Outstanding facilities, programs, and people separate top-notch organizations from their peers. Penn’s Department of Psychiatry, in partnership with PENN Medicine, is investing heavily in all three to enhance the Department’s position among the nation’s top psychiatry departments and bolster the Department’s regional, national, and international stature. Current academic and clinical programs are receiving a significant part of the investment, while other support is directed toward new initiatives. Penn Psychiatry Perspective will detail each of these new initiatives in future issues, but for now we briefly highlight their key features.

**FACILITIES**

**New and Upgraded Inpatient Facilities at Pennsylvania Hospital** – The University of Pennsylvania Health System (UPHS) will build a new state-of-the-art psychiatric inpatient unit at Pennsylvania Hospital and upgrade the Department’s current unit there. Construction is scheduled for completion in June 2008. As part of this plan, the Department’s inpatient service at the Hospital of the University of Pennsylvania (HUP) will be consolidated with these new services at Pennsylvania Hospital.

**PROGRAMS**

As part of this physical expansion and transition, the Department will create six new, innovative, and inter-related academic and clinical programs throughout the UPHS:

- **Penn Comprehensive Depression Center** – Based at HUP, Penn Presbyterian Medical Center, and Pennsylvania Hospital, including the new inpatient unit at Pennsylvania Hospital, this center will treat patients with depression and bipolar illness, develop and implement new approaches to detect and treat depression and bipolar disorders, and study the neurobiology of mood disorders. The Department has been invited to become an Inaugural Member of the National Network of Depression Centers, and the Department’s center will be unique in the region, and one of the first in the country.

- **Penn Women’s Mental Health and Wellness Program** – Located at both HUP and Pennsylvania Hospital, this program will focus on the specialty needs of women by treating and studying psychiatric disorders such as depression and anxiety occurring over the female life cycle. The program will build on and expand the excellence of existing collaborations among Penn’s Departments of Psychiatry and Obstetrics and Gynecology. This will be a full academic program, unprecedented in the region, and one of only a few such programs in the country.

- **Penn Psychosomatic Medicine Program** – This program, based at HUP, will provide enhanced consultative services to the medical and surgical services at HUP and will feature a Psychosomatic Medicine Fellowship Training Program.

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One of the feature stories this issue depicts a very visible effort by the Department to expand its involvement with the local community. The Mobile Clinical Trials Unit, designed and operated by the Department’s HIV/AIDS Prevention Research Division (David Metzger, PhD), is a major departmental initiative to increase the enrollment of hard-to-reach populations in clinical trials, with potential long-term research and clinical benefits.

This endeavor is just one of the Department’s many community-oriented programs, and I would like to cite a few of these activities to illustrate the scope of our commitment to our neighbors.

Our participation in the community starts with patient care. Penn Behavioral Health clinicians treat patients from anywhere, but our facilities are especially accessible to those nearby.

University City and West Philadelphia residents are well-served by the Department’s general and specialized psychiatric services located at the Hospital of the University of Pennsylvania (HUP) and Penn Presbyterian Medical Center (PPMC). HUP provides a wide range of psychiatric inpatient, outpatient, and emergency services, while PPMC is particularly known for its focused addiction treatment programs. At our affiliated hospitals adjacent to the Penn campus, the Department of Child and Adolescent Psychiatry at Children’s Hospital of Philadelphia offers psychiatric services for young patients, and the Philadelphia Veterans Administration Medical Center provides psychiatric care to military veterans.

Located in Center City Philadelphia, Pennsylvania Hospital Psychiatry is recognized for its community-oriented programs, including its Hall-Mercer Community Mental Health and Mental Retardation Center, Homeless Outreach Services, the Southeast Asian Program, and the city-funded Crisis Response Center.

Research is also one of our core missions, and here, too, the community is an essential participant. Therapies developed under tightly controlled conditions in academic environments may not transfer easily to other venues, and Department faculty are partnering with local institutions to adapt these treatments to community settings. Community residents are the ultimate beneficiaries of treatments shown to work in the “real world.”

With over two decades of experience, the Center for Mental Health Policy and Services Research (CMHPSR) (Trevor Hadley, PhD) works closely with Philadelphia community mental health care agencies to assess the effectiveness of mental health interventions in local surroundings. The CMHPSR also helps state and local agencies increase patient access to psychiatric treatments, recognizing that potentially efficacious treatments have little value if they are not available to those who need them.

The Center for Psychotherapy Research (CPR) (Paul Crits-Christoph, PhD) has a related focus in investigating whether academically proven treatments for depression also work when delivered by community-based providers. The CPR is now exploring why some patients leave treatment early and whether the treatments themselves are effective in community settings.

For almost four decades, the Center for Studies of Addiction (CSA) (Charles O’Brien, MD, PhD) has pioneered new treatments for addictive disorders. While each of CSA’s six divisions conducts research relevant to addiction treatment in the community, the work of two units stands out in this regard. The Novel Interventions in Criminal Justice Populations Division (James Cornish, MD) develops and tests new treatments to improve outcomes for people involved in the criminal justice system. Currently, the division is the lead site in a multisite trial of depot (injectable) naltrexone treatments for opiate-dependent patients who are on probation or parole. The CSA’s Center on the Continuum of Care in the Addictions (James McKay, PhD) investigates how therapies should be modified over the long term as patients’ conditions change. The goal is to foster sustained participation in treatment, regardless of modality or setting.

Department faculty are also heavily involved in reducing disparities in medical care experienced by certain segments of our population, particularly African Americans. The CMHPSR conducts research on treatment disparities for severely mentally ill African Americans. The Center for Community Health and Health Disparities (Chanita Hughes-Halbert, PhD), supported by the National Center on Minority Health and Health Disparities, similarly focuses on understanding why minority populations in America often receive inferior health care and demonstrate higher incidences of specific diseases.

Coupled with these clinical and research efforts, Department faculty are also active in educating mental health professionals, policy makers, legislators, and the general public about mental health disorders and the delivery of mental health care in America. Of note is the Annenberg Adolescent Mental Health Initiative (AMHI), a Department-led effort to inform both professionals and the public about the treatment and prevention of mental health disorders in adolescents. While nationally oriented, the AMHI is no less relevant to our local community.

Through these and many other community-oriented initiatives, Penn’s Department of Psychiatry demonstrates daily its commitment to serve our neighbors. As Chairman, I pledge to continue to fulfill this public responsibility.

Dwight L. Evans, MD
Ruth Meltzer Professor and Chair
Professor of Psychiatry, Medicine and Neuroscience
First, the dry definitions:

According to the Centers for Disease Control and Prevention, “overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given weight.” Overweight indicates that a person weighs too much for his or her given height. Obesity goes a step further, signifying that an individual has both excessive weight and too much body fat as well.

Now the frightening facts:

According to the National Center for Health Statistics, two out of every three adult Americans are overweight and one out of three is obese. And this situation has become progressively worse over the last half century.

By any measure, Americans are having problems controlling their weight, and there is cause for concern. Obesity is associated with serious medical conditions, including diabetes, high blood pressure, high cholesterol, sleep apnea, and joint problems. It increases healthcare expenses and generates additional costs for the economy due to absenteeism from work and school and reduced productivity. The American Obesity Association says that obesity is the second leading cause of unnecessary deaths in America.

For almost five decades, faculty in the Department’s Center for Weight and Eating Disorders (CWED) have conducted pioneering research on the causes of and treatments for obesity and other eating disorders, and have treated patients suffering from these conditions.

In October, the Center ramped up its efforts to treat overweight and obese individuals by opening the Albert J. Stunkard Weight Management Program. Named after Albert J. (“Mickey”) Stunkard, MD, one of the world’s leading investigators of obesity and eating disorders, the new program emphasizes the importance of basing clinical therapies on solid research.

Dr. Stunkard, a member of the Department of Psychiatry for most of the past fifty years, is credited with many significant firsts. Among them, he was the first to:

• describe night eating syndrome and develop a treatment for it;
• describe binge eating disorder;
• establish the strong relationship between obesity and social class;
• introduce the long-term use of group behavior modification to help patients lose weight and maintain their weight loss; and
• describe the contribution of genetics to body weight.

He also recognized that weight loss medications should be used on a long-term basis, in the same manner that medications for high blood pressure, type 2 diabetes, or cholesterol are used. Widely acclaimed for his pathbreaking work, which continues to this day, Dr. Stunkard is honored by having his name associated with the new program. “I am surprised and delighted with this new program that will allow our group to translate some of our research findings into practice,” he says.

The Stunkard Weight Management Program treats overweight and obese adults. Thomas A. Wadden, PhD, Professor of Psychology in Psychiatry, Director of the CWED, and Executive Director of the Stunkard Program, says that the new program “is open to all individuals who struggle with their excess weight, starting with those with a body mass index [a measure relating height and weight] of at least 27 kg/m².”

The Stunkard Program primarily offers care through group programs, in which peer support is

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critical to helping patients maintain motivation and overcome obstacles. Individual counseling is available. But irrespective of the therapeutic setting or treatment, the program’s guiding principles remain the same. Overweight individuals are treated compassionately and professionally and weight loss programs are tailored to individual needs and circumstances. The causes of weight gain are viewed as complex, often involving genetics, illness, poor eating and exercise habits, and emotional distress, and treatments are equally comprehensive and sophisticated.

The Stunkard Program offers two basic patient programs. Both are designed to promote weight loss through lifestyle modifications which incorporate heart-healthy nutrition and increased physical activity. The programs are staffed by a multidisciplinary team consisting of nutritionists, physicians, psychologists, and other health care professionals.

- The Health First Program is specifically designed for individuals with a significant amount of weight to lose. This program is medically supervised and targeted at achieving maximum reductions in weight and improvements in cardiovascular health. It is designed to induce larger initial weight losses than traditional lifestyle approaches.
- **Penn Start** is a 14-week lifestyle intervention designed to promote slow and steady weight loss. Participants consume a diet of conventional foods and lose weight by reducing calories and increasing physical activity. Weekly group sessions address grocery shopping, label reading, dining out, and other topics in lifestyle modification.

