Presbyterian has led the way in reaching patients in the primary care setting who need mental health services through its Ambulatory Care Network’s primary care clinics, comprising about two dozen locations throughout NYC. Patients may be identified by their primary care physicians as needing psychiatric assessment. Sometimes, patients who come to a primary care or specialty ambulatory clinic with specific symptoms or diseases may have comorbidities and may, for example, be on psychiatric medications interrelated to their presenting illness, such as diabetes or metabolic syndrome. This bidirectional relationship is critical to integrated and coordinated care. Ms. Linder will work toward expanding this initiative and assisting in the development of new approaches to accessing care and integrating primary health with mental health.

Advancing an integrated approach to psychiatry services also requires information technology systems for producing meaningful data. Primary care and mental health care providers who can access a patient’s comprehensive medical record are better informed at point of care and can tailor treatment and follow-up, which can improve outcomes for patients. NYP has put significant investments in its electronic health record system, which connects patient records in the ambulatory sites to inpatient care and can produce troves of data for improving outcomes.

“NYP is committed to active engagement with the research administration,” adds Ms. Linder. “Our affiliation with the New York State Psychiatric Institute is a unique partnership that has demonstrated a stellar research-to-clinical-practice model focused on bringing advances into direct clinical care. There is an incredible opportunity for us to blend our amazing amalgam of academic, research, and clinical resources to benefit our patients and providers.”



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*Patients' families were so grateful for the care their children received in the department of Pediatric Outpatient Behavioral Health that they helped make it a winner. The department was named winner of the Patient Centered Care Awards 2012:*

**Lourival Baptista Neto, MD**, Director of Pediatric Clinical Services credited Amy Friedman with helping “us build the infra-structure to improve the quality and efficiency of the care we provide at CHONY [Children’s Hospital of New York].”



The treatment team received their award at the Patient Centered Care Awards ceremony on March 12th.



OMH funded the First Episode Psychosis (FEP) Initiative, at \$2.63 million annually, to implement model programs for treating a first episode of psychosis, on January 1, 2013. **Lisa Dixon, MD**, the Director of

the Center for Practice Innovation at the New York State Psychiatric Institute, will oversee the implementation of four demonstration sites in the down state New York area. The goals of the initiative are as follows: (1) to ensure that individuals identified as experiencing emerging psychosis episode receive engaging and sustained treatment as quickly and effectively as possible; (2)

to maximize the social and occupational functioning and improve the recovery of individuals who receive FEP services and; (3) to collect data to help develop financing and funding models that will allow the initiative to expand.

**Susan Essock, PhD**, (Mental Health Services and Policy Research) has been appointed to the Center for Scientific Review’s Advisory Council for a three-year term. CSR receives all research grant applications sent to NIH and handles the review of more than 70% of those by organizing peer review groups (study sections) to evaluate research grant applications.



**Madelyn Gould, PhD, MPH**, has been selected to receive the American Association of Suicidology (AAS) 2012 Louis I. Dublin Award.

The Dublin award, granted annually since 1971, is given to an individual in recognition of a career of outstanding service and contributions to the field of suicide prevention as evidenced by leadership, dedication and creativity. Previous recipients of the Dublin award include Aaron Beck, John Mann, Jan Fawcett, Marsha Linehan, David Brent, Keith Hawton and Yeates Conwell.

The award was presented at the AAS annual meeting in April 2013.



**Sidney Hankerson, MD, MBA**, who is a post-doctoral research fellow in the Division of Epidemiology, was selected to participate in the 2013 Career Development Institute (CDI) for Psychiatry. Dr.

Hankerson’s primary research mentor is Dr. Myrna Weissman. The CDI is a competitive, exciting two-year career enhancement opportunity that provides support around launching and maintaining a career in mental health research. The Career Development Institute for Psychiatry program consists of several interconnected components conducted in four phases beginning with a number of on-line activities to prepare for the workshop, a four-day expenses-covered workshop at Palo Alto, California, post-workshop activities including structured long-distance career mentoring and webinars, and annual career and program evaluation.

**Heino F. L. Meyer-Bahlburg, Dr. rer. nat.** is a consultant

to the Workgroup on Gender Dysphoria of the American Psychiatric Association Council on Research and Quality Care. Dr. Meyer-Bahlburg is an internationally recognized expert in gender dysphoria, particularly when associated with somatic disorders of sex development, and a member of the Organizing Committee of the newly formed Initiative for LGBT Health (*see cover*).



## New Appointments



**Ragy Girgis, MD**

In January 2013 Ragy Girgis, MD, was named Director of NYSPi’s “prodromal psychosis” clinic, the Center of Prevention and Evaluation also known as the COPE Clinic.

Dr. Girgis is a graduate of the University of Pittsburgh School of Medicine and the residency training program here at Columbia. He then completed a T32 research fellowship under the mentorship of Drs. Jeffrey Lieberman and Anissa Abi-Dargham. In 2009, Ragy was the recipient of an APIRE/Lilly Research Fellowship. He received a NARSAD Young Investigator Award in 2011, and a CTSA-K12 training grant, an Irving Center Pilot Award, and a Stanley Medical Research Treatment Trial grant in 2012.

As Director of COPE, Dr. Girgis will apply his many talents and endless energy to the implementation and oversight of clinical research that aims to understand and treat prodromal psychosis and predict and prevent conversion to psychosis.



