

InPsych

Summer, 2012



Annual Meeting Highlights Stellar Year at Columbia Psychiatry

This year's annual meeting of the New York State Psychiatric Institute (NYSPI) and the Department of Psychiatry highlighted the achievements of the year in a new and expanded format. Following opening remarks, the department's vice-chairs in Clinical Services, Education, Faculty Affairs and Research each took to the stage to present a synopsis of the last year's



activities as well as future goals in their respective areas.

In his opening remarks, NYSPI Director and Columbia Psychiatry Chairman Jeffrey

Lieberman, MD, reminded those in attendance that the challenges the department and NYSPI faced over the last year mirrored the national challenges of the past four years. Calling them the "the perfect storm of economic adversity," Dr. Lieberman said the recession, a decline in NIH funding, the implementation of a new Columbia budget model and the prospect of healthcare reform were, and continue to be, barriers to
(continued on page 5)

The New Adolescent Program Opens at East 60th Street

On July 1, The Adolescent Program, part of the Columbia Day Program, opened its doors under the leadership of director Allison Baker, MD. The Program is an outpatient clinical service for high school students ages 15-18, either currently attending school in New York City or returning from out-of-town boarding schools for care.

Our Mission

Adolescence is a compelling time of life when physical and psychological growth proceed at an incredible pace. When young people struggle with behavioral, emotional or learning issues, their success in high school and in their personal lives is at risk. Their families are often in crisis. The longer an adolescent struggles, the more likely his or her healthy development is compromised. The staff of the Adolescent Program will intervene quickly with the highest quality behavioral health care to help teenagers get back on track.

The Program

The Adolescent Program has two tracks based on intensive group therapy. One is structured day treatment for adolescents unable to attend school and the second is an after-school program for those adolescents still in school. The staff are geared to work with young people with complicated problems including depression or anxiety, risk behavior including self-injury, suicidal ideation and

suicide attempts, eating disorders and substance use. In our decades of work with young adults attending college, we learned the value of providing earlier intervention in the developmentally critical high school years. We offer care and support to facilitate young people's successful transition to college.

Why Columbia?

As one of the world's premier departments of psychiatry, Columbia Psychiatry is committed to exceptional patient care and leading-edge research. The close collaboration between our physicians and scientists enables us to provide patients with the best care available today. A child's mental health deserves the finest evidence-based treatment delivered by leaders in the field.



(continued on page 2)

In This Issue

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

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

Questions or comments to
yarmoli@nyspi.columbia.edu

Columbia University
Department of Psychiatry

New York State
Psychiatric Institute



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

[Back to Main Page](#)

Psychiatric Education at Columbia

At our graduation ceremonies each year I am deeply moved as well as impressed by the extraordinary quality and quantity of knowledge, effort and achievement demonstrated by our graduates in the residency and fellowship programs in clinical and research training.

These ceremonies, however, mark achievements that have impact far beyond the day itself and the individual graduates we have come to recognize and celebrate.

Graduation is a time to reflect on the strengths of our educational program and the superb leadership, mentorship and pedagogical excellence that exemplify it. Our program has grown under the aegis of Dr. Maria Oquendo, who has built an outstanding team of faculty to develop and direct the educational programs and provide mentorship to our trainees. All told, Columbia Psychiatry provided training to 828 students and trainees in 34 different educational programs this year.

As Dr. Oquendo noted at the annual meeting, we nominate our residents for all awards available to trainees. This past year, we won over 80% of all national awards we applied for, thanks to the caliber of our residents, but also to training directors Drs. Deborah Cabaniss and Melissa Arbuckle who sit with each resident to develop a life narrative that makes giving them the award incontrovertible.

These awards are extremely valuable because many are not simply honorific. Typically, the resident is funded to attend meetings and can start learning early on about special areas in psychiatry and networking.

For example, awards from the Association

for Academic Psychiatry, American Psychiatric Association (APA) Child and Adolescent Psychiatry, American Psychoanalytic Association, Association of Women Psychiatrists and from the APA Junior Research Colloquium permit trainees to attend the associations' annual meetings.

Others like the APA/SAMHSA Minority Fellowship provide funds for program development and diversification of trainees and faculty in an effort to enhance mental health care to underrepresented minorities.

Research awards such as National Institute of Mental Health (NIMH) Brain Camp and NIMH Career Development, and the NIMH Outstanding Resident Award Program give trainees opportunities to meet top researchers across the country and the top brass at the NIMH.

90% of our graduates this year are pursuing post post-graduate training, with half of them remaining here at Columbia Psychiatry. We benefit enormously from this in-house source of new faculty. This issue of *InPsych* bears testimony to the achievements of recent graduates. An article about the the research on hoarding that Dr. Carolyn Rodriguez (Class of 2008) is carrying out appears on page 6; and Dr. Allison Baker (Resident Class of 2010; Child and Adolescent Residency Class of 2012) is director of the New Adolescent Program at East 60th Street described in our cover article.

The educational mission at Columbia Psychiatry runs through the entire fabric of our institution, supported by and supporting our research and clinical endeavors and enriching our lives with the energy and exuberance of our students. They truly represent the future of psychiatry.

New Adolescent Program Opens at East 60th Street *(continued from cover)*

Our Services

Dialectical Behavior Therapy (DBT)

DBT is one of the best-proven methods to deal with impulsive, aggressive, and self-damaging behavior, and is our primary treatment method. Developed over 20 years ago by Dr. Marsha Linehan, it has been demonstrated in numerous research studies to help motivated individuals with these problems develop greater insight and self-control. The Program offers adolescent and multi-family DBT skills training groups, and our skills training groups focus on five different modules and their associated challenges:

- Mindfulness
- Emotion Regulation
- Walking the Middle Path
- Distress Tolerance
- Interpersonal Effectiveness

Substance Use

The Adolescent Program offers DBT-based substance use treatment, as well as multi-family groups for adolescents and families struggling with substance use disorders.