Achieving initial weight loss is not sufficient! Sustaining the activities that led to weight reduction is essential. The Encore Program teaches skills needed to keep off lost weight by emphasizing the importance of maintaining changes in diet and activity. Nutrition classes and exercise instruction are central features of the program. Group sessions are held every other week and provide a structured and supportive environment to learn the skills needed for weight maintenance through reversing small weight gains as they occur, increasing lifestyle activity, and improving the image individuals have of their own bodies.

Sometimes, lifestyle modification alone is not enough to achieve sufficient weight loss, and more radical interventions are employed. Weight loss medications help facilitate long-term weight control and the Stunkard Program medical staff is highly experienced in their appropriate uses. Dr. Wadden says that “probably 30 percent of the U.S. population qualifies for the use of weight loss medications. They are for persons with a BMI of 30 or more, or 27 or more in the presence of co-morbid conditions. They are also very useful for maintaining lost weight.”

The Stunkard Program team works closely with the Bariatric Surgery Program at the University of Pennsylvania Health System. “Bariatric surgery is appropriate for the 5 percent of Americans who have extreme obesity, defined by a BMI of 40 or more – about 100 pounds overweight,” says David B. Sarwer, PhD, Associate Professor of Psychology in Psychiatry and Director of Clinical Services at the Center for Weight and Eating Disorders. “Persons with a BMI of 35 or more, who have developed health complications of obesity, also may be candidates for surgery.” Choosing bariatric surgery is a major decision, and program staff work closely with patients before the operation to guide their decision-making and afterward to assist with the dietary and behavioral changes necessary for the most successful postoperative result, says Dr. Sarwer, who will serve as Director of the Stunkard Program.

Before beginning any therapy, each patient meets with members of the treatment team for an
initial assessment. Before their appointment, patients complete a questionnaire concerning their weight and dieting histories, eating and activity habits, and life stressors. Most patients also have a medical evaluation to ensure that the weight loss program addresses their individual health and wellness goals. Patients’ personal physicians are consulted to facilitate comprehensive care.

Stunkard Program staff help patients select the weight loss program that best meets their needs. Decisions are based on whether patients require a conventional or more accelerated weight loss program, the level of medical supervision needed, the structure desired (e.g., no meals or all meals provided), and the length of program (14-week versus longer).

Unfortunately, the factors producing the current obesity epidemic are well-entrenched and not likely to disappear soon. Dr. Wadden says that “the obesity epidemic is a result of our ancient genes. They protected us from starvation in times of famine, but we now live in a land in which food is plentiful, cheap, and marketed to consumers around the clock. Eating has become a recreational pastime that often has little to do with satisfying hunger or obtaining needed nutrition. At the same time, we have become an increasingly sedentary nation in which work, for many Americans, consists of little more than turning on a computer and tapping on a keyboard. That’s quite a change from Jefferson’s agrarian society in which most American’s expended hundreds of calories a day working on their farms.”

Even recreation today requires less physical energy. “As a result of video games,” Dr. Wadden continues, “we now have a generation of children who excel at playing basketball and football without ever venturing outside. Fortunately, we are starting to see serious efforts to change both the eating and activity environments, as parents, educators, and public health officials start to realize how serious the obesity crisis is.”

There are many weight loss centers and programs in the region, but the Stunkard Weight Management Program stands out. “The Stunkard Program provides an unparalleled level of care for overweight and obese individuals,” says Dr. Sarwer. “All of the Program’s staff members have trained at the Center for Weight and Eating Disorders under the supervision of recognized experts. As a result, they know that the treatment of weight disorders must be guided by two overriding principles -- compassion for patients who suffer from these conditions and a commitment to scientific research in selecting the most appropriate treatments.”

And what can patients expect when they come to the Stunkard Weight Management Program? Perhaps the best clue is provided by Executive Director Wadden in how he describes his mentor.

“Mickey Stunkard has been an inspiration to me and to hundreds of other scientists and clinicians who work in the fields of obesity research and weight management. He has an infectious enthusiasm for research that I could not escape as a postdoctoral fellow back in 1981. I cannot imagine having a more caring and gifted mentor than Mickey Stunkard. He is a consummate scientist, clinician, and educator. And he is a generous and devoted friend.”

Research-oriented, caring, gifted, generous. It’s an apt description of Dr. Stunkard, and sets the bar high for the clinicians entrusted with helping patients in the program that bears his name.

For additional information about the Albert J. Stunkard Weight Management Program, please call 215-746-4100. Additional information is also available on the Program’s website (www.med.upenn.edu/weightloss).
There’s a new neighbor on the block.

This Fall, a new approach to clinical trials research will make its first appearance on the streets of West Philadelphia. It’s called a Mobile Clinical Trials Unit (MCTU) and is intended to facilitate the completion of randomized clinical trials testing of HIV vaccines and other prevention interventions that may someday prevent the spread of HIV infection.

This new MCTU, operated by the Department of Psychiatry’s HIV/AIDS Prevention Research Division, is designed to address a central problem for all clinical researchers – how to recruit eligible individuals to participate in clinical trials and ensure that they complete the studies. Without the consistent cooperation of study subjects, even the best-designed innovative trials are destined to fail.

Since 1988, the HIV/AIDS Prevention Research Division has enrolled over 5000 individuals in various clinical studies. Despite this success, attracting and retaining prospective study participants has been a continuing challenge.

David S. Metzger, PhD, Director of the Division and Associate Professor of Psychology in Psychiatry, explains that “in Philadelphia and other urban areas in the United States, these [high-risk and hard-to-reach] populations are likely to represent segments of the African American and Latino populations struggling with a host of social issues and economic disadvantages. These factors, coupled with a long history of abuse and maltreatment by the health care establishment, lead many members of our target populations to view medical professionals, service providers, researchers, and their associated institutions with a significant level of distrust and suspicion. Overcoming these barriers to research participation requires researchers to develop creative methods to engage potential participants.”

One approach has been to locate research facilities in areas where high-risk individuals reside. The Division, for instance, has used a storefront building in North Philadelphia for the past ten years as a base for conducting studies.

A more promising course has been to create a mobile transport system capable of going wherever potential study enrollees live. In 1998, the Division converted a second-hand Winnebago into a Mobile Assessment Unit (MAU) to prescreen volunteers for study eligibility, and added a second and larger used Winnebago in 2002. The Division also maintains a mini-van to transport participants to office visits and a Toyota automobile for specimen pick-up, delivery, and other logistical activities.

The MAUs are made available to others if they pay for the driver’s time and fuel. Several community-based organizations and the Philadelphia Department of Health have used these vehicles for health promotion activities. Dr. Metzger says that sharing use of the MAUs helps “build stronger relationships with the community.”

While the MAUs have been valuable for prescreening potential subjects, they do not have the capacity to carry out full screenings, which are much more medically intensive and include a full

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Physical and related blood work. Until now, full screenings have been conducted at the Division’s clinical offices. “If people are eligible for the study and willing to participate,” says Dr. Metzger, “they are then invited to our campus offices for participation in the study.” The problem, Dr. Metzger says, is that “nearly 50 percent of those who appeared eligible and willing when pre-screened in their home communities on our MAUs did not complete scheduled appointments at our University-based clinical offices where protocol-specific study visits are conducted.”

Losing half the potential enrollees between the pre-screening and study participation stages creates significant obstacles to implementing the trials. Over the past five years alone, Division researchers have pre-screened over 4,000 potential subjects, screened nearly 1,500 subjects, and enrolled over 800 participants into clinical trials of behavioral, vaccine, and microbicide interventions. The sequential drop-off in numbers from each phase to the next has been troubling.

The new MCTU represents a possible solution to retaining potential enrollees unable or unwilling to journey to Penn. The MCTU is an all-in-one mobile site for pre-screening, screening, and full study participation, eliminating the need for study participants to ever leave their neighborhoods. The 300 square foot vehicle is fully equipped with a powered chair lift, three refrigerators, and emergency supplies, and provides lighting, heating, air conditioning, and running water, all powered by a main generator. Interior space includes a reception and waiting area, two fully equipped private examination rooms, specimen processing and phlebotomy areas, an area for private consultations, a bathroom with a flush toilet, and storage space.

To facilitate rapid communications with remote sites, the MCTU has a cellular broadband antenna and is equipped with a computer with access to the study participant database, the Internet, and with faxing capabilities. A cell phone is on the unit at all times.

The MCTU was purchased with strong support from the Dean of the School of Medicine, Arthur Rubenstein, MBBCh, and the Chairman of Psychiatry, Dwight Evans, MD. In addition, the National Institute of Allergy and Infectious Diseases (NIAID) HIV Vaccine Trial Network (HVTN) is providing financial support for equipment. Operating costs, including expenses for staff, supplies, and fuel costs, will be no greater than those for the current campus-based clinical office. “If we are successful in enrolling the trials faster,” says Dr. Metzger, “a strong argument can be made that the mobile unit will actually be cost effective.”

Dr. Metzger emphasizes that the MCTU will be the “first unit designed to conduct an entire clinical trial on a mobile unit in the community. All eyes will be upon our site as we begin implementation.” The aim is to increase the number of eligible potential participants who complete trials. The HIV/AIDS Prevention Research Division has earned a reputation for employing mobile units to enroll and retain high-risk participants in clinical trials, but “with this unit,” says Dr. Metzger, “I believe we will engage and enroll significantly more of these individuals.”

Informing the community about the MCTU is critical to its success. “We have a group of recruitment, ethnographic, and community education staff dedicated to getting the word out to members of the communities we target,” says Dr. Metzger. “We always try to get community permission before parking the MCTU at a local site. We have worked in many of the neighborhoods where HIV is most prevalent for over 15 years and have
Penn Honors

The Albert Stunkard Faculty Recognition Award is given annually to faculty members who are outstanding teachers and mentors. The graduating resident class selects award winners who have significantly influenced their education and training. Named for Albert J. Stunkard, MD, Emeritus Professor of Psychiatry and former Chair of the Department, this award recognizes Dr. Stunkard’s enormous contribution to the education, training, and support of Department housestaff. Alexandra Mclean, MD, Sarah DeMichele, MD, David Weiss, MD, John O’Reardon, MD, Claudia Baldassano, MD, E. Cabrina Campbell, MD, and Jeffrey Staab, MD received this honor in 2007.