**Barbara Linder, MPA**

Barbara Linder, MPA, joined the Behavioral Health leadership team as Administrative Director of the Psychiatry Service Line at NewYork-Presbyterian in August, 2012.

Ms. Linder served as Administrator of Psychiatry Services for St. Luke’s-Roosevelt Hospital (SLR) where she was responsible for the oversight and direction of inpatient, outpatient, and emergency psychiatry services across campuses. In collaboration with clinical leadership, she directed the Department’s efforts in the areas of system planning, operations, revenue and budget management. Her innovations included a reorganization of departmental service models and the creation of new units.

Ms. Linder also brings a strong background in IT to her new position. A strong proponent of quality patient care, Ms. Linder joins the senior clinical leadership team in championing best practice methodology in all spheres of the Psychiatry Service Line.

## PGY 1 Residents - July 1, 2013 to June 30, 2014

*We are Pleased to Welcome Our New Residents!*



**Joel A. Bernanke, MD, MSc**  
*Weill Cornell Medical College*



**Neil A. Gray, MD, PhD**  
*Columbia University College of Physicians and Surgeons*



**Blair Williams Uniacke, MD**  
*Columbia University College of Physicians and Surgeons*



**Wei-Li Chang, MD, PhD**  
*University Of California San Diego School of Medicine*

**Jeremy D. Kidd, MD, MPH**  
*Virginia Commonwealth University School of Medicine*



**Patrice K. Wout, MD, PhD, MS**  
*Albert Einstein College of Medicine of Yeshiva University*



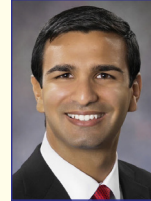
**Anthony W. Zoghbi, MD**  
*Baylor College of Medicine*



**Colby M. Chapman, MD**  
*George Washington University School of Medicine and Health Sciences*



**Daniel L. Kimmel, MD, PhD**  
*Stanford University School of Medicine*



*and new PGY 2 Resident...*

**Shervin P. Ravan, MD**  
*Columbia University College of Physicians and Surgeons*

**Daniel Eskenazi, MD, PhD**  
*University of Washington School of Medicine*



**Louisa J. Steinberg, MD, PhD**  
*Albert Einstein College of Medicine of Yeshiva University*



## The HIV Center Receives NIMH Renewal Under New Leadership

The HIV Center for Clinical and Behavioral Studies at NYSPH and Columbia Psychiatry has been renewed by National Institute of Mental Health for the five year period of 2013 to 2018, and will highlight new leadership, new research Cores, and expanded collaboration with other academic institutions such as the Albert Einstein School of Medicine and New York University, and with health departments in New York State and New York City. A major focus will be on developing new approaches to HIV prevention, treatment, and care through the combination of behavioral and biomedical interventions. The HIV Center also aims to apply the principles of implementation science to maximize public health impact.

Based within the Division of Gender, Sexuality, and Health, the HIV Center brings together nearly 100 investigators who are at the forefront of HIV biobehavioral science. Through the NIMH AIDS Research Center (ARC) mechanism, the HIV Center provides the value-added infrastructure to ensure

methodological and theoretical rigor, identify and respond to new trends in the epidemic, support critical partnerships across research and practice sectors, and train new behavioral scientists. The Center is unique among the NIMH ARCs in being based in New York City – home to over one-third of people living with HIV/AIDS in the US, the highest number of new infections of any US city, and large ethnic/racial minority populations coping with extreme economic and health disparities.

“We are at a defining moment in the HIV epidemic with the emergence of effective biomedical approaches to HIV prevention. Yet, without rigorous behavioral and social science research to ensure uptake and adherence, these approaches will not realize their potential,” noted Robert H. Remien, PhD, HIV Center Director.



*In 2013, the HIV Center was renewed by NIMH with Dr. Robert H. Remien (left) as Director. Dr. Claude Ann Mellins and Dr. Alex Carballo Diéguez (at right) are the new Co-Directors. Dr. Anke A. Ehrhardt (second from left), who founded the HIV Center in 1987, continues on as Director and Research Chief of the Division of Gender, Sexuality and Health.*

“Over the next five years, we will mobilize a diverse and multidisciplinary cadre of senior scientists, early stage investigators, practitioners, and policy-makers from multiple academic, community and public health venues to prevent new infections, improve health outcomes for people living with HIV, and reduce health disparities, which are the goals of the U.S. National HIV Strategy.”



## A Hunger to Learn More: Dr. Rachel Marsh's Study of Bulimia Nervosa's Roots

Will researchers some day be able to say with confidence whether an eating disorder like bulimia nervosa falls squarely within the nature or nurture camp? That's one question Rachel Marsh, PhD, is hoping to get answers to through her imaging research. She has demonstrated in two studies of adults and adolescents with bulimia nervosa (BN) that dysfunction in regions of the brain dedicated to self-regulation, and supported by networks called frontostriatal circuits, may be implicated in the inability to thwart the urge to binge eat and purge.