Academics

Because academic life is central to an adolescent's identity, we address it as an integral part of treatment. Every person's academic functioning will be evaluated as part of an initial comprehensive diagnostic workup. Program staff will provide treatment as needed for ADHD, executive function deficits, and problems with concentration that may arise from depression and anxiety. The program offers these services:

- Neuropsychological testing/review of preexisting test results
- Cognitive remediation
- Cognitive behavioral therapy and behavioral interventions for ADHD
- Medication management

On-site academic support services including study skills training, assignment planning, and subject-specific tutoring are also available. Many students with cognitive impairment, learning disabilities, and psychiatric illness may qualify for academic accommodations; ACT will provide

(continued on page 5)



COLUMBIA PSYCHIATRY

WWW.COLUMBIAPSYCHIATRY.ORG

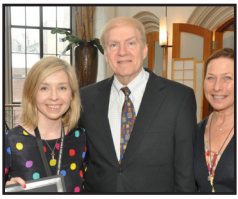


Find us on Facebook, Follow us on Twitter

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.



Allison Baker, MD (graduating resident in Child Psychiatry) received the Barbara Anne Liskin Award for excellence in psychiatry.

Megan Chesin (MIND) was awarded an American Foundation for Suicide Prevention post-doc grant to work on adapting Mark Williams' mindfulness-based cognitive therapy to suicidal patients.

Alex Dranovsky, MD, PhD (Integrative Neuroscience) has received an Irving Scholars Award. Beginning July 1, 2012, the award provides \$60,000 in unrestricted funds annually for 3 years. His title will be "Herbert Irving Assistant Professor of Neurology" during this period.

Molly Gangopadhyay, MD (graduating Chief Resident in Child Psychiatry) received the Edward J. Sachar Award for Clinical Excellence in Child Psychiatry.



Elizabeth Hackett, RT(N)(CT) (Translational Imaging) received the Outstanding Nuclear Medicine Technologist of the Year award at the Society for Nuclear Medicine meeting in June in Miami, Florida.

John Mann, MD (MIND) received The Society of Biological Psychiatry's 2012 George N.

Thompson Award for Distinguished Service. The award honors members of the Society who have given outstanding service to promote the welfare of the organization.

Heino Meyer-Bahlburg, Dr. rer. nat (HIV Center), was invited to present the Charlotte Laplante Branchaud Lectureship in Perinatal Endocrinology at the McGill University Health Centre / Montreal Children's Hospital. The subject of his talk on April 11 was "Genitals and Gender - Evidence-Based Gender Assignment and Re-Assignment."

Bradley Peterson, MD (Child Psychiatry) received the Best Teacher Award from the Class of 2012 Child and Adolescent Psychiatry Residents.



Harold Pincus, MD (Vice Chair) was selected by the National Quality Forum to serve as an individual subject matter expert and voting member of the Coordinating Committee for the Measure Applications Partnership (MAP) established under the Affordable Care Act.

Lee Robinson, MD, (Resident) has been selected to receive an Association for Academic Psychiatry Fellowship Award. Awardees are selected based on their promise as outstanding leaders, educators, researchers, and clinicians in psychiatry.



Herbert Schlesinger, PhD (Psychoanalytic Center) delivered the annual Freud Lecture to the Psychoanalytic Association of New York on May 21. The title of his talk was "How Do You Know That What You Are Doing is Psychoanalysis?"

Richard Sloan, MD (Behavioral Medicine), presented a paper in Athens, Greece in mid-March at the International Psychosomatic Medicine meetings. The title of his paper was "Hostility, Interpersonal Interactions, and Cardiac Autonomic Control During Everyday Living."



The Division of Substance Abuse, under **Herbert Kleber's** leadership, was ranked 2nd in US News & World Report's best medical school training programs of 2012.

Harlem Hospital Center won the first annual Performance Improvement Award in the Health and Hospitals Corporation (HHC) Behavioral Health Key Indicators. The Award was presented at the Annual Behavioral Health Planning Event on Thursday, June 7th 2012. This is a testament to the hard work invested in improving patient care at Harlem Hospital Center. **Zafar Sharif, MD**, is the Director of Psychiatry at Harlem.

GrantNews

Susanne Ahmari, PhD (Integrative Neuroscience) and Jeremy Veenstra-VanderWeele, MD were awarded \$433,000 over two years from the National Institute of Mental Health for their study "Translating OCD gene-association studies into mice to examine SLC1A1 function."

Joshua Gordon, MD (Integrative Neuroscience) and Joseph Gogos, MD (Physiology Research) were awarded \$1.6 over four years from the National Institute of Mental Health for their study of "Mechanisms underlying the functional connectivity deficit in the 22q11 microdelet."

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."

Alice Medalia, MD (Adult Psychiatry) received \$454,000 over two years from the National Institute of Mental Health for her study "Cognitive Skills Training to Improve Vocational Outcome in Homeless Youth."

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."

The National Institute of Mental Health awarded **Elizabeth Sublette, MD** (MIND) \$470,000 over two years for her "Pilot PET Study

Characterizing [1-11C] Arachadonic Acid in Bipolar Disorder."

Maria A. Oquendo, MD (MIND) and **Milton L. Wainberg, MD** (Epidemiology) were awarded 1.2 million over five years from the National Institute of Mental Health for their "Global Mental Health Research Fellowship: Interventions That Make a Difference."

Joan Prudic, MD (Experimental Therapeutics) and **Jimmy Choi, PsyD** (Substance Abuse) were awarded \$455,000 over two years from the National Institute of Mental Health for their study on "Cognitive Training for Memory Deficits Associated with Electroconvulsive Therapy."

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."



Eric Marcus, MD

Dr. Eric Marcus was reappointed Director of the Columbia University Psychoanalytic Center. He was first appointed five years ago and, as a result of his outstanding leadership, the

search committee – in accordance with the bylaws of the Psychoanalytic Center – recommended his reappointment.