The 2007 PGY-3 & 4 Teaching Award was awarded to David Weiss, MD and the 2007 PGY-1 & 2 Teaching Award was also awarded to David Weiss, MD. These awards honor those individuals whom the residents believe were the most effective teachers of the academic year and exemplary in shaping their overall education.

Claudia Baldassano, MD was awarded the 2007 Martin P. Szuba Award for Excellence in Clinical Teaching and Research. This award is presented annually to a Department faculty member with outstanding teaching abilities, ongoing clinical research, and a focus on translating research concepts into clinically useful teaching, all of which Dr. Szuba embodied in his work.

Aaron T. Beck, MD received an honorary degree from the University of Pennsylvania at the 2007 Commencement in May. He also received the 2007 William Osler Patient Oriented Research Award from the School of Medicine in recognition of his achievements in conducting research with human subjects.

Rhonda Boyd, PhD was selected as a Macy Foundation Faculty Scholar by the Center for Excellence for Diversity in Health Education and Research at the Penn School of Medicine. The award is funded by a grant from the Josiah Macy, Jr. Foundation and is intended to support the career development of minority faculty.

Kenneth D. Cohen, MD received the 2007 Clinical Faculty Award from the Department of Psychiatry. This award, funded by a clinical faculty member, is given to a volunteer clinical faculty member who has demonstrated long-term loyalty to the Department and excellence in teaching and/or supervising. Upon receiving the award, Dr. Cohen remarked, “It is very important that we be good teachers. Our goal as teachers should always be that those we teach should be better than we are.”

Charles Dackis, MD was appointed Medical Director of Psychiatric Clinical Services for the Hospital of the University of Pennsylvania (HUP) and the Clinical Practices of the University of Pennsylvania (CPUP). This appointment is in addition to his role as Medical Director of Psychiatric Clinical Services at Penn Presbyterian Medical Center. In his new role, Dr. Dackis will have responsibility for the Psychiatric Clinical Services under CPUP, which include clinical services in individual programs throughout the Department, as well as the general outpatient and resident clinics. He will also be responsible for the inpatient, emergency, and consult services at HUP.

Joseph T. English, MD received the 2007 Edward A. Strecker Award from Pennsylvania Hospital and the University of Pennsylvania Health System for outstanding contributions to the field of clinical psychiatry.

Deborah Kim, MD received the 2007 Emily B. Hartshorne Mudd Award. This award is offered yearly in honor of Dr. Emily Mudd, Professor Emeritus of Family Studies in Psychiatry and founder of the Marriage Council of Philadelphia. It is presented to an individual who has contributed substantially to the field of family health.

Eva Loeb, MD was the 2007 recipient of the Earl Bond Award. Initiated by the efforts of Dr. William Peltz, this annual award is given to a Department member who has distinguished himself/herself for teaching at the medical student, resident, and/or graduate levels.

James R. McKay, PhD has been elected to a two-year term on the Senate Executive Committee of the University of Pennsylvania Faculty Senate and the University Council. He will serve as representative of Faculty Constituency #24, which includes the Departments of Dermatology, Family Medicine and Community Health, Ophthalmology, Orthopaedic Surgery, Otorhinolaryngology: Head and Neck Surgery, and Psychiatry.

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Thomas A. Wadden, PhD received the 2007 Arthur K. Asbury Outstanding Faculty Mentor Award from the School of Medicine. This award “recognizes a faculty member who has fostered the professional development of other faculty members by providing inspiring and effective counsel and opportunities for achievement.”

Regional, National & International Honors

Aaron T. Beck, MD was elected a Fellow of the American Academy of Arts and Sciences.

Rhonda Boyd, PhD was selected to serve on the Ethical Conduct Committee for the Society for Research in Child Development.

Edward S. Brodkin, MD was listed in Philadelphia Magazine’s “Top Doctors” 2007 survey for expertise in autism spectrum disorders.

In April, Gregory K. Brown, PhD received the Edwin Shneidman Award from the American Association of Suicidology for outstanding contributions in suicidology research.

Namni Goel, PhD was selected as President-Elect of the Society for Light Treatment and Biological Rhythms, an international society, in June 2007. In August, she was appointed to the Editorial Board of Chronobiology International.

Christian Kohler, MD was selected by the Association of Academic Psychiatry as the recipient of the Regional Teaching Award for Region III, based on his teaching of PGY-II residents and medical students who rotate on the neuropsychiatry team on 11 Founders at HUP. The award was presented in September at the AAP’s annual meeting in Boston.

Caryn Lerman PhD has been selected to receive The Alton Ochsner Award Relating Smoking and Health from the American College of Chest Physicians. The award is “for outstanding and exemplary original scientific investigations that relate tobacco consumption and health.” She will receive the award in October at the College’s annual convention in Chicago. Dr. Lerman also will receive the Cancer Control Award from the American Cancer Society in October for her outstanding contributions to cancer prevention and control research.

David S. Metzger, PhD received the 2007 International Program Award of Excellence in International Leadership from the National Institute on Drug Abuse. He was recognized for his “global efforts to prevent HIV transmission by reducing drug use and associated risk behaviors.” The award recognizes U.S. or non-U.S. drug abuse researchers who have made significant contributions to international collaborative research and/or capacity building outside the United States. The awardees serve as exemplars to their colleagues through superior efforts to develop the human resources necessary to improve scientific understanding of drug abuse and addiction and develop and implement science-based prevention and treatment programs.”

Dwight L Evans, MD and Lee Fleisher, MD (Anesthesiology and Critical Care) will receive the John C. Oakley Pioneers in Pain Medicine Award from the National Pain Foundation at its Triumph Dinner event in Philadelphia in October. This is the second year that the award has been given. The NPF is recognizing Drs. Evans and Fleisher “for their administrative vision and leadership in facilitating the development of an interdepartmental center for comprehensive, interdisciplinary pain medicine practice, teaching, research and policy development at the University of Pennsylvania.” The award honors Dr. Oakley, a world-renowned expert in pain medicine and founding board member of the National Pain Foundation, who was killed in a plane crash in 2006.

David B. Sarwer, PhD was a Visiting Fellow at the University of the West of England’s Centre for Appearance Research.
Kelly C. Allison, PhD will be the a keynote speaker this fall at her graduate school alma mater, Miami University, during the dedication of the university’s new Psychology building.

Ellen Berman, MD serves as Chair of the Group for the Advancement of Psychiatry (GAP) Committee on the Family. The Committee is leading efforts to transform family training in residency programs so that the primary focus is on support and psychoeducation for all families of psychiatric patients, with couple/family therapy as an option for those who need it. The Committee’s first paper, “Family Skills for General Psychiatry Residents: Meeting ACGME Core Competency Requirements,” was published in *Academic Psychiatry* in 2006. Their second paper, “Family-Oriented Patient Care Through the Residency Training Cycle,” was recently accepted for publication in the same journal. The Committee has also presented this work at the Association of Academic Psychiatry and the American Association of Directors of Psychiatric Residency Training (AADPRT). In addition, Dr. Berman serves as President of the Association of Family Psychiatrists (AFP). Among other activities, the AFP is a reviewer of APA documents such as practice guidelines, ensuring that family issues are included in everyday practice. She is a co-author of the chapter “Couples Therapy,” in *Taussman A, Kay J, Lieberman J. Psychiatry, 3rd ed*, vol 2, currently in press.

Rhonda Boyd, PhD is serving on the planning committee for the Breaking the Silence conference, which focuses on behavioral health in the African American community. The conference is sponsored by Pennsylvania State Senator Vincent Hughes.

Gregory K. Brown, PhD gave the Keynote Speaker Address, “Cognitive Therapy for Suicide Prevention: Application in Community Settings,” at the Delaware Suicide Prevention Conference (Newark, Delaware) in April. He gave a Plenary Address, “Cognitive Therapy for Suicide Prevention: A Public Health Approach,” at the International Association for Suicide Prevention, (Killearn, Ireland) in August. He also delivered an invited address, “Cognitive Therapy for Suicide Prevention,” to the Suicide Prevention Action Network (Washington, DC) in July.

In August, the Center for Studies of Addiction hosted nine Iranian psychiatrists as part of the US State Department’s International Visitor Leadership Program. The International Visitors Council of Philadelphia escorted the Iranian physicians and their three interpreters during the visit to the CSA. The scientific exchange consisted of presentations by Penn investigators, informal discussion, and a presentation by one of the Iranian scientists.

James C. Coyne, PhD gave an invited lecture, “The Challenge of Providing Effective and Acceptable Psychosocial Services to Cancer Patients,” at the Edinburgh Cancer Centre (Edinburgh, Scotland) and to the Ontario Cancer Coalition (Toronto, Canada). He also gave an invited talk to the National Cancer Institute, “Psychosocial and Behavioral Outcomes Associated with Disclosure of Genetic Information.” He gave an invited talk to the Sixth Meeting of the European Alliance Against Depression, “Dissemination and the Achievement of Sustainability in the Expansion of the EAAD” (Leipzig, Germany). He gave a keynote address to the Couples Coping Conference, at the University of Vancouver, British Columbia, “Being in a Couple, Health and Well-Being: Some New Issues and Old Issues Redefined.” He also gave paper presentations at the annual meetings of the Royal College of Psychiatrists (Edinburgh, Scotland); the International Psycho-Oncology Society (London, England); and the European Health Psychology Society (Maastricht, the Netherlands).

