Most people who need treatment for psychiatric conditions are treated in an outpatient setting. Penn Behavioral Health (PBH), the University of Pennsylvania Department of Psychiatry’s clinical branch, offers a well-balanced range of exceptional outpatient programs with assessment, diagnosis, and treatment services. The outpatient programs include subspecialty areas of psychiatry and behavioral health with PBH clinicians who are experts in diagnosing and treating a wide range of psychiatric and psychological disorders.

Penn Behavioral Health’s outpatient services are highly regarded, judging from local and national surveys of mental health consumers and psychiatrists. Many patients from the region and other areas of the country seek treatment at PBH for this reason, leading to over 60,000 outpatient visits annually at Penn. Slightly more than half of patients seen with Penn’s Department of Psychiatry are enrolled in patient-oriented research studies and clinical trials to obtain cutting-edge treatments and advance the field of mental health. Other outpatients who do not participate in research studies obtain evidence-based, state-of-the-art care in a purely clinical setting with dedicated clinicians capable of treating the entire range of psychiatric illnesses.

The breadth of general and specialty outpatient psychiatry services available at Penn Behavioral Health is comprehensive, eclipsing the scope of services available in most mental and behavioral health treatment centers. Specific disorders and treatment programs covered by PBH’s outpatient services include:

| Penn Behavioral Health Outpatient Service Areas                  |  |
|-----------------------------------------------------------------|  |
| Addiction (Alcohol, Nicotine, and Drug Dependence)              | Mothers and Infants |
| Alzheimer’s Disease and Aging                                   | Obsessive-Compulsive Disorder |
| Anxiety and Panic Disorders                                     | Pain Disorders and Psychosomatic Medicine |
| Attention Deficit and Cognitive Disorders                       | Parkinson’s Disease |
| Brain Lesions and Traumatic Brain Injuries                      | Post-Traumatic Stress Disorder |
| Child Trauma                                                    | Psychological Aspects of Cosmetic and Reconstructive Surgery |
| Community-Centered Behavioral Health                            | Schizophrenia |
| Family-Focused Care and Family Therapy                          | Sleep and Circadian Rhythm Disorders |
| Medical Co-Morbidity (Cancer, AIDS, Transplantation)            | Social Learning Disorders (Autism and Asperger’s Disorders) |
| Mental Retardation and Developmental Disorders                  | Weight and Eating Disorders (Obesity, Anorexia, Bulimia) |
| Mood Disorders (Bipolar Disorders, Depression)                  | Women’s Mental Health |

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In April 2007, Rosellen Taraborrelli and I traveled to the University of Michigan to join other representatives of leading academic medical centers to begin the process of organizing a national network of depression centers. The ultimate goal is to improve the diagnosis, treatment, and prevention of depression and bipolar disorder on a nation-wide basis.

Everyday, our Department’s expert health care professionals deal with the enormous physical, emotional, and financial toll of these serious illnesses. Complicating treatment is the added stigma attached to these diseases, frequently preventing those suffering from these disorders and their families and friends from seeking help. All too regularly, depressive illnesses are underdiagnosed and undertreated, often with tragic end results – over 30,000 people a year in America die from suicide, twice as many as those who die from AIDS and almost as many who die from breast cancer.

Of course, psychiatrists, psychologists, and other mental health care professionals have successfully treated patients with depression and bipolar disorder for many years. In addition, the NIH has funded numerous research programs targeting these diseases, and many successful drugs and psychotherapies have been developed for treatment. But when we still see that approximately 21 million Americans ages 18 and older are annually affected by a mood disorder, we know there is considerably more work to do. In fact, the World Health Organization identified unipolar major depression as the #1 disease producing the largest number of healthy years lost to either premature mortality or to years lived with a disability in high-income countries in 2001, and projects the disease to rank #1 worldwide in this unwelcome category by 2030.