As Director of the Psychoanalytic Center, Dr. Marcus oversees the training of candidates for certification in psychoanalysis and contributes to the development and implementation of psychodynamic psychotherapy in the residency and medical student curricula. In his role at NYSPI, he also facilitates research on the methodology and efficacy of psychotherapy.

Dr. Marcus is a distinguished life fellow of the American Psychiatric Association (APA), and a fellow of the New York Academy of Medicine and of the American College of Psychoanalysts. His teaching awards include the Columbia University President's Teaching Award, the Roeske teaching award of the APA, the Sabshin teaching award of the American Psychoanalytic Association, the regional teaching award of the Association for Academic Psychiatry, and several College of Physician and Surgeons teaching awards including Commencement Speaker. He is past president of the New York County district branch of the APA and a past president of the Association for Psychoanalytic Medicine. His areas of research involve symbolic alterations of reality, in psychotic and near psychotic phenomena, and in social psychoanalytic science research using medical student dreams to study the effect of medical pedagogy and the stages of development of the capacity for medical empathy.



Melanie Wall, PhD

Dr. Melanie Wall was appointed Chief of the Division of Biostatistics at the NYS Psychiatric Institute (PI) and at the Department of Psychiatry,

Columbia University in June. Dr. Wall joined Columbia Psychiatry and PI in 2010 as Full Professor of Biostatistics (with tenure) in the Division of Biostatistics; she holds the same title in the Department of Biostatistics at the Mailman School of Public Health. She received her BA in mathematics from Truman State University in Missouri and her Masters and PhD in Statistics from the University of Iowa. In 1998, she became a member of the faculty in the School of Public Health at the University of Minnesota. There her methodological work, teaching, and administrative skills developed and flourished during a 12-year tenure.

Dr. Wall has distinguished herself as investigator, collaborator and mentor. Her own research has focused on latent variable modeling, spatial data modeling (e.g. disease mapping) and longitudinal data analysis. She brings unique expertise to her work with epidemiological observational data in behavioral, psychosocial, and mental health research. At NYSPI/Columbia, Dr. Wall has become a highly valued and much sought-after colleague and teacher. Her academic and leadership skills made her the obvious choice to head Biostatistics upon Naihua Duan's retirement.



Moira Rynn, MD

Dr. Moira Rynn assumed the role of Interim Director of the Division of Child and Adolescent Psychiatry in May. Dr. Rynn will form an executive committee of senior child faculty to

assist her in overseeing the clinical, educational and research activities of the Division.

She joined the Division of Child and Adolescent Psychiatry in 2006 after having served as the Medical Director of the Mood and Anxiety Disorders Section of the Department of Psychiatry at the University of Pennsylvania School Of Medicine. Dr. Rynn is a graduate of Goucher College and received her medical degree from the University of Medicine and Dentistry of New Jersey. She completed her internship and residency in psychiatry at the University of Pennsylvania Perelman School of Medicine, a Child and Adolescent Psychiatry Fellowship at the Children's Hospital of Philadelphia, Child Guidance Center, and a Neuropsychopharmacology Research Fellowship sponsored by the NIMH at the University of Pennsylvania School of Medicine.

Dr. Rynn is currently an Associate Professor of Clinical Psychiatry and has served as the Deputy Director of Research for the Child and Adolescent Psychiatry Division. Her research is in the treatment of pediatric mood and anxiety disorders. She has recently received federal funding to study a treatment model for adolescent depression in the primary care setting, as well as funding for medication augmentation strategies for pediatric OCD.

COLUMBIA PSYCHIATRY GIVING

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

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

Thank you for your support of Columbia Psychiatry!

New Adolescent Program Opens Its Doors *(continued from page 2)*

guidance to families and help facilitate the qualification process. Finally, we offer assistance for the college admissions process, through collaboration with Advantage Testing, widely regarded to be the nation's preeminent tutorial service.

Family Therapy

The Family Clinic at the Columbia Day Program provides family-focused services to the loved ones of our patients. At the Family Clinic we view recovery of each patient as a journey the family takes together. Using a variety of family therapy modalities we help families step out of negative cycles of interaction into more positive ones that accurately reflect the shared values of commitment, optimism and hope among members of the family.

- Family or Couple Consultation and Therapy
- Multiple-Family Psychoeducation Groups
- Multiple-Family Dialectical Behavior Therapy (DBT) Family Groups

- Parent Support Groups
- The Maudsley Approach - A Family-Based Treatment for Eating Disorders
- Community Reinforcement and Family Training - CRAFT Innovation

Research shows that programs have better results when clinical outcomes are monitored and the information gathered by clinicians guides patient care. The Day Program has embarked on building a comprehensive database to follow patients. Currently, the Adolescent Program has a secure, confidential web portal where patients, their therapists, and family members provide information regularly during an episode of care. This information is used to track patient progress, identify problems, and provide timely feedback to patients, therapists, and caregivers.

*To schedule an appointment or to make a referral, please call the Adolescent Program at **212-305-0365**.*

Annual Meeting Highlights Stellar Year at Columbia Psychiatry *(continued from cover)*

overcome to ensure ongoing progress in the department.

Without knowing where exactly the next year will take us, the performance of the last year seems to forecast a strong showing for NYSPI and Columbia Psychiatry in its core mission to undertake unparalleled research, and provide an extraordinary quality of patient care and psychiatric training, thanks, in large part, to its talented group of faculty and staff.

Research



David Strauss, MD, Vice Chair for Research Administration, Ethics and Policy, praised the department faculty's resilience in the face of a near freeze in research lines in New York State – only one new line has been approved since 2008 – and the increasing competition for diminishing NIH funding. In the last year, researchers were awarded 77 federal grants, 33 non-federal grants as well as 7

new K awards, which brings our total to an “astonishing” 41 K awards.

We also lead the nation in NIH grant awards: our researchers were awarded nearly \$86 million in NIH funding in the last year. The Department and NYSPI are in an even greater position to maintain their research stature with the re-opening of the PET Center and the approval of funding for a new research MRI.