David F. Dingee, PhD gave lectures in the spring and summer on different topics at various venues, including “Sleep Deprivation Effects on Cognition: Strategies for Mitigation” (U.S. Naval Academy, Annapolis and also the Center for Translation al Neuroscience, Department of Neurobiology & Developmental Sciences, College of Medicine, University of Arkansas for Medical Sciences, Little Rock); “Optimizing Neurobehavioral Performance through Biology and Technology” (JASON Program, McLean, Virginia); “Optical Computer Recognition of Behavioral Stress in Space Flight” and “Countermeasures to Neurobehavioral Deficits From Cumulative Sleep Deprivation During Space Flight: Dose-response Effects of Recovery Sleep Opportunities” (16th Annual International Academy of Astronautics Humans in Space Symposium, Beijing, China); “Sleep and Waking in Deployment and Critical Settings: Performance, Biology, Technology” (U.S. Public Health Service Scientific and Training Symposium, Cincinnati, Ohio); and “Optimizing Neurobehavioral Performance through Biology and Technology” (Committee on Military and Intelligence Methodology for Emergent Neurophysiological and Cognitive/Neural Science Research in the Next Two Decades, National Academies, Washington, DC). In May 2007, Dr.

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Dinges was a panelist at the International Space Medicine Summit at Rice University in Houston, TX.

In August, Dwight L. Evans, MD presented and chaired a panel in Dublin, Ireland on “Promising Treatments and Interventions for Youth,” sponsored by the American Foundation for Suicide Prevention and the Irish National Office for Suicide Prevention. The title of the program was “Youth Suicide: New Knowledge for a New Generation.”

Since 2000, Rollin Gallagher, MD has served as Founding Editor-in-Chief of Pain Medicine, official journal of the American Academy of Pain Medicine. In 2007, the journal increased to 8 issues yearly and became the official journal of the International Spine Intervention Society and the Faculty of Pain Medicine of the Australia New Zealand College of Anesthetists. In August, Dr. Gallagher briefed the U.S. Senate Health, Education, Labor, and Pensions Committee on the “Transition from Acute to Chronic Pain: Considerations of Pain, Addiction, and Mental Health Co-Morbidity.” He delivered several national presentations during 2007 including: “Treatment of Injured Soldiers: Transition from Acute to Chronic Pain With/Without Co-morbidities” (Annual Meeting of the American Pain Society, Washington, DC); “Complex Regional Pain Syndrome: Continuum of Care” (Cleveland Clinic Annual Conference on Pain, Orlando); and Managing Chronic and Breakthrough Pain with Opioid Analgesics” (Texas Medical Society Annual Conference, Dallas).

In June 2007, Namni Goel, PhD delivered a lecture on “Phenotyping Neurobehavioral and Cognitive Responses to Partial Sleep Deprivation” at the School of Medicine’s Center for Sleep and Respiratory Neurobiology. She also spoke on “Light Treatment for Chronic Depression” and “Circadian Rhythm Profiles in Night Eating Syndrome” at the Society for Light Treatment and Biological Rhythms in Copenhagen, Denmark.

Daniel D. Langleben, MD spoke in Berlin in May at the 11th Berlin Colloquium sponsored by the Konrad Adenauer and the Gottlieb Daimler and Karl Benz Foundations on the topic of “Mind Reading.” In September 2007, he also was one of the invited lecturers at The Oxford Autumn School for Neuroscience in Oxford, United Kingdom and lectured on the use of fMRI for lie detection.

Stephen E. Levick, MD is the faculty advisor for the newly formed University of Pennsylvania chapter of the Student Society for Stem Cell Research (SSSCR). SSSCR educates students and others about stem cells and their therapeutic potential, and advocates for stem cell research and the new field of regenerative medicine.

Louis Littman, MD, PhD spoke on “Careers in Psychiatry” for the National Youth Leadership Forum on Medicine at Villanova University in August. In April, he delivered a lecture on “More than Sadness: Major Depression and Bipolar Disorder” for the Depression and Bipolar Support Alliance of New Jersey. Dr. Littman also serves on the Medical Advisory Board of that organization.

James R. McKay, PhD is participating in a small workgroup that is revising and updating the substance abuse treatment practice guidelines for the Department of Veterans Affairs treatment system. Dr. McKay is working with the states of Delaware and Rhode Island to implement and evaluate Penn-developed protocols that use the telephone to provide ongoing counseling and support to patients with substance use disorders who have completed an initial phase of care.

In May, Dr. McKay gave an invited lecture on “Implementing the Chronic Care Model” to the County Alcohol and Drug Program Administrators Association of California. Also in May, he delivered a lecture on “New Developments in Continuing Care in the Addictions” to the Integrated Substance Abuse Programs of the Semel Institute for Neuroscience and Human Behavior at UCLA.

Cory F. Newman, PhD delivered invited lectures (along with playing a piano recital of the music of Chopin) at the Psychotherapy School & CBT Centre (Szkoła Psychoterapii Poznawczo-Behavioralnej) in Warsaw, Poland in May. In July, he presented a keynote address entitled “Power Supervision: Training the Next Generation of CBT Clinicians to Excel in Both Technical Merit and Artistic Impression” at the World Congress of Behavioral and Cognitive Therapy in Barcelona, Spain. Dr. Newman also gave his 12th annual piano recital in June at Dunlop Auditorium, featuring the works of Bach, Beethoven, Chopin, and Brahms.

Charles P. O’Brien, MD, PhD and A. Thomas McElellan, PhD delivered lectures on the treatment of addiction to a workshop of journalists held prior to the meeting of the College on Problems of Drug Dependence in Quebec City, Canada in June. At the meeting, investigators from the Center for Studies of Addiction displayed posters and made presentations on addiction-related topics. Also in June, Dr. O’Brien delivered the Plenary Lecture on “New Treatments for Addictive Disorders” at an international meeting of the Addiction Research Congress in Paris.

Paul M. Robins, PhD gave a talk

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on "The Experience of Secondary Traumatic Stress" to the Cardiac Transplant Program at The Children’s Hospital of Philadelphia (CHOP) in May. In June, he discussed “Training in Providing Psychology Services Within Pediatric Primary Care” in the Psychology Seminar Series at CHOP. Dr. Robins also attended the Education Leadership Conference of the American Psychological Association and met with U.S. Senators and Representatives in Washington, DC on September 11 to advocate for reauthorization of the Substance Abuse & Mental Health Services Administration (SAMHSA) work force and campus suicide programs.

Richard J. Ross, MD, PhD led a Meet the Professors session on “Posttraumatic Stress Disorder and Sleep” at the annual meeting of the Associated Professional Sleep Societies in June in Minneapolis.

David B. Sarwer, PhD delivered lectures in San Diego in June at the Annual Meeting of the American Society for Bariatric Surgery on the following topics: "Psychological Status in Adolescents Undergoing Bariatric Surgery"; "Does Preoperative Weight Loss Make a Difference?"; "Preoperative Psychological Assessment: Essential Elements"; and "Medical and Psychological Rescue for the Post-operative Bariatric Surgery Patient with Weight Gain." In New York in April, Dr. Sarwer spoke on "Society’s Beauty Ideal and the Pursuit of Cosmetic Surgery" at the Second Annual Women Plastic Surgeons’ Luncheon of the American Society of Aesthetic Plastic Surgeons.

Robert A. Schnoll, PhD delivered an invited lecture in April titled "Evaluating Treatments for Nicotine Dependence: Studies with Cancer Patients, New Agents, and Recruitment Methods" for the Cancer Control Program Seminar Series at The Ohio State University Comprehensive Cancer Center. He gave another invited lecture at the Focus on Head and Neck Cancers Conference in Philadelphia, titled: "Advancing our Understanding of Prevention of Head and Neck Cancer.”

This fall, Jack L. Solomon, MD is scheduled to chair a Site Visit from the Board of Professional Standards of the American Psychoanalytic Association to the Psychoanalytic Institute of the Department of Psychiatry and Behavioral Science of the Emory University School of Medicine.

Paul Root Wolpe, PhD gave a talk in April to the Society for Experimental Biology on the ethics of pharmacogenomics at the Society’s annual meeting. In May, he spoke at the Aerospace Medicine Annual Meeting on Bioethics in Long Duration Space Flight. In June, he spoke at the London School of Economics and Political Science on security issues and neuroethics, and at Oxford and Cambridge on brain enhancement ethics. In July, he spoke at a conference on reforming health care in Pennsylvania at Jefferson Medical School, and in August he spoke at the “SMART ART” conference on artificial reproductive technologies in Baltimore.

George E. Woody, MD presented data from a study of buprenorphine for opioid-dependent adolescents and young adults at one international and two national meetings. He also chaired a symposium at a June meeting of the College on Problems of Drug Dependence that highlighted National Institute on Drug Abuse contributions to international addiction research.

Mobile Clinical Trials Unit
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strong ties to these places. We will use all methods at our disposal to inform the target areas of our current studies. We have done radio interviews and talk shows in the past, but our best method is word of mouth.”

HIV vaccine studies are the MCTU’s primary projects at the moment, but the unit can be used for any clinical trials requiring enrollees from the community. The unit will be used for a Center for Studies of Addiction study evaluating the efficacy of delivering modafinil to cocaine users at high risk of HIV infection. In the future, the unit may also be a resource for other studies in the Department and University.

Nothing before compares to the MCTU. Dr. Metzger says “many places have mobile medical units to deliver care to people in hard-to-reach places, or to reach people who never come to medical facilities. Often these are specialty-specific, such as dental care, eye care, or prenatal care facilities.”

In a real sense, the MCTU is really a unique experiment to learn how clinical experiments can be more effectively conducted. “Our hypothesis,” says Dr. Metzger, “is that we can enroll a cohort of study participants who are at highest risk of HIV infection using this new unit. We will evaluate the degree to which participants like the unit, the speed of trial enrollment, and our retention rates. I am optimistic that we will see success in each of these areas, but we have to do the trial first!”
Edward S. Brodkin, MD is starting a new research project, funded by an R01 grant from the National Institute of Mental Health, titled “Neurobiology of Sociability in a Mouse Model System Relevant to Autism.” The study will use a mouse model system to test the relationships between social behaviors and specific brain abnormalities relevant to autism. This mouse model system also will test the effect of genes and environmental factors on these social behaviors and brain traits. The goal is to elucidate the neurobiology and genetics of sociability disruptions in autism, and to identify promising directions for future basic and clinical research on autism.

Monica E. Calkins, PhD is the Principal Investigator on an NIH K08 research grant titled “A Prospective Study of Endophenotypes in At-Risk Youths and Their Siblings.” The project period runs from August 2007 through May 2012. Bruce Turetsky MD and Raquel E. Gur, MD, PhD serve as mentors on the grant.