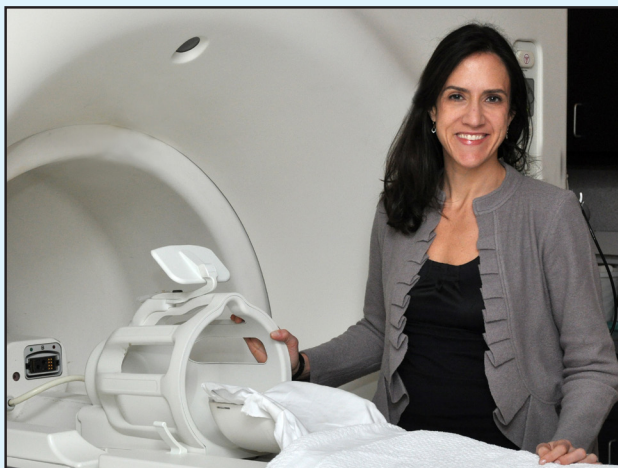
Prior to studying eating disorders, Dr. Marsh's research was largely focused on Tourette's syndrome, a disorder characterized by repetitive and involuntary movements (tics), and applying imaging to examine brain function. What she learned about Tourette's and tic disorders led to an interest in exploring the same neurobiological systems in eating disorders. The results from a 2009 review of imaging data, offered further thrust to the argument that impairments within frontostriatal circuits could be involved in Tourette's, Obsessive-Compulsive disorder (OCD), and even eating disorders.

Since the literature seemed to indicate that BN could also be characterized by poor impulse control, it begged the question, could the impaired circuits implicated in Tourette's and OCD also be implicated in eating disorders? The imaging data reviewed in Dr. Marsh's 2009 study indicated as much.

Dr. Marsh and her colleagues wrote: "Sensory and motor urges, intrusive thoughts, hunger, and concern with body shape and weight are common in both healthy and ill individuals. Although a capacity for self-regulation keeps these urges, thoughts, and drives under control in healthy individuals, anatomical and functional disturbances of frontostriatal systems may release them from inhibitory control to allow expression of the tics in Tourette's syndrome, the obsessions in OCD, the preoccupation with body shape and weight in anorexia, or the binge eating in bulimia."

A bulimia nervosa-focused study published in the *Archives of General Psychiatry* in 2009, and for which Dr. Marsh collaborated

with eating disorders expert Timothy Walsh, MD, and her postdoctoral mentor in imaging research, Bradley Peterson, MD, compared the functioning of self-regulatory circuits in women with bulimia and healthy volunteers. During performance of an inhibitory control task, the women with BN failed to engage



frontostriatal circuits to the same extent as controls, and those who binged the most and were the most preoccupied with body weight and shape engaged frontostriatal circuits. Furthermore, compared to healthy controls, adult bulimia patients in the study had more difficulty performing these tasks, thus, more problems with self-regulation.

"We concluded from that study," said Dr. Marsh, "that perhaps their inability to engage these circuits in the service of cognitive control may also contribute to their inability to control their eating behavior."

"The next step was trying to figure out, was this a product of having had the illness for so long?" added Dr. Marsh. On average, the women in her study were 25 years old and they had reported that their eating disorder surfaced in adolescence, roughly nine years prior. Dr. Marsh knew that she wanted to look at these circuits in children and adolescents to find out if those same problems with self-regulation existed.

In 2011 she published findings from a study of adolescent girls with BN. The study participants were given a shorter version of the cognitive task than the adult patients in the 2009 study, but the studies were comparable in other aspects. Consistent with the prior

study, the adolescents with BN also failed to activate frontostriatal circuits in the service of self-regulatory control. "We concluded that maybe their failure to activate these circuits on a cognitive task means that they're failing to activate these circuits when they see food as well," said Dr. Marsh.

With an NIH grant, now in its second year, Dr. Marsh was able to analyze data she had collected of structural brain differences in the women and adolescent girls with BN and age-matched healthy females who participated in her functional MRI studies. What she found was intriguing: regions of the brain comprising portions of frontostriatal circuits --the inferior frontal cortices -- were smaller in the BN compared to the healthy participants. Girls and women in the BN group who had the most severe symptoms had the smallest volumes of inferior frontal cortices. Do

patients fail to activate these regions because they're smaller? We can't say for sure. "It's an interesting inference and we're exploring it further," noted Dr. Marsh.

"It's my gut feeling that children are born with a predisposition for impulse dyscontrol and then environmental factors possibly tip them towards one disorder or another." In the case of eating disorders, these factors are likely social (for example, the portrayal of the "ideal" female body in the media).

However, she added "I think that we're really far from being able to use imaging as a tool for diagnostic purposes, but perhaps we are finding a biomarker for treatment. For example, if we could find some tools to enhance the functioning of these circuits, then maybe that would help people with bulimia." Still, no research has yet identified the true cause of BN but Dr. Marsh's new longitudinal study of girls age 12 to 18 aims to try. Focusing on the frontostriatal circuits, she will seek to determine if, over time, changes in these circuits could predict the persistence of the disorder over adolescence and young adulthood.

*Dr. Marsh's research is supported by National Institute of Mental Health grants R01MH090062-01A1, R01MH090062-02S1, and K01MH077652.*

## Gray Matters at Columbia New Fellows Reception



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

The annual Gray Matters at Columbia Fellowship Awards reception was held on November 15, 2012 at the Colony Club. Generously sponsored by Claudia and Joe Jensen and Aspasia Zoumas, this event honored the newly selected 2012-2013 Gray Matters at Columbia Fellows: Amir Levine, Sander Markx, Rachel Marsh, and Holly Moore. Each of the fellows



Farah Moinian, Diane Finnerty, Mary Elliott

shared their personal stories about what led them to psychiatry, and gave updates on their current research. They were joined by Dr. Jeffrey Lieberman, Gray Matters at Columbia supporters, members of the GMAC committee, and former GMAC fellows.