Over the last year Columbia and PI have also worked valiantly to finalize a new ‘affiliation agreement.’ “This document serves to reinforce the partnership between Columbia and Psychiatric Institute, which is really central to our way of thinking and to our effectiveness,” said Dr. Strauss. One final hard-won victory that came to fruition over the last year was approval of funding for the renovation of animal and lab facilities in Kolb and the Pardes buildings. “In order to prepare ourselves for the next generation of science and the new recruitments and the new staff that we hope to develop over the course of the years, we really need to upgrade these facilities.”

Clinical Services

A steady stream of patients accessed psychiatric services across the medical center and NYSPI. Nearly 300 inpatients were admitted to PI's two research units and



enrolled in 35 inpatient research studies. David Kahn, MD, Vice Chair for Clinical Services, noted that NewYork-Presbyterian's 8 clinical services had over 60,000 visits while the 8 clinical programs at Columbia had more than 37,000 outpatient visits.

Thanks to a donation from the family of a young patient, the CUCARD offices at Columbus Circle were able to expand to meet the needs of more children diagnosed with anxiety and related disorders. “Anne Marie Albano heads this program, which is one of the premiere programs in the country for cognitive behavioral therapy...” said Dr. Kahn.

In his presentation of future initiatives, Dr. Kahn unveiled the rendering of the sparkling new offices near Rockefeller Center where the Day Program, including the new Adolescent Program (*p. 1*), the Lieber Clinic, the Eating Disorders Clinic and doctors' practices at East 60th Street will be moving in January 2013.

(Continued on Page 12)

Eviction Risk Closely Tied to Hoarding Behavior



Carolyn Rodriguez, MD, PhD

Due to fears of being evicted from his small Manhattan apartment, Drew (not his real name) transferred large volumes of accumulated storage from his home into rented storage units throughout the city.

Services (EIS). It was there that he saw a flyer advertising a pilot study of the reasons why individuals may be at risk for eviction. The study, led by Carolyn Rodriguez, MD, PhD at Columbia Psychiatry was funded by the NYSPI Office of Mental Health Policy Scholar Program. Dr. Rodriguez hypothesized that a population of individuals seeking help from a community organization aiding individuals with housing problems including eviction

bedroom, living room and kitchen ranging from tidy to progressively more cluttered. Drew found that having to identify how his own clutter compared to these photographs made him more aware of his problem, and motivated, in part, his decision to accept Dr. Rodriguez's referrals to start a once monthly hoarding support group and start seeking a psychiatrist for evaluation and treatment.

The 67 year old states his life-long difficulty discarding worsened after he lost his job as a financial planner in 1988. The pile grew and soon Drew was in over his head. As he described it, "The day bed has things on it so we haven't been able to use that for 10 years.... Things have been on the bed, half way on the bed for three years. And, we have closets that are full and clothes outside the closet."

Hoarding behaviors (e.g. difficulty discarding, accumulation of large volumes of clutter) that are impairing had previously been subsumed under Obsessive-Compulsive Disorder, but new data has emerged making it likely that these behaviors will become a new diagnosis in DSM-5 called Hoarding Disorder. The lifetime prevalence of Hoarding Disorder is estimated to be from 2-5%.¹⁻³ Hoarding behaviors are a debilitating public health problem and can lead to eviction due to building, fire, or property maintenance codes violations. Despite the fact that hoarding behaviors represent a significant safety risk for the individual and the community, and that treatments are available (selective serotonin reuptake inhibitors and specialized cognitive behavioral therapy), many individuals do not seek mental health treatment. Embarrassed by their behavior, individuals with Hoarding Disorder keep it hidden. Often only during emergencies (e.g. water leak, fire, pest infestation) or a threat of eviction does this problem come to the attention of a landlord and/or family member.

In 2010, due to worries about being evicted, Drew sought help from a not-for-profit community eviction prevention program in Manhattan called Eviction Intervention



Accumulated clutter... the result of hoarding behavior.

would have a high rate of Hoarding Disorder. In fact, her study did confirm a high prevalence rate among the 115 clients seeking help from EIS: the result was 22% (clinician-rated) and 23% (self-rated) prevalence, which is nearly 5 to 10 times greater than the rate of hoarding (2-5%) in the general population. Of individuals seeking help from EIS who met criteria for Hoarding Disorder (n=25), 32% were currently in legal eviction proceedings (i.e., threatened with imminent eviction), 44% had a history of prior legal eviction proceedings, and 20% had been evicted from their home one or more times, yet only 48% were currently seeking mental health treatment. These results suggest that community organizations providing housing assistance may be a fertile site for identifying individuals with Hoarding Disorder.

By participating in Dr. Rodriguez's pilot prevalence study, Drew saw more clearly the enormity of his compulsion. In one of the studies' self assessments, called the "Clutter Image Rating Scale," individuals are asked to view a series of 9 photos each of the

Future Research Directions

Dr. Rodriguez's study is an important first step to gaining greater understanding of Hoarding Disorder, its associated risk of eviction, and when intervention might be most effective. Extending this work, Dr. Rodriguez recently obtained a grant from New York Presbyterian Hospital Empire Clinical Research Investigator Program (ECRIP) to develop a time-limited, novel evidence-based intervention for individuals with Hoarding Disorder. Dr. Rodriguez will pilot test Critical Time Intervention (CTI)(CTI is an evidence-based model that helps ensure continuity of support to persons with severe mental illness during critical transition points) among people with hoarding disorder who worry they may be at risk for eviction. She believes that identifying and engaging individuals with Hoarding Disorder in evidence-based treatment as they seek help from housing agencies might reduce their risk for eviction and homelessness, one of the most tragic consequences of this illness.

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

For more information about the CTI hoarding disorder study or referrals for individuals with Hoarding Disorder, please call 917-426-SORT.