In a paper published in the May issue of the Psychological Bulletin, co-authors James C. Coyne, PhD, Michael Stefanek, PhD (American Cancer Society), and Steven C. Palmer, PhD reviewed all available evidence concerning the view widely held by cancer patients and professionals alike that being in psychotherapy or a support group prolonged the life of cancer patients. They found numerous methodological and analytic problems in even the widely cited classic studies and concluded that no credible evidence existed for a benefit of psychotherapy for cancer patients.

Depression and Bipolar Disorder, New York, McGraw-Hill, 2006). He was also a co-author of a book targeted for adolescent readers describing a teenager’s personal experience with depression (Irwin C, Evans DL, Andrews LW. Monochrome Days: A Firsthand Account of One Teenager’s Experience with Depression, New York, Oxford University Press, 2007). This volume is a product of the Adolescent Mental Health Initiative (AMHI) supported by the Annenberg Foundation Trust at Sunnylands.

Martin E. Franklin, PhD is the Penn Principal Investigator on a recently funded National Institute of Mental Health multi-site five-year grant titled “Family-based Treatment of Pediatric OCD [Obsessive-Compulsive Disorder].” The R01 grant also involves Brown University (J. Freeman, PI) and Duke University (J. March, PI). The study will examine treatments for children ages 5-8 who suffer from OCD.


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study: Preliminary Findings. Journal of Women’s Health, in press). She also received a research grant from Pfizer titled “Measurement of the Effects of Varenicline on Brain Activation to Smoking Reminders and Subsequent Smoking Behaviors: A Perfusion fMRI Study.” Among other objectives, these studies will investigate the effects of varenicline on resting brain activation and how it modulates the characteristic response to smoking reminders in limbic brain regions activated during smoking cue exposure.

Marina Goldman, MD received a research grant from the National Alliance for Research on Schizophrenia and Depression on “Brain Substrates Associated with Vulnerability to Substance Abuse in Adolescents with Conduct Disorder.”

Stephen E. Levick, MD contributed an invited essay to a special issue of Cloning and Stem Cells to commemorate the 10th anniversary of the “Dolly” experiment (From Xenopus to Oedipus: “Dolly,” Human Cloning, and Psychological and Social “Clone-ness,” 2007, 9[1]: 33-39). In his introductory editorial, Ian Wilmut, the chief editor of the journal and leader of the research team that cloned “Dolly,” referred to Dr. Levick’s paper as “an extremely important essay.”

Richard J. Ross, MD, PhD and Samuel Kuna, MD, Director of the VA’s Stars & Stripes Network (VISN 4) Regional Sleep Center at the Philadelphia VA Medical Center and Associate Professor of Medicine at Penn, received a Parkinson’s Disease Research, Education and Clinical Center pilot project grant titled “Development of a Validated Questionnaire for Dream Enactment Behavior (DEB).”
## Research Grants

The following sponsored research funding was received by the Department during the period April 1, 2007 through September 30, 2007.

### New NIH Awards (includes New and Competing Renewals)

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<td>NEUROBIOLOGY OF SOCIABILITY IN A MOUSE MODEL SYSTEM RELEVANT TO AUTISM</td>
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<td>CALKINS, MONICA</td>
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<td>A PROSPECTIVE STUDY OF ENDOPHENOTYPES IN AT-RISK YOUTHS</td>
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<td>FRANKLIN, MARTIN</td>
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<td>HANISCH, LAURA</td>
<td>NIH</td>
<td>HOT FLASHES AND ANXIETY SENSITIVITY AMONG BREAST CANCER SURVIVORS</td>
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<td>HUGHES-HALBERT, CHANITA</td>
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<td>AFRICAN AMERICAN PARTICIPATION IN CANCER GENETICS RESEARCH</td>
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<td>LANGLEBEN, DANIEL</td>
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<td>FUNCTIONAL MRI OF ANTI-TOBACCO PUBLIC SERVICE ANNOUNCEMENTS</td>
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<td>MEDIATION METHODS IN ALCOHOL CONTINUING CARE RESEARCH</td>
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<td>MANDELL, DAVID</td>
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<td>STIRMAN, SHANNON</td>
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<td>INFLUENCES ON THE SUSTAINABILITY OF EVIDENCE-BASED PSYCOtherapies</td>
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<td>THASE, MICHAEL</td>
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<td>NIH</td>
<td>PROPHYLACTIC COGNITIVE THERAPY FOR DEPRESSION</td>
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### Other Federal Agencies

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<td>BLANK, MICHAEL</td>
<td>CDC</td>
<td>PS07-005 MULTI-SITE RAPID HIV TESTING IN URBAN COMMUNITY MENTAL HEALTH SETTINGS</td>
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<td>DINGES, DAVID</td>
<td>NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE</td>
<td>SLEEP-WAKE MEDICATIONS IN SPACE FLIGHT: REVIEW OF BEST PRACTICES</td>
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<td>US AIR FORCE</td>
<td>OPTIMIZING PERFORMANCE THROUGH SLEEP-WAKE HOMEOSTASIS; INTEGRATING PHYSIOLOGICAL AND NEUROBEHAVIORAL DATA VIA AMBULATORY ACQUISITION IN LABORATORY AND FIELD ENVIRONMENTS</td>
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<td>DINGES, DAVID</td>
<td>NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE</td>
<td>READINESS TO PERFORM IN A SPACE ANALOG ENVIRONMENT</td>
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<td>OVERALL, KAREN</td>
<td>DEFENSE ADVANCED RESEARCH PROJECTS AGENCY</td>
<td>DEVELOPING DOGS FOR THE WAR FIGHTER AND OTHER RELATED CONTEXTS: IDENTIFYING DOGS WHO CAN WORK USING AUDITORY SIGNALS</td>
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<td>PRIMARY CARE NETWORK FOR ADOLESCENT SMOKING CESSATION</td>
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<td>BECK, AARON</td>
<td>COMMUNITY BEHAVIORAL HEALTH</td>
<td>DISSEMINATION OF COGNITIVE THERAPY TO COMMUNITY MENTAL HEALTH CENTERS</td>
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<td>BROWN, GREGORY</td>
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<td>PILOT PROJECT FOR THE DEVELOPMENT OF A SUICIDE ATTEMPT REGISTRY AND CLASSIFICATION OF SUICIDAL BEHAVIOR FOR ADULTS</td>
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<td>GUR, RUBEN</td>
<td>NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION</td>
<td>BRIDGING HUMAN NEUROPSYCHOLOGY WITH MOUSE BEHAVIOR THROUGH FUNCTIONAL IMAGING OF SANDY MICE AND HUMANS WITH HAPLOTYPES THAT MAY AFFECT GLUTAMATE SYNPASES</td>
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<tr>
<td>KOHLER, CHRISTIAN</td>
<td>NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION</td>
<td>EMOTION RECOGNITION AND EXPRESSION IN STABLE SCHIZOPHRENIA</td>
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<td>METZGER, DAVID</td>
<td>FAMILY HEALTH INTERNATIONAL</td>
<td>HPTN 035: PHASE II/IIIb SAFETY AND EFFECTIVENESS STUDY OF THE VAGINAL MICROBICIDES BUFFER GEL AND 0.5% PRO 2000/5 GEL (P) FOR THE PREVENTION OF HIV INFECTION IN WOMEN</td>
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<tr>
<td>METZGER, DAVID</td>
<td>FAMILY HEALTH INTERNATIONAL</td>
<td>EVALUATE EFFICACY OF HIV/OPiATE DEPENDENT INJECTORS</td>
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<tr>
<td>PRICE, R. ARLEN</td>
<td>ELI LILLY AND COMPANY</td>
<td>CANDIDATE REGIONS ASSOCIATED WITH LEAN AND OBESE PHENOTYPES IN HUMANS</td>
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### Clinical Trials

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<td>KAMPMAN, KYLE</td>
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<tr>
<td>O'REARDON, JOHN P</td>
<td>SANOFI-SYNTHELABO, INC</td>
<td>A MULTI-CENTER, DOUBLE-BLIND, PARALLEL Goup, FIXED DOSE, 4-ARM, PLACEBO AND PAROXETINE CONTROLLED EIGHT WEEK EFFICACY STUDY OF 2 ORAL DOSES OF SR58611A (175MG OR 350 MG, B.I.D.) IN ADULT OUT-PATIENTS WITH MAJOR DEPRESSIVE DISORDER</td>
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<tr>
<td>O'REARDON, JOHN P</td>
<td>NEURONETICS</td>
<td>A COMPASSIONATE USE TREATMENT PROTOCOL FOR PATIENTS WITH MAJOR DEPRESSION PREVIOUSLY RESPONSIVE TO RTMS TREATMENT WITH THE NEURONETICS MODEL 2100 CRS REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) SYSTEM</td>
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Faculty in the News

Kelly C. Allison, PhD was interviewed by reporter Sara Selis for a March 29, 2007 story in on-line magazine ConsultantLive: Consultations in Primary Care. (www.consultantlive.com). The story was titled “Binge Eating Disorder: Surprisingly Common, Seriously Undertreated.” She was also interviewed by reporter Tiffany McGee for a September 24, 2007 story in People magazine, “A Dangerous New ‘Diet’: Insulin Abuse.”

Judith S. Beck, PhD was interviewed by many publications (including The New York Times, Newsweek, Prevention, Health, Good Housekeeping, and Psychiatric News) and appeared on multiple national and regional radio (including NPR Morning Edition and CNN Radio) and televisions shows (including the Today Show on NBC-TV) to speak about her new books - The Beck Diet Solution (published in April) and The Beck Diet Solution Weight Loss Workbook (published in September), which present a cognitive therapy approach to weight loss and maintenance. Her recommendations are also found on numerous websites and blogs.

Rhonda Boyd, PhD was interviewed by WTXF-TV in Philadelphia on May 22, 2007. The interview, shown on the Fox 29 Ten O’Clock News and Good Day Philadelphia, concerned a local case of maternal infanticide in which postpartum stress and depression may have played a role.