Amir Levine, Bo Bartlett



Rosemarie Lieberman, Lori Rosenfeld, Marianne Mebane



Sander Markx



Susanne Ahmari, Elena Patterson



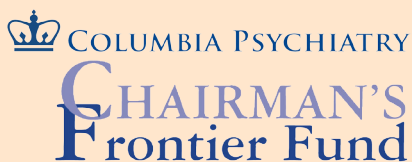
Steffanie Levin, Patsy Kahn, Rosemarie Lieberman, Annette Swanstrom



Jeffrey A. Lieberman, Betsy Frowein, Berthold Frowein



Jerry Finkel, Amir Levine, Vajihe Soleymani, Annette Swanstrom



**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 Leigh Ann Brienza, Director of Development, at (212) 304-7227 or [lab2213@columbia.edu](mailto:lab2213@columbia.edu).

**Thank you for your support of Columbia Psychiatry!**



## Broadway Musical *Kinky Boots* Aligns Its Support with the LGBT Health Initiative



Walter O. Bockting, Anke A. Ehrhardt, Cyndi Lauper, Jeffrey A. Lieberman

musical *Kinky Boots* hosted a special one-night-only event at the show on March 20th, featuring a pre-show cocktail reception with composer/lyricist Cyndi Lauper and director Jerry Mitchell, and a post-show talkback with book writer and gay rights icon Harvey Fierstein. The evening was co-sponsored by Broadway Cares/Equity Fights AIDS, with all proceeds directly benefitting the LGBT Health Initiative.



Jeffrey A. Lieberman, Hal Luftig, Daryl Roth, Stewart Adelson

In a joint statement, Fierstein and Lauper stated, "We have both been deeply involved in advancing equality for the lesbian, gay, bisexual, and transgender community for decades, so we know good people when we see them. We're honored to be joining the renowned researchers and clinicians of Columbia University Medical Center to raise awareness for their groundbreaking Initiative. *Kinky Boots* is very much about the power of self-acceptance and emotional health. We believe that this new program can strengthen not only the LGBT community, but all of New York." (Photos: Susan Cook)



Robert Kertzner, Raymond Smith



Virginia Millhiser, Jeffrey A. Lieberman, Timothy Millhiser



Vivian Taylor, Bobbie Berkowitz, Richard Berkowitz

As announced in our cover story, a new program at Columbia University Medical Center (CUMC) has been established to improve the health and well-being of LGBT individuals. Led by Director Anke A. Ehrhardt, PhD, and Co-Director Walter O. Bockting, PhD, the LGBT Health Initiative's research efforts will recognize the diversity within the LGBT population and the urgent need to understand the intersections among gender identity, sexual orientation, race/ethnicity, social class, and age, as well as the specific needs of different groups. In celebration of this cutting-edge and much needed expansion of health services for the LGBT community, the new Broadway



Cyndi Lauper



Meka Anyamele, Walter O. Bockting, Maxim Thorne

**Mark Ansorge, PhD** (Developmental Neuroscience) received an R01 totaling \$1,997,500 to support his research study “Developmental Origins of Aggressive and Impulsive Behavior.” NIMH is providing funding for five years.

**Gillinder Bedi, D Psych** (Substance Abuse), received a K23 from NIDA to support his research project, “Neurobehavioral mechanisms of decisions to smoke marijuana and cocaine in humans.” The five-year award totals \$930,360.

The Robert Wood Johnson Foundation has awarded **Edmund Griffin, MD, PhD** (Neurobiology and Behavior) a grant in the amount of \$419,941. The four-year award will support his research study, “A Molecular Analysis of the Gateway Hypothesis.”

**Christopher Kellendonk, PhD** (Developmental Neuroscience) was awarded a grant in the amount of \$150,000 from Forest Research Institute to support his study, “Further behavioral studies in dopamine receptor overexpressing mice.”

**Frances Levin, MD** (Substance Abuse) was awarded a NIDA grant to fund her research study, “1/2-Multicenter Trial of Combined Pharmacotherapy to Treat Cocaine Dependence.” The grant totals \$2,162,757 over a period of three years.

**Katherine Nautiyal, PhD** (Psychology) received an NIMH grant to support her study, “Genetic and Optogenetic Models to Dissect the Role of the Serotonin 1B Receptor.” The grant totals \$106,132 over two-years.

The National Institute on Aging awarded an R21 to **Richard Sloan, PhD** (Behavioral Medicine), for his study, Psychosocial Factors and Aging: Effects on Resting/Reflexive Cardiovascular Control. The two-year grant totals \$469,656.

The Brain & Behavior Research Foundation awarded a \$60,000 grant to **Xiaoyan Xu, PhD** (Translational Imaging). His research study title is “Imaging cortical dopamine neurotransmission with atomoxetine and [11C]FLB457.”

## AlumniNews

### The 2013 APA Annual Meeting in San Francisco, California

Attending the APA Annual Meeting in San Francisco? Please join past and present friends and colleagues following the convocation of the 2013 annual meeting of the American Psychiatric Association at the 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 20th from 7:00-9:00 PM at The San Francisco Museum of Modern

Art. Reception guests will have access to some of the museum’s art galleries.

Congratulations to **Evelyn Attia**, winner of the 2013 Alumni Award! Funds donated for her award will 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.

Plan to spend some time at our Booth -



#713 - at the Moscone Center during the APA Meeting. APA President-elect Jeffrey Lieberman, MD, will be in the booth and pleased to see you on Tuesday, May 21 from 11 AM-12 PM.