References

1. Iervolino AC, Perroud N, Fullana MA, et al. Prevalence and Heritability of Compulsive Hoarding: A Twin Study. *Am J Psychiatry* 2009 Aug 17.
2. Mataix-Cols D, Frost RO, Pertusa A, et al. Hoarding disorder: a new diagnosis for DSM-V? *Depress Anxiety* 2010 Jun;27(6):556-572.
3. Samuels JF, Bienvu OJ, Grados MA, et al. Prevalence and correlates of hoarding behavior in a Community-based sample. *Behav Res Ther* 2008 Jul;46(7):836-844.
4. Frost RO, Steketee G, Williams L. Hoarding: a community health problem. *Health Soc Care Community* 2000 Jul;8(4):229-234.
5. Rodriguez C, Panero L, Tannen A. Personalized intervention for hoarders at risk of eviction. *Psychiatr Serv* 2010 Feb;61(2):205.

GRAY MATTERS AT COLUMBIA SPRING BENEFIT LUNCHEON



Gray Matters at Columbia 2012 honoree Gwyneth Paltrow

On April 25, 2012, Academy Award-winning actress Gwyneth Paltrow was honored at the annual *Gray Matters at Columbia* Spring Benefit Luncheon for raising awareness about postpartum depression and women’s mental health.

Nearly one in four women experience depression after giving birth. For many of these mothers, postpartum depression is often left unrecognized or untreated, but clinicians and advocates are working to make people aware that there is help for women. Ms. Paltrow, mother of two young children, has shared her own personal experience with great honesty and eloquence, becoming an advocate for women’s mental health.

Each year, *Gray Matters at Columbia* honors an individual who has made significant contributions to promote brain research on mental illness. Past honorees at the Spring Benefit Luncheon include Congressman Patrick Kennedy, Paula Zahn, Anne Ford, Jane Pauley, and Dick Cavett.

the brain to the development of lifesaving treatments for psychiatric disorders. Support from families and committed citizens is more important than ever given the economic pressures and reductions in funding that researchers face.”

Funds raised by the luncheon support research fellowships for young scientists pursuing brain research to help solve the mystery of serious mental illnesses like schizophrenia, bipolar disorder, depression, and autism. The chosen fellows benefit from the multidisciplinary expertise of a peerless team of clinicians and scientists that includes two Nobel laureates.

Jeffrey A. Lieberman, M.D. noted, “Research is critical in advancing our understanding of



Anla Cheng Kingdon, Rosemarie Lieberman, Brigitt Rok, Lea Cohen, Hedieh Aminzadeh



George Handran, Holly Moore



Frederic Kass, Blythe Danner, Gwyneth Paltrow, Jeffrey Lieberman



Bradley Peterson, Mary D'Alton, David Kahn



Dana Buchman, Elena Paterson



Jeffrey Lieberman, Charlotte Ford, Anne Ford, Rosemarie Lieberman



Stephanie Moinian, Vaji Soleymani, Shirin Moinian, Farah Moinian



Holly Moore, Ragy Girgis, Catherine Clelland, Carolyn Rodriguez, Angela Tseng, Sander Markx, Jonathan Posner



Paula Zahn, Jeffrey Lieberman, Gwyneth Paltrow

Congratulations to All Our Graduates



Serina R. Deen, MD, MPH

Dr. Deen, who was born in the UK and raised in New Jersey, will pursue a fellowship in public psychiatry at UCSF in the fall. She majored in Psychology at Princeton University, and then worked as a research assistant at Stanford for a year before attending medical school at Mount Sinai. Dr. Deen pursued an MPH while in medical school, and also cultivated her interest in medical and creative writing.

Matthew D. Erlich, MD

Dr. Erlich will join the Schizophrenia Research Fellowship at Columbia to continue his research in behavioral health services research. He will also open a small private practice after residency. Dr. Erlich graduated from Bowdoin College with a BA in History and Classics. After graduation, he moved to New York City and worked in marketing and advertising. He received his MD from Columbia University's College of Physicians & Surgeons in 2008.

Margaret E. Haglund, MD

Dr. Haglund grew up in Kingston, Ontario, Canada. Next year she will pursue her interest in addiction psychiatry through a fellowship at UCLA. She completed her undergraduate degree at Wesleyan University, graduating with a major in Government and a concentration in Political Theory. Dr. Haglund obtained her medical degree from the Mount Sinai School of Medicine where she participated in the Humanities and Medicine track.

Alison D. Hermann, MD

Originally from Cincinnati, Dr. Herman attended Ohio State University where she received her BS in Psychobiology. She moved to Brooklyn, where she completed her medical degree at SUNY Downstate. Throughout her residency, she cultivated interests in psychotherapy, human development, and psychosomatic medicine. After graduation, Dr. Hermann will join the Columbia faculty as a Women's Mental Health Fellow and will start a small private practice.

Judith F. Joseph, MD, MBA

Dr. Joseph, who was born in Trinidad, has a passion for world travel, which has led her to over 30 countries. As an adult psychiatry resident, Dr. Joseph incorporated her love for travel into her work by developing and teaching cultural competency workshops for physicians, which she taught at international and local conferences. Next year, Dr. Joseph will continue her Child and Adolescent Psychiatry fellowship at NYU Child Study Center/Bellevue Hospital. Dr. Joseph received a BS from Duke University, her MD from Columbia University College of Physicians and Surgeons, and her MBA from Columbia Business School.

Meredith A. Kelly, MD

Dr. Kelly earned her undergraduate degree from Yale University. After working for three years in architecture, she rediscovered medicine. She attended Goucher College and then went on to medical school at Albert Einstein College of Medicine. In the year before medical school, Meredith was a research assistant in the Division of Substance Abuse at NYSPI. She is looking forward to pursuing a fellowship training in Addiction Psychiatry here at NYSPI in addition to starting a small private practice.

Christina Kitt Garza, MD

Next year, Dr. Garza will continue her training through the Psychosomatic Medicine Fellowship here at Columbia and will start a private practice. She graduated from Georgetown University with a BA in English and Psychology. Following graduation, she worked for a program at the Department of Justice that provided compensation to former uranium miners who developed radiation exposure-related malignancies, which inspired her to return to Georgetown for her medical degree.