Gregory K. Brown, PhD appeared on the “Second Opinion” television series as an expert panelist in suicide prevention on WXXI Public Broadcasting (Rochester, New York) that was taped for broadcast on June 23. He was also a suicide expert panelist on the “Barbershop Talk Radio Show” on WURD in Philadelphia on September 6.

Anna Rose Childress, PhD and Charles P. O’Brien, MD, PhD were interviewed for an article on the treatment of addiction for Business Week.

Judith A. Coché, PhD, ABPP was the focus of an article by Laurie Abraham for the cover story of the August 12, 2007 issue of The New York Times Magazine - “Can this Marriage Be Saved?” Dr. Coché provided the journalist live, ongoing access to her couples group therapy sessions, and commented extensively on her work with couples. She also appeared on NBC’s Today Show and on NPR’s On Point, on August 14. Both appearances focused on interventions targeted on increasing marital satisfaction throughout the life of the couple. Dr. Coché welcomes comments and questions about her work and can be reached at jmcoche@gmail.com.

David Dinges, PhD was interviewed by various media outlets, including New Scientist, BBC Radio, UPI, and Chron.com, about studies conducted by the Division of Sleep and Chronobiology and the Unit for Experimental Psychiatry on astronauts during NEEMO (NASA Extreme Environment Mission Operations) missions under the ocean in the Aquarius facility. He was also interviewed by the Providence Journal on the need for sleep. His recent reports on sleep time in 47,000 respondents from the American Time Use Survey were highlighted in USA Today, Time on-line, and UPS on-line.

Namni Goel, PhD was interviewed for an article in Science, published on September 14, 2007. The story, by Yudhijit Bhattacharjee, discussed major issues surrounding circadian rhythms, light therapy and psychiatric illness, and new findings indicating the presence of circadian rhythm disturbances in Night Eating Syndrome.

Daniel D. Langleben, MD was featured in a July 2, 2007 story in The New Yorker (“Duped”) by Margaret Talbot on the use of fMRI for lie detection.

Stephen E. Levick, MD was quoted in “Duplicate Dolly: The Cloning Story 10 Years After” which was posted on May 31, 2007 in the Whyfiles, an

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on-line science magazine from the University of Wisconsin. The article presented his thoughts on the likely psychological consequences of human reproductive cloning.

Charles P. O’Brien, MD, PhD was interviewed in French by a journalist from Science et Vie for an article on neuroscience.

David B. Sarwer, PhD was interviewed for stories across a range of topics. These included: "Why Millions of Women Hate the Way They Look" (Fitness Magazine); "10 Things Your Plastic Surgeon Won’t Tell You" (Smartmoney Magazine); "Way to Go, Grad! Here’s a Check for a New Nose" and "Diet Pill’s Icky Side Effects Keep Users Honest" (msnbc.com); "Plastic Surgery" (Philadelphia Magazine); "Breast Implants Linked to Suicide Risk" (Los Angeles Times); "Study Suggests that a Need for Physical Perfection May Reveal Emotional Flaws" (The New York Times).

NEW FACULTY

Gregory C. Carlson, PhD

Gregory C. Carlson, PhD joined the Department faculty in February 2007 as an Assistant Professor in the Tenure Track. A basic scientist, Dr. Carlson studies how the wiring of the brain – called neuronal circuitry – may affect how we think and behave. He asks a simple question – to what extent can changes in neuronal circuit function explain mental and behavioral disorders? To do this, he has developed a repertoire of traditional electrophysiological and state-of-the-art in vitro imaging techniques. His current focus is on understanding the relationship between abnormal circuitry and behavior in developmental disorders, such as autism, Rett syndrome and schizophrenia. Rett syndrome is a genetic disorder found almost exclusively in girls that produces a constellation of abnormalities, including motor and breathing irregularities, as well as autism and epilepsy. With in vitro imaging techniques utilizing mouse models of Rett syndrome, Dr. Carlson has found large differences in neuronal circuit function. It is hoped that the findings and concepts developed in his investigations may help spur research on additional disorders and other brain components, and through understanding the role of circuit changes in disease, define the role of neuronal circuit function in normal brain activity and behavior. Although on the faculty only a short time, he has already developed collaborations with Steven E. Arnold, MD and Thomas N. Ferarro, PhD, in Psychiatry.

Dr. Carlson earned a BS in 1993 from The Evergreen State College in Olympia, Washington and a PhD in Anatomy and Neurobiology from the University of Maryland School of Medicine in 2000. He was a post-doctoral fellow in the Department of Physiology at Maryland until 2002, when he accepted a post-doctoral fellowship in Neurology at the Children’s Hospital of Philadelphia. He continued in that position until his appointment to the Psychiatry faculty in February.
For thirty-three years, Raquel E. Gur, MD, PhD has been affiliated with Penn’s Department of Psychiatry, first as a fellow, and then assistant professor, medical student, resident, associate professor, professor and, since 2002, The Karl and Linda Rickels Professor of Psychiatry.

It’s not the usual sequence for a career in academic medicine, but it’s the route that this distinguished neuroscientist chose. And it’s only one of the uncommon journeys that Dr. Gur has taken to reach the pinnacle of her profession.

A native Israeli, Dr. Gur served in the Israeli Defense Forces during the 1967 War, fulfilling her mandatory military obligation. Following her service, she entered Hebrew University in 1968, taking an interest in Arabic and Middle Eastern Studies. “Inspired by [former Prime Minister] Golda Meir,” she says, “I wanted to bring peace to the region and took Arabic as a second language, [but] I quickly learned that, as a woman, my options would be limited and decided to pursue science. Psychology, especially the biological basis of behavior, was an exciting developing discipline.”

Life experience soon reinforced her intellectual leanings. “As an undergraduate, I interned in a mental hospital in Jerusalem, providing companionship to people with schizophrenia,” she says. “I became captivated by this disorder and decided to pursue its understanding.” It became a lifelong interest, though not her only one.

Dr. Gur’s relationship with Ruben Gur, her future husband, began in Israel and soon developed into both a personal and professional connection.
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“Neurology offered a solid background in understanding central nervous system (CNS) pathology and behavioral manifestations associated with diverse brain disorders. I wanted this background before delving into psychiatry and pursuing schizophrenia.”

Dr. Gur was in an unusual position – she was already a member of the Psychiatry faculty while simultaneously a medical student, and later a resident. But there were no barriers as far as her fellow faculty were concerned. “My colleagues in Psychiatry were supportive of my career path and shared my enthusiasm,” she remembers. “George Ruff, MD, Associate Dean at that time, was wonderful in helping me pursue my goals, as were Karl Rickels, MD, [Aaron] Tim Beck, MD, Lester Luborsky, PhD, Reuben Kron, MD, and the late Paul Brady, MD.”

With her residency training completed, Dr. Gur vaulted up the academic ladder. She was appointed Associate Professor in 1987 (secondary appointment in Neurology), Professor in 1989 (secondary appointments in Neurology and Radiology), and then named Rickels Professor of Psychiatry in 2002. Since 1984, she has served as Director of the Neuropsychiatry Section within the Department of Psychiatry. In 2003, she was appointed Vice Chair of Research Development in the Department, and in 2005 assumed a larger institutional role as Associate Director of the medical school’s Institute for Translational Medicine and Therapeutics.

“I have a deep commitment to individuals with schizophrenia and their families,” Dr. Gur emphasizes. “Working with them strengthens my desire to make progress so they can be helped at the forefront.”

Research on the causes of and treatments for schizophrenia has remained a mainstay of her academic career, but she has added other lines of inquiry to this core interest. With the increased availability and sophistication of imaging technology for research purposes, she and Dr. Ruben Gur have initiated explorations on how brain activity differs by gender, first in schizophrenia and later with respect to other disorders and cognitive and physiological phenomena, such as brain volume, memory, language, and cerebral blood flow. “As a woman in academia,” she says, “I became acutely aware of gender issues from the get-go. I am delighted that our initial observations on biological basis for such differences have contributed to a rapidly growing literature on sex differences.”

Today, Dr. Raquel Gur and her colleagues are extending their studies to adolescence with a focus on individuals at risk for schizophrenia and at the early prodromal phases of illness. Why this new interest? Dr. Gur explains that “schizophrenia is a neurodevelopmental disorder and early identification and comprehensive interventions are important. This work builds on our efforts in genetic studies and the brain – behavior studies on cognition and emotion we have conducted. The study of emotions has gained momentum, as more methods are available to advance this field. Advancing the understanding of the neural basis of emotion is critical for neuropsychiatric disorders where difficulties in emotion processing and modulation are apparent.”

Dr. Gur cites two research findings as her major contributions to the schizophrenia field. A paper published in the Archives of General Psychiatry in 1994 reported that neurocognitive deficits are evident in first-episode patients with schizophrenia (1). Other major conclusions, reported in 1995 and 1998, were that schizophrenia affects both brain anatomy and physiology, as indicated by structural and functional neuroimaging (2).

Well-known for her research, Dr. Gur is also a dedicated teacher and clinician. She is the Principal Investigator on an NIH training grant in neuropsychiatry aimed at integrating basic and clinical neuroscience research to investigate schizophrenia’s symptoms, pathophysiology, and causation. “I view teaching and clinical care as important parts of the academic mission,” she says. “Training future professionals is critical for the field.” Her devotion to treating patients suffering from schizophrenia carries back to her undergraduate experiences with schizophrenic patients in the 1960s. “I have a deep commitment to individuals with schizophrenia and their families,” she emphasizes. “Working with them strengthens my desire to make progress so they can be helped at the forefront.”

Dr. Gur’s scholarly output has been impressive. Her latest bibliography lists over 250 peer-reviewed papers; 42 editorials, reviews, and chapters; 41 abstracts in the last three years alone; and two books. She has served on numerous scientific committees and advisory boards at the NIH, the National Institute of Mental Health, and private associations and organizations. She has also contributed in editorial roles to the leading journals in her field, and has been the Principal

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Investigator on numerous grants, including a Conte Center for Neuroscience of Mental Disorders. She has been recognized widely by her colleagues for the quality of her work, highlighted by her election to the Institute of Medicine in 2001.