**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](mailto:morrisd@nyspi.columbia.edu).**

#### 1950s

**Laurence Beahan, MD**, finished his residency at PI in 1959. “Afterward I went to Tachikawa Air Force Base in Japan for four years where I joined another PI graduate Bob Anderson who was running the Psychiatric service at the base hospital. I came back to my home in Buffalo, NY where I practiced Psychiatry until retiring in 1991. Retirement has been good as were those years at PI.”

#### 1960s

Class of 1963 alum **Albert Crum, MD**, has led a varied and interesting life. He has held 3 academic professorships and developed the Percept Method that provides a new approach to the traditional stress management model. The Method is detailed in his book, *The 10-Step Model of Stress Relief*. Dr. Crum has received several patents related to boosting

the body’s natural immune function.

Other highlights include meeting with Pope John Paul and receiving the Gold Medallion award, and meeting and accompanying the Dalai Lama for his acceptance of the Nobel Prize.

**Ivan K. Goldberg, MD**, class of 1963, is still in full-time private practice. He is “the founder and coordinator of PsyCom. Net an online organization that provides free, commercial-free, online interactive educational communications for 10,000 mental health professionals throughout the world.”

Psychoanalytic Training and Research class of 1964 alum **Leonard Diamond, MD**, is “still in an active but limited practice in both Connecticut and New York.” However, he’s been dabbling in musical theatre. “My

most recent musical “Earnest or What’s in a Name?” (A musical adaptation of “The Importance of Being Earnest”) was a finalist in the 2013 New York Musical Theatre Festival Contest and is going to have its world premiere this summer (July-August) at TheatreWorks New Milford. “

He adds that, “... my wife Ruth and I will be celebrating our 59th wedding anniversary this September, hoping for another 59 at least... We’re delighted to report that two of our daughters are psychiatrists, two of our grandsons are doctors – one in medicine and the other in a psychiatric residency at Yale, – another 2 grandchildren currently in medical school, and the remaining either still in school or out doing great things.” And, finally, he writes, “I really do hope to hear from my fellow graduates.”

*(continued on page 9)*



## Residents' Corner: Lauren Osborne, MD



In psychiatry we don't often feel that we're saving lives – we're bettering lives. But, at that moment I felt like I was saving two lives.” Lauren Osborne, MD, a fourth year resident, was recalling a moment during her

rotation in the psychiatric emergency room when she felt even more strongly that her decision to pursue psychiatry was the right one for her. Called to consult on a case where a pregnant woman had gone into labor on her way to the psychiatric ER, Dr. Osborne's experience working with pregnant women with a coexisting psychiatric illness proved valuable.

“They needed to know how to manage this person's psychiatric state, what happens when the baby's born...and the obstetricians didn't know the answers to those questions,” Was it rewarding? In a word, Yes. After all, “What could be better than saving lots of babies?” she said.

Dr. Osborne was “quite determined” to pursue a career as an obstetrician-gynecologist, but after starting medical school at Weill Cornell she had a change of heart. “I got to medical school and hated being in the operating room.” What she found was that she enjoyed talking with patients and exploring how the reproductive aspects of women's lives affected their thinking and overall psychiatric health.

A number of factors contributed to Dr. Osborne's decision to go into medicine, a field she came to after a number of years as

an editor at a publishing company, where she worked her way up the ranks to senior editor of nonfiction books, specializing in the social sciences and medicine. “I do think that books change people's lives, but there's not the same immediacy, the sense that I'm helping this person right now,” she said.

Prior to medical school she had carried out research in contraception and abortion in low-income women while interning in the Department of Obstetrics and Gynecology at Columbia University Medical Center (CUMC). She was a mother of three, which further stoked her natural interest in women's health. In pursuing her residency in psychiatry at Columbia/New York State Psychiatric Institute (NYSPI), with a reputation for research excellence, she found that not only was she able to satisfy her research interest but she could also integrate her passion for women's reproductive health with her study of mental health.

Despite her demanding schedule as a resident, Dr. Osborne carved out a little time from the very beginning to attend some of the weekly rounds at the Women's Program in Psychiatry. There, she was introduced to one of the participants, whose research investigated the effects of pregnant women's stress and psychiatric diagnoses on fetal and infant development. That researcher, Catherine Monk, PhD, later became her mentor.

“She is amazing,” Dr. Osborne said about Dr. Monk. “Not only is she a wonderful researcher, but she's also extremely nice, and her work style is a great combination of giving me independence, pushing me to develop my ideas and passions- while also keeping my

nose to the grindstone.”

“As a researcher, Dr. Osborne has a wonderfully curious and analytic mind,” said Dr. Monk. “Moreover, she pays great attention to detail and thus sees the not-infrequent inconsistencies in research reports and, rather than getting discouraged, or gliding over this ‘messiness’, is motivated by these conflicting results to gain a better understanding of what is actually going on. She also has seemingly limitless energy for research, and her clinical work as well. She seems to relish intellectual challenges, and hard work, two key ingredients for a successful research career.”

Added Dr. Monk, “She brings to her clinical work not only immense intelligence and knowledge, but a calmness that is reassuring to all her patients, and perhaps, especially, women in the perinatal period feeling particularly vulnerable as they stumble through what is assumed to be a period of bliss.”