Sonya L. Martin, MD, MA

Dr. Martin will complete a bio-behavioral fellowship at Columbia in which she will evaluate patients with neuropsychiatric disorders under the supervision of

psychoanalytic training. A native of Cleveland, Ohio, Dr. Martin received her BA in history from Amherst College. She then spent a year at Mt. Sinai School of Medicine, where she facilitated access to free medical evaluations for workers and volunteers who had been at the World Trade Center after September 11th. She earned her MA from the University of Chicago and her MD from the NYU School of Medicine.

Sharat Parameswaran, MD

Dr. Parameswaran grew up in Southern California, and graduated with a BS in biomedical engineering from Northwestern University. Prior to attending medical school at the Oregon Health and Science University, he worked as a research assistant at a state psychiatric hospital in Southern California. He's been accepted to the Robert Wood Johnson Foundation Clinical Scholars Program at UCLA, a health services and policy research fellowship.

Erin Callahan Soto, MD, MA

After nearly 7 years singing in small regional theaters in the US and Italy, Dr. Soto decided it was time to pursue psychiatry. In 2008, she enrolled in Albert Einstein College of Medicine, where she studied patterns of use of the pediatric psychiatric emergency room. Next year, she will be Clinical Attending at Cambridge Medical Center, in Cambridge, Minnesota where she will work in inpatient, outpatient and consultation liaison psychiatry.

Carolyn J. Yoo, MD

Dr. Yoo plans to continue her training in University Mental Health and Counseling as a fellow at Yale. She graduated from Dartmouth College with a BA in Biochemistry and English and attended medical school at the University of Vermont - College of Medicine. During residency, Dr. Yoo also developed a preliminary manual for Behavioral Activation - Return to Work, a psychotherapy for improving social functioning in patients with chronic depression.

Blogging Workshops Help Trainees and Faculty Keep Pace With the Times

On blogging: generation X-ers called it journaling, without an audience. Real journalists looked at it with suspicion and any writer worth his salt wouldn't deign to call it writing. But that was then. Blogging has evolved or, at least it's attracted a more respectable group of practitioners. Leading the pack is Lloyd Sederer, MD, Medical Director of the Office of Mental Health (OMH) and regular contributor to the Huffington Post. So, last summer when Deborah Cabaniss, MD, proposed leading a series of workshops on blogging for residents and faculty, she extended an invitation to Dr. Sederer to co-lead.



The idea came about in the context of creating a website with dynamic content that would include blogging about interesting topics. "It's in my nature to think, if there's a project, how can I put an educational angle on it? I'm always trying to think about how to help the residents write more and to think about writing," said Dr. Cabaniss. She wasn't very familiar with blogging but had been following Dr. Sederer's blog and after some discussion, they developed a plan.

"Our general venues of communication – journals or professional settings – don't reach anybody except ourselves. We're talking to ourselves," said Dr. Sederer. "So this was an effort to try to communicate, to try to...engage people who need to know about highly prevalent conditions that cause a lot of burden, a lot of suffering. Or, even more broadly, some of the things that psychiatrists, mental health professionals tend to think about, which have to do with human nature, character."

Workshops run in four-month blocks once a month with up to 16 people in each seminar.

In its first two blocks of meetings, the group was a heterogeneous mix of senior faculty as well as selected trainees. Some had limited experience writing for the lay public while others had written extensively. Others had never blogged before. Sessions were structured so that participants, who were willing to, could read something they'd written with the group and get feedback on how to improve it.

Though Dr. Sederer jokingly said "fame and fortune" were the main reasons participants showed up to the first sessions, both he and Dr. Cabaniss were concerned about information-mongers on the internet who knew very little of what they were talking about; this

was an opportunity for colleagues to provide credible content to the general public.

"There's a lot of bad stuff out there on the internet," said Dr. Cabaniss, "and the notion that people who are well-trained should also have in their skill-set a way of communicating effectively to a broad audience... really just appealed to them."

The near-instant gratification that a writer gets from blogging may also have some appeal, particularly for the writer who has ever had to wait eons for a response from a top-tier daily newspaper, not to mention a scientific journal.

Drs. Cabaniss and Sederer had originally thought to offer the workshops one time only, but the demand was such that more sessions followed. Some of the faculty, who have participated include David Hellerstein, MD – himself a novelist and instructor in the Narrative Medicine program – Drew Ramsey, MD, Margaret Spinelli, MD, and Amir Levine, MD, each of whom has written one or more blogs related to their areas of interest. Dr. Levine blogged about attachment, the focus of a recent book. For Dr. Spinelli, her life's work on treating depression during pregnancy and the limitations of research made for perfect content in her blog. Dr. Ramsey wrote about nutrition (the subject of his best-selling book), tying it to the death of his father.

Discussions during workshops have sparked some interesting ideas. One question that the group raised was just how much do patients really care to know about their doctors. How personal is personal? Participants wrote thought-provoking pieces, one of which pondered whether or not clinicians should write sympathy notes to patients' families. These are the kind of pieces that Dr. Cabaniss had hoped her trainees would write about. And, anxiety about revealing too much about oneself, notwithstanding, so far those who have gone on to write blogs have managed to find a healthy balance between the personal and the professional.

But, at the end of the day, really, the blogging workshops stand to be a good thing for patients. A doctor who is able to communicate with patients in language that's accessible, that doesn't require a medical degree to decipher its meaning can build a better and lasting relationship. Furthermore, taking advice from a blogger, who is also a Columbia Psychiatry clinician or researcher is a good deal better than advice from any Tom, Dick or Harry with a blog.