Dr. Gur is a prodigious and well-respected researcher, educator, and physician. Can there be any time for other pursuits? “In my ‘spare time’,” she says with a clear understanding of how limited that is, “I enjoy sports as a participant – running and skiing – and cheering the Philadelphia teams.” She travels, reads, and enjoys music and the theatre, “when there is a chance.”

Dr. Gur’s affiliation with Penn’s Department of Psychiatry now extends over three decades, and it has been a fruitful relationship. She says that “Penn has enabled me to fulfill my dreams and grow professionally. The intellectual environment and opportunities have been exciting.”

But without taking anything away from Penn, there’s a more enduring relationship in Raquel Gur’s life. Throughout their careers, Drs. Raquel and Ruben Gur have been an inseparable team, working together and co-writing ever since Raquel’s second published paper back in 1974. “As it turned out,” she says, “we have been a great match in both the personal and professional arenas.”

It has worked out on the personal level, for sure, and most definitely at the professional level, where a generation of students, trainees, researchers, and patients have been the welcome beneficiaries of their explorations on schizophrenia and the workings of the brain.

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Exciting New Initiatives

Continued from page 1

- **Penn Psychiatric Neuromodulation Program** – Based at both HUP and Pennsylvania Hospital, this program will offer novel treatments for depression such as transcranial magnetic stimulation (TMS), vagal nerve stimulation (VNS), and, ultimately, deep brain stimulation (DBS). It will be a national and regional center of excellence, and will be developed in close collaboration with the Department of Neurosurgery.

- **Penn Geriatric Psychiatry Program** – Located at HUP, Penn Presbyterian Medical Center, and Pennsylvania Hospital, including the new inpatient unit at Pennsylvania Hospital, this expanded program will build on the clinical, educational, and research excellence of the current Geriatric Psychiatry Program. It will launch new initiatives in translational research and new treatment programs in aging and resilience in collaboration with other departments and programs allied with the Penn Institute on Aging, including the Penn Memory Center, Geriatric Medicine, and the Penn Comprehensive Neuroscience Center.

- **Mood Disorders Comprehensive Consultation Service** – Located at 3535 Market Street, this consultation service will provide comprehensive, state-of-the-art assessments and second opinions for individuals with mood and anxiety disorders, including bipolar disorder, major depression, dysthymia, mood disorders secondary to medical conditions, and anxiety disorders.

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**PEOPLE**

Using modern facilities effectively and initiating and maintaining highly acclaimed programs depends on recruiting and retaining the best people. The Department of Psychiatry is actively recruiting highly productive clinical and research faculty to augment its existing basic, translational, and clinical programs and build high priority areas identified by PENN Medicine and the national scientific and medical communities.

The new academic and clinical initiatives noted above, coupled with continuing investment in the Department’s already successful programs, are designed to elevate the Department’s position as one of the nation’s top-ranked academic psychiatry departments and contribute to the pre-eminence of the School of Medicine and PENN Medicine. We will keep you informed about our new programs as they continue to evolve.
Less than four decades ago, forensic psychiatry was a backwater within psychiatry. Today, forensic psychiatrists and psychologists appear regularly on national news broadcasts to analyze the psychological make-up of criminal defendants, and the field is a fully recognized and accredited sub-specialty.

It is no coincidence that the recent ascent of forensic psychiatry in America closely parallels the distinguished career of the Department’s Robert L. Sadoff, MD.

His interest in psychiatry, the law, and ethics began early in life. Even as a child, “I was interested in how the mind works,” he says. “It was always more exciting to me than the body, more of a challenge.”

Dr. Sadoff’s family nourished this early fascination. His parents met in pharmacy school. “My father was a pharmacist in a small store on a South Minneapolis corner and everybody came to him for advice,” says Dr. Sadoff. “Everyone trusted him. My father was a great ethicist. He lived the honest life of integrity,” he adds with considerable pride.

Dr. Sadoff’s mother’s mother was an herbalist, and his mother’s sister became a lawyer in 1923, spurring his mother’s own interest in the law. “My mother and her sister were the only ones to finish college in her family and my father was the only one in his family,” Dr. Sadoff emphasizes. Along with much else, an appreciation for education was passed on to their son.

In 1952, at the age of 16, Dr. Sadoff enrolled in an accelerated pre-med program at the University of Minnesota, earning a BA, BS, and MD in seven years. He studied with a leading psychopharmacologist, but remained intrigued by psychoanalysis, a limited area at Minnesota. To go farther in psychiatry, he would have to go elsewhere – west to an internship at Wadsworth Veterans Hospital in Los Angeles and then to UCLA’s psychiatry residency program where psychiatry was oriented toward psychoanalysis. “I was interested in how the mind works and how people thought about things philosophically,” Dr. Sadoff recalls. He also began to integrate the law into his intellectual orbit.

While forensic psychiatry in America dates back to the work of Isaac Ray in the nineteenth century, by the early 1960’s, forensic psychiatry was not viewed as one of psychiatry’s more desirable subspecialties. Only a few places offered training in the discipline. Dr. Sadoff pursued his growing interest in this nascent field with purpose. In an early step, he traveled cross-town to study with Seymour Pollack at USC, a pioneer in forensic psychiatry.

His career in his chosen field now had a clear path forward. Following his psychiatry residency, he fulfilled his two-year military commitment in the U.S. Army Medical Corps at Walson Army Hospital in Fort Dix, New Jersey, where he was in charge of stockade and courts martial psychiatry.

While at Fort Dix, Dr. Sadoff received permission to work at the old Fairmount jail in Philadelphia every Wednesday afternoon, where he began a fruitful collaboration with Temple psychoanalyst Melvin Heller and law professor Samuel Polsky. He did research and wrote papers in the army “because I had the time, motivation, and the supervision from Mel and Sam. We did a little book on forensic psychiatry which never got published but it taught me how to write.”

In 1965, after his military tenure, he began a one-year fellowship in forensic psychiatry with Heller and Polsky at Temple. A year later, as part of his responsibilities at Temple, Dr. Sadoff became the first Clinical Director of the State Maximum Security Forensic Diagnostic Hospital at Holmesburg Prison in Philadelphia. His main clinical responsibility was to evaluate people going to trial. The position provided good administrative experience, “but I really liked the clinical work much better,” he says, and he left the position in 1968.

In 1969, Dr. Sadoff entered the national arena. At the request of Jonas Rappeport from the University of Maryland, Mel Heller, Dr. Sadoff, and five others traveled to Baltimore where they founded the American Academy of Psychiatry and the Law (AAPL). The establishment of the AAPL marked the modern beginnings of forensic psychiatry. Rappeport served as President for the first two years, and Dr. Sadoff served as the organization’s second President from 1971 to 1973. From the original eight founders, the academy has grown to over 2000 members world-wide.

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Dr. Sadoff continued teaching at Temple’s law and medical schools until 1972, when he was lured to Penn by lawyer and psychiatrist Jonas Robitscher. Robitscher was leaving to take the Henry Luce Professorship at Emory University, America’s first chair of law and medicine. He asked Dr. Sadoff to move to Penn to complete the final year of his National Institute of Mental Health grant.

Dr. Sadoff was pleased with the offer, but sought, and achieved, a more permanent position. In 1972, he was appointed Clinical Assistant Professor of Psychiatry at Penn, Clinical Associate Professor the next year, then Clinical Professor in 1978.

The 1970’s were a great time. Dr. Sadoff wrote grants, did research, and began teaching forensic psychiatry to medical students and residents. He even initiated a forensic psychiatry clinic where he would see clients on a pro bono basis. Evaluations cost a modest $35, but Dr. Sadoff remembers that “it became more of a hassle to file the paperwork, so we did the assessments for free. If anyone asked, I paid the $35 to the clinic myself.”

As its profile has broadened, contemporary forensic psychiatry has confronted more than a few challenges, Dr. Sadoff explains. For much of the past century, majority opinion among psychiatrists was adequate to validate opinions given in court. A recent legal decision, however, established that opinions from psychiatrists not supported by scientific evidence are no longer acceptable in court testimony.

The emerging area of “neurolaw,” an area of new interest in the Department, supports the need for neuroscientific evidence. Imaging technology illustrating neural activity can identify which sections of the brain control specific functions, and may help explain behavior.

Dr. Sadoff has taken special interest in a question increasingly asked by lawyers – “are psychiatrists competent to give an opinion about competency?” He has challenged his profession by citing studies showing that psychiatrists are so variable in their assessment of competency that their opinions may be of limited value. “Yet,” he says, “the courts need us to give opinions in certain matters. We do this to a reasonable medical certainty.”

Dr. Sadoff has examined over 9,000 individuals charged with crimes during the past 40 years and has testified for both the prosecution and defense in criminal cases in about 20 states and several federal jurisdictions. Deciding which side to take may be a matter of who calls first, as it was when one prosecutor’s call came in just after the defense’s. “You’re 20 minutes too late,” Dr. Sadoff told the disappointed court officer.

Working for one side or the other does not affect Dr. Sadoff’s psychiatric evaluation. “If I work for prosecution and I find insanity,” he says, “sometimes the prosecution will agree and push for time in a hospital, not jail. Prosecutors can be flexible and the good ones are really interested in justice.” Sometimes, of course, they seek another opinion.

When working for the defense, “I could say that I don’t think it’s insanity here, it’s something else. I might suggest that they get an opinion from someone else.” If he is engaged by the defense, but not called to testify, the prosecution cannot call him to the stand. However, the defense can call him if he is employed by the prosecution and does not take the stand. This critical distinction exists in the law, Dr. Sadoff says, “because the prosecution is there to find justice. The defense is there to zealously defend its client.”

Dr. Sadoff has been involved in many high-profile trials, including the Jeffrey MacDonald case for the defense, his first big case. In 1979, MacDonald was convicted of the 1970 murders of his pregnant wife and two daughters, and remains in prison while continuing to protest his innocence. Dr. Sadoff was engaged by the prosecution in the Gary Heidnik case, who was convicted and executed for the rape, torture, and/or murder of six women in a West Philadelphia basement in the 1980s.