Dr. Osborne recently completed and submitted a literature review of the role of inflammation in perinatal depression. She was awarded the PRITE Fellowship in 2010 and received the American Women Psychiatrists' Fellowship in 2012. She will be staying at Columbia after residency to do an National Institutes of Health-sponsored fellowship in Affective and Anxiety Disorders, during which she will continue to work with Dr. Monk. She will present the beginnings of her new research project, about the relationship between immune mechanisms and specific symptoms in perinatal mood and anxiety disorders, at this year's Junior Investigators' Colloquium at the APA.

## AlumniNews (continued from page 8)

### 1990s

After closing her NYC practice last summer, **Lorraine Innes, MD**, class of 1993, became full time Medical Director at TTC Psychiatric, P.C. in Westchester. As of September 2010, Dr. Innes' program offers Transcranial Magnetic Stimulation or TMS for depression, the seminal work for which was done at NYS Psychiatric Institute.

**Karen E. Anderson, MD**, class of 1997, has been named director of the Huntington Disease Care, Education and Research

Center (HDCERC), a joint endeavor of Georgetown University Medical Center (GUMC) and MedStar Georgetown University Hospital. The Huntington Disease Center, established in 2012, is the first comprehensive, multidisciplinary center to focus on treatment, education and research in the Washington, D.C. area.

### 2000s

Class of 2011 alum **Tresha Gibbs, MD**, will be completing her child and adolescent

psychiatry fellowship at NYU and expanding her private practice on the Upper West Side to serve children, adolescents, and adults, starting in Sept 2013.

**Erin Soto, MD**, class of 2012, writes: “I would like to report the birth of our second son, Patrick Egidio Soto, born January 29, 2013, weighing 7lbs 14 oz, in Minneapolis, MN.” Erin, her husband Andres, and their toddler Beni are thrilled to welcome “Paddy” to the family.

## Portion of Hippocampus Found to Play Role in Modulating Anxiety

*Findings raise possibility of new therapies for anxiety disorders*

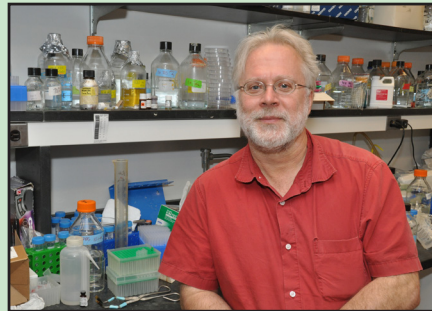
Columbia University Medical Center (CUMC) researchers have found the first evidence that selective activation of the dentate gyrus, a portion of the hippocampus, can reduce anxiety without affecting learning. The findings suggest that therapies that target this brain region could be used to treat certain anxiety disorders, such as panic disorder and post-traumatic stress syndrome (PTSD), with minimal cognitive side effects. The study, conducted in mice, was published March 6, 2013 in the online edition of the journal *Neuron*.

The dentate gyrus is known to play a key role in learning. Some evidence suggests that the structure also contributes to anxiety. “But until now no one has been able to figure out how the hippocampus could be involved in both processes,” said senior author Rene Hen, PhD, professor of neuroscience and pharmacology (in psychiatry) at CUMC.

“It turns out that different parts of the dentate gyrus have somewhat different functions, with the dorsal portion largely dedicated to learning and the ventral portion dedicated to anxiety,” said lead author Mazen A. Kheirbek, PhD, a postdoctoral fellow in neuroscience at CUMC.

To examine the role of the dentate gyrus in learning and anxiety, the investigators used a state-of-the-art technique called optogenetics, in which light-sensitive proteins, or opsins, are genetically inserted into neurons in the brains of mice. Neurons with these genes can then be selectively activated or silenced through the application of light (via a fiber-optic strand), allowing researchers to study the function of the cells in real time. Previously, the only way to study the dentate gyrus was to silence portions of it using such long-term manipulations as drugs or lesions, techniques that yielded conflicting results.

In the current study, opsins were inserted into dentate gyrus granule cells (the principal cells of the dentate gyrus). The researchers then activated or silenced the ventral or dorsal portions of the dentate gyrus for three minutes at a time, while the mice were subjected to two well-validated anxiety tests (the elevated plus maze and the open field test).



“Our main findings were that elevating cell activity in the dorsal dentate gyrus increased the animals’ desire to explore their environment. But this also disrupted their ability to learn. Elevating activity in the ventral dentate gyrus lowered their anxiety, but had no effect on learning,” said Dr. Kheirbek. The effects were completely reversible — that is, when the stimulation was turned off, the animals returned to their previous anxiety levels.

“The therapeutic implication is that it may be possible to relieve anxiety in people with anxiety disorders by targeting the ventral dentate gyrus, perhaps with medications or deep-brain stimulation, without affecting learning,” said Dr. Hen, who is also director of the Division of Integrative Neuroscience, The New York State Psychiatric Institute, and a member of The Kavli Institute for Brain Science. “Given the immediate behavioral impact of such manipulations, these

strategies are likely to work faster than current treatments, such as serotonin reuptake inhibitors.”

According to Dr. Hen, such an intervention would probably work best in people with panic disorder or PTSD. “There is evidence that people with these anxiety disorders tend to have a problem with pattern separation — the ability to distinguish between similar experiences,” he said. “In other words, they overgeneralize, perceiving minor threats to be the same as major ones, leading to a heightened state of anxiety. Such patients could conceivably benefit from therapies that fine-tune hippocampal activity.”