Residents' Corner: Serina Deen



Serina Deen, MD, MPH, started medical school in 2003, a year before Facebook - for many the epitome of social media - was launched. Since then, a lot has happened to change the way people communicate, for better or worse. Social media

engines like Facebook have forced clinicians to think about new ways to engage patients. For those unable to imagine a world without a pocket-sized cell phone, social media is the *de facto* way of keeping up with friends and family, including the ones for whom the distance measures no more than the length of a dining table. So, it seemed only a matter of time before physicians explored social media's usefulness in reaching new patients and staying connected with old ones.

In January, Dr. Deen initiated a social media survey of Columbia University Medical Center (CUMC) and New York State Psychiatric Institute (PI) faculty as part of a writing project with David Hellerstein, MD, and Stephen Fried, an award-winning investigative journalist and a faculty member of the Columbia Journalism School.

The idea for the study, said Dr. Deen, stuck with her following a conversation she had with PI Director and Columbia Psychiatry Chairman Jeffrey Lieberman, MD, at a dinner for residents.

"My project had two parts," recounted Dr. Deen "and one was to get an idea... how psychiatrists and psychologists are using social media and what their attitudes are." Responders to the survey - a total of 130 anonymous faculty on Survey Monkey - were asked, among other things, whether they had ever friended a patient on Facebook or used Twitter and what their thoughts were about Googling patients. Was it ethical or not? The second part of the study "was writing an article for the lay public and interviewing people about where social media might go in psychiatry."

The survey, which is in the data analysis phase will, no doubt, generate some interesting results. While hers is not the first study to ask clinicians about their social media experiences, Dr. Deen's work is contributing to research in this area. About clinicians' familiarity with the advantages and pitfalls of social media, she said, "It's a moving target. The APA does have some guidelines about social media, but it's really hard to figure out boundaries."

About the same time her survey went out, CUMC disseminated its social media guidelines. Faculty and staff were "cautioned about connecting with ("friending") patients or patient families on social media networks. Use the same judgment as would apply to any other social interactions." NYSPI/Columbia Psychiatry is currently working on adapting the CUMC guidelines.

For the second part of the survey, Dr. Deen, who has won awards for her creative writing, has a strong mentor in Dr. Hellerstein, a psychiatrist who specializes in dysthymia and who has penned articles for the New York Times, not to mention both fiction and non-fiction books. "He's amazing...and a great resource," she said.

Dr. Hellerstein thought very highly of her, too. "She ended up having to put in a pretty extensive proposal for her elective, perhaps because she's the first resident to do a formal PGY-IV writing elective," recalled Dr. Hellerstein. He added, "It was an ambitious project for the limited time she had available and she was able to accomplish just about everything she set out to do: she wrote an excellent essay/journalistic piece about social media and submitted it to the New York Times; she had a piece about an unconventional therapy approach of one of her supervisors, Dr. Tony Tranguch, published online in the Huffington Post."

As far as her future in psychiatry, Dr. Hellerstein had this to say: "I'm sure she'll make significant contributions in psychiatry; whether in writing for the general public or in clinical work or clinical research I'm not sure! She has learned a lot about writing for the general public so I hope she will continue to pursue this avenue."

AlumniNews

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.

1960s

Ralph Wharton, MD (Class of 1961) and fellow alumnus **Peter Shapiro, MD** (Class of 1984), presented papers in Athens, Greece in mid-March at the International Psychosomatic Medicine meetings.

1970s

Joseph C Napoli, MD, DLFAPA, class of 1976, is Area 3 Deputy Representative of the Assembly of the American Psychiatric Association.

1980s

David Kahn, MD, class of 1983, has been honored with a newly endowed chair as the Diane Kemper Goldman Family Clinical Professor of Psychiatry. Dr. Kahn is also Vice Chair for Clinical Services at Columbia University Medical Center.

Class of 1988 alumnus **William Honer, MD, FRCPC** was appointed Head of the Department of Psychiatry, University of British Columbia, in Vancouver, Canada

in October, 2011. He is also a lecturer at P&S and an Honorary Professor at the Li Ka Shing Faculty of Medicine, University of Hong Kong.

1990s

Fabien Tremeau, MD, who completed a Schizophrenia Research Fellowship in 1996, joined Nathan Kline in 2002 as a schizophrenia researcher.

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.

In the story below, we hear from a participant in a research study that is figuring out what are the most effective ways to treat obsessive-compulsive disorder (OCD) for those who aren't fully helped by the standard treatments. The study is also trying to learn more about what happens in the brain of someone with OCD, and whether there are changes in the brain after treatment.

A Participant's Perspective

At the beginning of his high school freshman year in 2009, Cory M.'s obsessive-compulsive disorder (OCD) went from bad to worse. Several weeks after the school term had started, concerned about his condition, his parents arranged for him to see a doctor through a professional connection of his father's. "The next day we had an appointment... and they recommended Columbia," recalled Cory, now 17 years old. Both he and his parents were told it was likely that he had OCD, something Cory knew nothing about. The news came as a relief; now he had a name for what he had been experiencing.

Cory described his condition prior to treatment as characterized by severe, multiple obsessions and compulsions. He worried constantly about other people getting hurt and had mental rituals involving word repetitions intended to prevent harm. As far as his expectations about what research treatment might mean, Cory said, "I really wasn't sure what to expect. I was

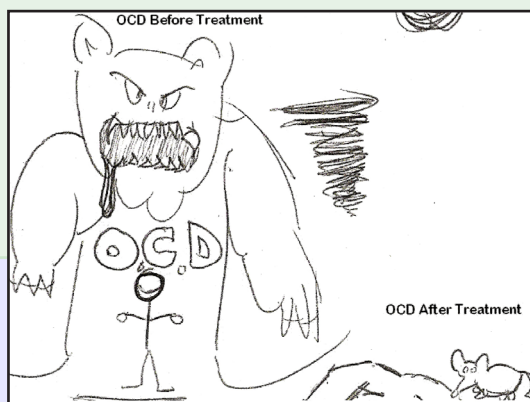
A Researcher's Perspective

In children, explained Dr. Puliafico, the symptoms of OCD manifest themselves similarly as in adults: "The most common symptoms that we observe involve a fear of germs or dirt or contamination... There's often, also, fears of harm to self or harm to others occurring, which can lead to checking behavior, reassurance-seeking behavior."