Dr. Sadoff continues to teach after almost four decades. “I love teaching,” he says. He’s now leading a seminar for two hours every Tuesday with residents and local forensic psychiatrists and psychologists who belong to the local branch of the AAPL.

A man of many interests, Dr. Sadoff enjoys reading and collecting books. “When I take my students, fellows, and residents with me on cases,” he says, “we always find time to stop in old bookstores. I had 4 or 5 1812 editions of Rush’s Medical Inquiries and Observations Upon Diseases of the Mind, the first American textbook of psychiatry.” On May 22, 2004, he donated all of his books – some 4000 volumes – to the College of Physicians of Philadelphia, establishing the Robert L. Sadoff Library of Legal Medicine and Forensic Psychiatry. The following year, he established a symposium at the College to attract speakers in the field.

Harkening back to the stellar example set by his father, Dr. Sadoff thinks seriously about ethical issues. He is writing a book about the potential harm that a forensic examination can have upon the person examined. Children, adolescents, the elderly, the incompetent, and the seriously mentally ill are particularly vulnerable. “Do these individuals really understand the consequences if, for example, the examiner is working for the prosecution in a death penalty case?” he asks. “Examiners have certain powers we should not abuse,” he emphasizes.

Risks belong not only to examinees, but to examiners as well. He relates two separate instances in which he was evaluating individuals with mul-

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“"I have a very busy day," says Fred Horner, mail manager for the Department of Psychiatry. "A lot of what I carry is ‘same day delivery’ and the mail has to get to its location within hours.”

This is not a complaint, mind you. After 27 years working for a cardboard box manufacturer, Fred’s seven years in the Department are a welcome change. "I used to run the machine that made the boxes," he says. "I had three people beneath me to help set it up. When something went wrong, I was the one they came looking for. I was the one accountable. I hated that job, but I was one of the highest paid there. That’s why I did it," he says without regret.

But, today, Fred says, "I go to work with a smile on my face every day. I enjoy being around people." And each day he’s around many people at an exhausting number of locations, as he picks up, sorts, and delivers incoming and outgoing intramural and U.S. mail for the Department. His daily journey rivals that of a long-distance runner.

Fred begins Mondays at 7:00 am at the Center for Studies of Addiction (Treatment Research Center) at 39th and Chestnut Streets where he drops off mail and picks up additional mail for delivery around campus. Out by 7:30 am, Fred moves to the VA Medical Center where many Department faculty run labs and clinics.

Next is getting the mail in the Chairman’s Office in Blockley Hall. "The mail is always loaded up there," Fred says, "because it goes all over."

Fred’s next stops are in the Hospital of the University of Pennsylvania (HUP) on 10 Gates, where Neuropsychiatry is located, and at the Psychiatry inpatient unit on 11 Founders. He returns to HUP about two or three times a day.

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Then, Fred heads back to the Center for Studies of Addiction, mainly to deliver mail from the VA there. Then it’s a long trek to the Department’s many offices and clinics at 3535 Market Street, where he spends at least four hours every day.

Somehow, each day, he also fits in a trip to the Translational Research Laboratories (TRL) at 31st and Walnut and Penn Presbyterian Medical Center at the campus’ northwestern edge.

That’s a typical day. Then there are additional trips as circumstances require. “I’m in and out of the Dean’s office a lot to have items signed by the Dean,” Fred says. Every week, he also picks up mail at 30th and Market, travels to Ralston House, and also hits Penn Tower. He makes two trips each week to Presbyterian Medical Center at 39th and Market Streets.

“I do special hand deliveries as needed,” says Fred, and is on-call for pages from the Chairman’s office when someone in the Department has a special hand-carry need.

Fred’s day ends around 3:00 pm. He sums it all up pretty succinctly. “It’s a lot of walking, a lot of territory to cover,” he says.

But it’s not all about physical exercise for Fred. It’s really about the people along the way. “On my first job working in the Department I ran into a couple of old friends I hadn’t seen since I was a child,” he recalls as if it were yesterday. “They recognized me and I recognized them.” On his daily rounds, Fred sees his spiritual “brothers and sisters on campus, and I get to talk with them.”

Fred especially values several frequent interactions. “What really impressed me,” he says, “was that I got the chance to meet [Department] Chairman Evans and Dr. Charles O’Brien. Both show a lot of interest in me and are concerned about my health and welfare. I really appreciate the chance to talk with them a couple of times a week. They always treat me with respect and ask me how I’m doing.”

Even in an age of electronic communications, moving snail mail in a timely way is critical for the Department’s functioning. “Everyone depends upon me for their mail. They appreciate receiving it in a timely fashion,” he says.

Outside of work, Fred looks forward to deep-sea fishing at the Jersey shore. “I go to Brielle in north Jersey,” he says. “There are a lot of wrecks up there and the fishing seems to be better. Sea bass and bluefish are the main fare, with numerous varieties of fish in the summer months.

Fred has been ocean fishing since he was 7 or 8 years old. “My dad took me and my brother fishing,” he remembers. “I used to do freshwater fishing when I was a child, but it got boring, because all day you might catch one fish and some days you might not catch anything. I like to go out on a boat in the ocean. Even if you don’t catch anything, you have a nice little boat ride.”

Laying on the beach and taking in some sun are also high up there on Fred’s spare time activities. “I love to go swimming,” Fred adds, “[but] I prefer a pool over the ocean. The ocean has too much bacteria and sharks are starting to take a little bite out of you.”

Speaking of bites, Fred has another post-3:00 pm passion. “I love to cook,” he says. “I think I spoiled my wife – she doesn’t want to cook any more. She maybe cooks once or twice a week now.”

But whether it’s work, home, or play, people remain the focus. “I’ve learned to get along with everybody,” says Fred. “I get along with people. I love people. I treat them with respect. They treat me with respect.”

“I just enjoy working for the Department,” Fred emphasizes more than once. And, one could add, he enjoys just about everything else he does, now that cardboard boxes are but a distant memory.
INTRODUCING THE RESIDENT CLASS OF 2011

The Department of Psychiatry welcomes the class of 2011 (pictured below) to the residency-training program. The current class of interns in psychiatry was chosen from 553 applicants of whom 84 were actually ranked. These 10 individuals are extremely talented young doctors who were at the top of their medical school classes and who demonstrated a strong commitment to the field, as well as great leadership potential. They have shown themselves to be very fine house officers, eager to learn and dedicated to providing outstanding clinical care to their patients. This year’s recruitment efforts began on September 1st and will continue until January 31, 2008.

Educational Highlights

Rebecca Aspden, MD  Harvard Medical School
Andrea Bowen, MD  Duke University
Samuel Collier, MD  Univ Texas - Houston
David Danish, MD  Case Western Reserve
Lauren Gendal, MD  New York University
Jamey Levy, MD  New York University
Donovan Maust, MD  Johns Hopkins University
Nadia McFarlane, MD  SUNY - Buffalo
Christopher Tjoa, MD  SUNY - Buffalo
Holly Valerio, MD  University of Florida

Department of Psychiatry
Annual Family Picnic
July 14, 2007
The 2007-2008 Academic Year welcomes many new educational initiatives, as well as an effort to increase contact among inpatient and outpatient residents. One of the major structural changes to the residency program has been the consolidation of PGY-1 and PGY-2 didactic sessions to Wednesday afternoons, which now follow the weekly resident business lunch meeting. The overall effect has been enhanced cohesion among all classes of residents, with improved seamless coverage of clinical services and a distraction-free educational experience for junior residents. This is a great example of how resident initiative, coupled with administrative and clinical service support, makes collaborative change effective and positive.

The Inpatient Morning Report Series has also undergone restructuring with a new addition to the existing Emergency Psychiatry, Process of Care, and Consultation/Liaison series. Anthony Rostain, MD, along with Benoit Dubé, MD and myself, have organized a curriculum that addresses the role of residents as teachers and professionals. The monthly series begins with a session devoted to teaching medical students that raises and discusses questions such as: ‘How does one deal with an unmotivated student? How do you give and receive feedback? How can I develop my personal bedside teaching style?’, and ‘What are effective ways to structure formal didactics?’ In the next session, residents discuss “professionalism” in the context of cases that highlight issues or challenges they recently encountered. Midway through this series is a Group Reflections session that provides a forum for developing residents’ interests and ability to identify, reflect, and process difficult issues that arise throughout the month or in the course of training. Finally, residents meet at the end of their rotation to revisit their role as teachers. This session uses didactic and interactive role play to further develop their skills as effective teachers. In the future, interdisciplinary sessions with nurses and residents from other specialties are planned to facilitate discussion around professionalism.

Other ongoing initiatives – Jessica Kovach, MD is developing new opportunities for residents to explore community and addiction psychiatry, including working with Assertive Community Treatment teams at Horizon House and the methadone clinic at the Philadelphia VA Medical Center. Also, Juliette Galbraith, MD is working to expand the Group Therapy experience to include an outpatient group therapy elective.

Resident activities – Journal Club remains popular with Regina Szucs, MD, PhD, Ben Pumphrey, MD, and Josh Blume, MD serving as active coordinators. Movie Club is also in full swing with a diverse faculty of discussants and hosts. Michelle Goldsmith, MD, Jin Joo, MD, and Lauren Kofod, MD are recent resident coordinators of this event.

It has been an exciting summer for the residents and we are very much looking forward to a productive and enjoyable year!
The Penn Behavioral Health Contact Center is staffed with masters’ level professionals who are trained to assess your needs and direct you to the appropriate providers and the appropriate level of care.

We offer psychotherapeutic and psychopharmacologic services in the following areas:

- Depression
- Bipolar Disorder
- Panic & Anxiety Disorders
- Stress & PTSD
- Obsessive Compulsive Disorder
- Schizophrenia
- Schizoaffective Disorders
- Cancer Counseling
- Women’s Mental Health
- Geriatric Disorders
- Memory Disorders & Dementia
- Marital, Family & Relational issues
- Substance Abuse
- Psychosomatic Disorders
- ADD & ADHD
- Social Learning Disorder
- Weight & Eating Disorders
- Pain Management

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