Dr. Hen and his team are currently exploring strategies aimed at modulating the activity of the ventral dentate gyrus by stimulating neurogenesis in the ventral dentate gyrus. “Indeed the dentate gyrus is one of the few areas in the adult brain where neurons are continuously produced, a phenomenon termed adult hippocampal neurogenesis,” added Dr. Hen.

*The study was supported by grants from the National Institutes of Health (1K01MH099371-01 and R37 MH068542), the National Alliance for Research on Schizophrenia and Depression, the Sackler Institute, the New York Stem Cell Initiative (NYSTEM C026430), and the Hope for Depression Research Foundation.*

## The LGBT Health Initiative Established at Columbia Psychiatry (continued from cover)

“We will bring together scientists, clinicians, educators, and policymakers to respond comprehensively to the critical issues facing LGBT people. For example, families, schools, and health providers are often ill-prepared to offer support to LGBT youth, which increases their vulnerability to shame, low self esteem, isolation, loneliness and self-harm. We will conduct the research necessary to develop the tools that families, schools, and health providers can use to strengthen resilience among LGBT people. Such research will also inform the training of the next generation of clinicians and educators and drive public policy to improve the climate of schools and communities so that LGBT youth can thrive.”

The Initiative’s Co-Director is Walter O. Bockting, Ph.D., a clinical psychologist and internationally known sexuality researcher who came to Columbia from the University of Minnesota in the fall of 2012. “Almost every day in the news, there is another sign of progress in

fighting stigma and in confronting the inequities found among the LGBT population. However, despite this dramatic increase in public awareness, research to guide this progress and training in evidence-based, culturally competent health care has lagged behind,” said Dr. Bockting. “To fill this gap, we will take LGBT health research, practice, education, and policy to a whole new level by working collaboratively with faculty and students, colleagues in the field, affected communities, and policymakers. Together, we will lead the way toward greater understanding, better access to care, improved quality of life, and well-being.”

The Initiative’s research efforts will recognize the diversity within the LGBT population and the urgent need to understand the intersections among gender identity, sexual orientation, race/ethnicity, social class, and age, as well as the specific needs of different groups. The issues facing families and gay adolescents, for instance, are different from the

*(continued on page 11)*



## Participation in Research Leads to Advances in Mental Health Care

*Participation gives individuals a chance to help increase knowledge about mental health - and get treatment!  
How do we best inform people about these opportunities?*

If you regularly ride the NYC subway system, there's a good chance you saw a recent advertisement for studies in the Depression Evaluation Service (DES). With the headline "Are You Depressed?" the ad was intended to recruit for ongoing clinical trials in the DES, particularly the large multi-site NIMH-funded EMBARC Study, which is enrolling individuals with major depression; the goal of EMBARC is to be able to develop personalized treatments for depression, based on findings from MRI brain scans, EEGs, psychological tests, and genetics. Beginning in October, 2012, about 1000 ad placards were posted on approximately 20% of subway cars across the various lines in all 5 boroughs of New York City.

Generally when the Depression Evaluation Service runs an advertising campaign for studies, whether for print ads, radio, online, or even TV, we expect a stream of calls, anywhere from a few dozen to at most a hundred, which soon trail off. With the MTA subway ad, we were deluged with telephone calls, by now totaling around 400 calls. Even now, several months after the end of the subway ad run, calls are still coming in.

Callers to DES are screened by phone by our social worker, and people who might be eligible for our studies are invited for an in-person evaluation, either at our uptown 168th St. NYSPI location or our 3 Columbus Circle (Broadway and 57th St.) office. From over fifty evaluations completed to date, over 30 people have entered DES studies -- whether EMBARC, or our other studies of dysthymic disorder, treatment-resistant depression, wake therapy, or bipolar depression.

"This is the most effective advertising campaign we have run to date," says Dr. Patrick J. McGrath, a principal investigator for the EMBARC study.

Potential study subjects are often concerned about PI's uptown location, but with an advertisement posted in subway cars, our potential subjects are already traveling, and callers have generally been willing to come to one of our locations--even from fairly distant places like Far Rockaway.

Another interesting observation we have made is that callers have generally had fairly limited prior psychiatric treatment, with many having never had adequate trials of antidepressant medication or depression-focused psychotherapy (like cognitive behavioral therapy). In contrast, web postings or print ads often tend to attract individuals who have had more extensive treatment histories, and who may be less likely to be eligible for non-treatment-resistant depression studies.

"We are encouraged that we appear to have reached a target audience who have significant depressive illness, who are under-served by current mental health services, and who can really benefit from the clinical evaluations and treatment that are offered in our studies," says Dr. McGrath. Patients often respond to study medications, he notes. In addition, studies with medication vs. placebo phases are followed by open treatment, during which a variety of medication treatments can be tried. "We believe that we offer excellent clinical treatment to help our study participants recover from their depression."

At this point, we are planning to run a second subway ad, starting in April 2013. Depending on how well that works--it is possible that calls may eventually trail off--we may institute such ads on a quarterly basis. We are also proposing to the central Psychiatry Department Administration that it consider running ads on a regular basis to recruit department-wide for clinical studies, with the goal of increasing New Yorkers' awareness of the treatment options available by participating in research.