Currently, the standard treatments for OCD are cognitive behavioral therapy (CBT) and antidepressants. The core component of CBT for OCD is exposure and response prevention, which aims to break the association between obsessions and compulsions by helping the youth to gradually face situations that trigger obsessions while resisting all compulsive behaviors. Antidepressants increase brain levels of serotonin, which may be in short supply in the brain of someone with OCD. Of course, since no treatment is 100% effective for everyone, the study being led by Drs. Moira Rynn, H. Blair

just hoping for something to help reduce the symptoms."

He was enrolled in a study led by Moira Rynn, MD, in the Children's Day Unit (CDU) at New York State Psychiatric Institute. There he met with Dr. Rynn and the CDU research treatment team, including his psychologist Anthony Puliafico, PhD and psychiatrists Kareem Ghalib, MD and Pablo Goldberg, MD, who worked closely with Cory to help him list his compulsions and, through a type of behavioral therapy called exposure and response prevention, slowly confront his fears. In addition to a standard antidepressant treatment, he was also given d-cycloserine, a drug he and his parents were told was to be the focus of a



Simpson (Director of the Anxiety Disorders Clinic) and Dikoma Shungu (Director of the Laboratory for Advanced MR Spectroscopy Research at Weill Cornell Medical College) aims to help the "sizable majority of kids and adolescents who don't receive symptom remission, who aren't fully helped by those front-line treatments [CBT and antidepressants]."

Minocycline, a drug approved for acne and that has been shown in preliminary studies to help ease OCD symptoms, will be added on to an antidepressant. The hope is that the combination of medications will provide even greater relief to patients. (Participants will be chosen at random to receive the antidepressant with minocycline or the antidepressant plus placebo.) The randomization is unbalanced with more participants receiving the

larger study. Today, Cory's OCD is under control and he is much improved. He continues to receive maintenance therapy sessions and medication treatment at the Children's Day Unit, which recently involved adding an antibiotic known as minocycline to his SSRI medication to target remaining OCD symptoms. Dr. Rynn's team has recently begun a study examining the efficacy of minocycline to augment SSRI medication as an intervention for children and teens who do not fully respond to front-line OCD treatments.

In terms of any advice he would have for a teen going through what he had experienced, Cory had this to say about what treatment is like: "It's gonna be work. It's not easy, but the payoff is so worth it. You can't not have – you know – the anxiety and the compulsions; they never go away completely but you have it at a point where you are in charge and the anxiety – you control it. It doesn't control you." Of the treatment team at Columbia Psychiatry, Cory's father said "I believe that they really saved him."

minocycline augmentation. All study participants will receive three months of free medication treatment at the end of the study.

A secondary aim of the study is to learn more about what happens in the brain of children with OCD and how treatment like minocycline affects the children diagnosed with the disorder. So, in addition to getting a brain scan before they start treatment, children will receive a second scan after the treatment is provided to see the changes that occur.

The study is currently recruiting children and adolescents ages 8-20 years, who have been on a stable dose of an SSRI medication for at least 12 weeks but are still experiencing difficulty.

"Our team here has a lot of expertise in terms of diagnosing and treating OCD symptoms and oftentimes are able to provide a level of care that's needed for any kind of more severe cases that might require continued care," added Dr. Puliafico.

For more information please call 212-543-5592.

Education

Most graduates from the residency program pursue post-graduate education. In this ambitious bunch from the Class of 2012, “public psychiatry features very prominently and two of our residents are doing research in public psychiatry-oriented fields,” said Maria Oquendo, MD. Of this year’s class, half of the class will return for their fellowships. Several of the graduates leaving New York are headed for warmer temperatures prompting Dr. Oquendo to comment that “...the California sun is our major competitor.”



Our residency program has long been recognized as stellar; year after year the best and brightest medical school graduates complete their residencies here with the mentorship of leading scientists, clinicians and policy experts. Self-motivation, intellect and strong departmental support have helped our residents achieve tremendous personal and professional goals.

In terms of the scope of the educational programs in the Department of Psychiatry, in the last year clinical and research training was provided to a total of 828 trainees – including trainees in a Washington, DC-based health and aging policy fellowship, and trainees in post-doctoral research training fellowships in the Division of Neurobiology and Behavior.

New initiatives in education include a refined algorithm for selecting residents and a new T-32 federal training grant in Global Mental Health.

Faculty Affairs

As head of Faculty Affairs, Anke Ehrhardt, PhD - together with a team comprised of Adriane Birt, MD; Abby Fyer, MD; and Stephanie LeMelle, MD - is leading the effort to facilitate all appointments and promotions across psychiatry. To assist faculty members in reaching their career goals the Faculty Affairs office provides mentoring opportunities and access to workshops on career-related skills building and leadership training. The Faculty Affairs team has succeeded in formalizing criteria for junior faculty promotions and continues to provide support for the “Women in Psychiatry” initiative.



Diversity among the faculty is an ongoing focus for recruitment. “Overall, we are very committed as a department to developing policies that enhance transparency, diversity and gender parity,” said Dr. Ehrhardt. In terms of the ethnic diversity of the department, there remains a lot of work to be done: “As a faculty, we are 79% Caucasian...and we have yet to achieve parity in terms of African American faculty representation, which is still significantly lower than the 12% of African Americans in the national population.” To address the low representation of African American faculty, Dr. Ehrhardt outlined a number of initiatives to attract a larger pool of minority candidates over the long-term.

In Closing

“Somewhere, something incredible is waiting to be known.” - Carl Sagan

Dr. Lieberman closed the meeting with a response to the challenge posed in the Carl Sagan quote above, reminding everyone present that: “In the realm of mental illness, there is no place that’s better prepared or equipped to discover this than we are at Columbia and Psychiatric Institute.”