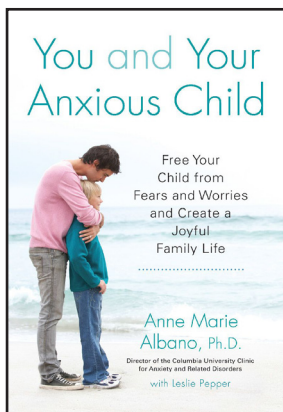
*-David Hellerstein, MD*

### The LGBT Health Initiative Established at Columbia Psychiatry *(continued from page 10)*

concerns of older bisexual men of color and from those of young lesbian women. In addition, transgender people require a special focus, since they are among the most stigmatized members of society. It has been recently demonstrated that such stigma is directly related to high rates of depression and suicide risk among the transgender population, especially if they are impoverished and homeless.

The LGBT Health Initiative is based at the Division of Gender, Sexuality, and Health at the New York State Psychiatric Institute and the Columbia University Department of Psychiatry, in association with the Columbia University School of Nursing, and builds upon the decades of work by researchers and clinicians at both institutions. "It is of historic importance that the resources of a major academic department, in collaboration

with a distinguished School of Nursing, will be devoted specifically to translating advanced research on LGBT health into state-of-the-art clinical care, teaching and training of health professionals, and public policy analysis and formulation," noted Jeffrey Lieberman, MD, Chair of Columbia Psychiatry and Director of the NYS Psychiatric Institute.

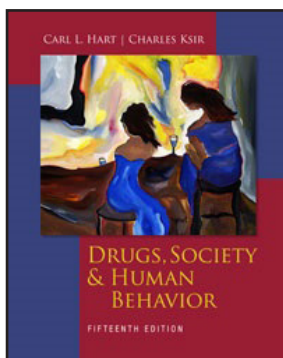


## You and Your Anxious Child: Free Your Child from Fears and Worries and Create a Joyful Family Life

**Authors:** Anne Marie Albano, PhD, Leslie Pepper

**Publisher:** Avery Trade, April 2013

Anxiety affects more children and teens than any other psychiatric illness, but it's also the most treatable emotional disorder. Some 25 percent of children and adolescents will suffer an anxiety disorder at several points in their lifetime, resulting in serious problems in their ability to function in school, with peers, and on a general day-to-day basis. A renowned researcher and clinician who has developed groundbreaking, proven coping strategies illuminates a new path to fear-free living for families.

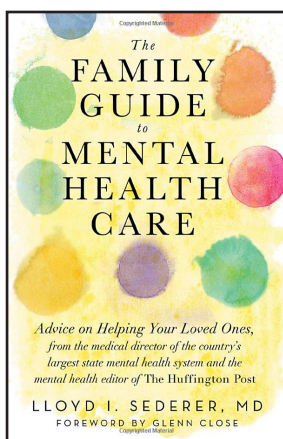


## Drugs, Society and Human Behavior, Fifteenth Edition

**Authors:** Carl Hart, PhD, Charles Ksir

**Publisher:** McGraw-Hill Humanities, September 2012

Drugs, Society and Human Behavior provides the latest information on drug use and its effects on society as well as on the individual. Trusted for more than 30 years by both instructors and students, this authoritative resource examines drugs and drug use from a variety of perspectives—behavioral, pharmacological, historical, social, legal, and clinical. The 15th edition includes the very latest information and statistics and many new timely topics and issues have been added that are sure to pique students' interest and stimulate class discussion. Accompanying the text are instructor and student resources on the Online Learning Center.



## The Family Guide to Mental Health Care

**Authors:** Lloyd I. Sederer, MD

**Publisher:** W. W. Norton & Company, April 15, 2013

More than fifty million people a year are diagnosed with some form of mental illness. It spares no sex, race, age, ethnicity, or income level. And left untreated, mental disorders can devastate our families and communities. Family members and friends are often the first to realize when someone has a problem, but it is hard to know how to help or where to turn. Our mental health “system” can feel like a bewildering and frustrating maze. How can you tell that someone has a mental illness? What are the first and best steps for you to take? Where do you go to find the right care? The Family Guide to Mental Health Care is the first comprehensive print resource for the millions of people who have loved ones suffering from some kind of mental illness. In this book, families can find the answers to their most urgent questions. What medications are helpful and are some as dangerous as I think? Is there a way to navigate privacy laws so I can discuss my adult daughter's treatment with her doctor? Is my teenager experiencing typical adolescent distress or an illness? From understanding depression, bipolar illness and anxiety to eating and traumatic disorders, schizophrenia, and much more, readers will learn what to do and how to help.

## In Memoriam



In March, 2013, Columbia's Department of Psychiatry lost an invaluable employee, **Helen Richards**. Moira Rynn, MD, Interim Director of the Child and Adolescent Psychiatry program wrote: “Helen played a vital role in the success of the CARING at Columbia program. For 25 years, she helped to nurture and oversee a program for vulnerable youth aimed at supporting them emotionally and strengthening them psychologically through the arts.

She carried out this task with constant devotion, humility, kindness, and grace. For most of her tenure, Helen was the face of CARING as

its Executive Director. Helen was a true inspiration, working tirelessly with the schools, residents, and donors, the heart and soul of CARING. Countless children lead richer, better lives as a result. They and the program she leaves behind constitute an enduring legacy to her good works. She will be greatly missed by those who knew her. “

Individuals who wish to honor the memory of Helen Richards are encouraged to make donations to the Helen Sawaya Fund, St. Luke's Roosevelt Hospital Center. This program provides support to cancer patients, primarily through the arts programs and to create a special space for cancer patients where they will feel cared for and loved.

[http://thehelensawayafund.org/The\\_Helen\\_Sawaya\\_Fund\\_home\\_page.html](http://thehelensawayafund.org/The_Helen_Sawaya_Fund_home_page.html)