The attendees at the Michigan meeting concluded that the time was right to build a collaborative national network of depression centers with the capacity to pool scientific and medical resources and talent to advance new research directions, treatments, and public policies to combat depressive disorders, and to counteract the stigma associated with mental illness.

Wisely, the Michigan organizers chose to emulate a proven model – the national network of cancer centers made possible by the 1971 National Cancer Act. That legislation initially authorized $1.5 billion for a National Cancer Program and the establishment of 15 National Cancer Institute-designated Cancer Centers, a number that has now grown to over 60. Almost four decades hence, substantial work has been accomplished in researching the causes of cancer and developing new treatments. There is reason to believe that a similar organizational model at a national scale focused on mood disorders might meet with at least equal success. Some of the member institutions in the depression center network may be the same as those in the cancer center network, others different, but the overriding objectives to diagnose, treat, and study a major disease are the same.

With this goal in mind, 16 university-based departments of psychiatry and associated colleagues adopted the National Network of Depression Centers (NNDC) Charter at a historic event held in Ann Arbor on October 24, 2008. The charter members include:

- University of Pennsylvania
- Columbia University
- Duke University
- Emory University
- Harvard University – Brigham and Women’s Hospital
- Harvard University – Mass. General Hospital
- Harvard University – McLean Hospital
- Johns Hopkins University
- Stanford University
- University of California, San Francisco
- University of Cincinnati
- University of Colorado
- University of Louisville
- University of Michigan
- University of Texas Southwestern Medical Center
- Weill Cornell Medical College

It’s a distinguished group pursuing several common goals in clinical care, research, education, and public policy. These goals include: 1) expanding existing depression centers and establishing new “centers of excellence” at NNDC member sites; 2) expanding education and outreach efforts of NNDC member institutions; 3) encouraging and funding large-scale collaborative translational research initiatives; 4) establishing an informatics infrastructure to facilitate collaborative translational research; 5) improving existing and developing new real-time clinical and care management guidelines in depression, bipolar, and related illnesses; and 6) exploring options for the network to integrate care for depression, bipolar, and related illnesses in primary care settings. Each mission objective will be pursued with a multidisciplinary approach.

The Department created the Penn Comprehensive Depression Center to address each and all of these goals. We believe that this Center will not only serve as a focal point for patient care, research, and education here in Philadelphia, but become a principal contributor to the NNDC and its national efforts to enhance research and treat major depressive disorders.

The Penn Comprehensive Depression Center is a major departmental effort, one that is well aligned with our own strengths in patient care, research, and education and our own mission to address the nation’s principal health problems. We look forward to good things here at Penn, and nationally.

Dwight L. Evans, MD
Ruth Meltzer Professor and Chair
Professor of Psychiatry, Medicine and Neuroscience

What is it about our brains that “hardwires” us to seek out interactions with other people and to take pleasure in forming social relationships and attachments, beginning in earliest infancy, and continuing throughout life?

These are qualities that seem so much a part of us that many of us take them for granted. But what happens during brain development that interferes with the development of sociability in individuals with autism or schizophrenia spectrum disorders? These are the questions that drive work in the laboratory of Edward S. ("Ted") Brodkin, MD, Assistant Professor of Psychiatry at University of Pennsylvania.

Dr. Brodkin’s fascination with the neurobiology of social behaviors dates to his Harvard undergraduate years, when he studied Harry Harlow’s work. “Although Harlow did not work on autism or schizophrenia, studying his groundbreaking work on the development of attachment in infancy and childhood got me hooked on the field of social neuroscience in general,” Dr. Brodkin says. During his Psychiatry residency at Yale, he began to treat adults with autism spectrum disorders (ASD).

“I found the issues these patients were dealing with uniquely compelling,” Dr. Brodkin recalls. “The difficulties with social interactions that they faced were beyond the level of simply being shy or introverted. It was extremely difficult or impossible for many of them to engage in the important activities of life that require navigating a social environment, such as functioning in school or work, shopping for basic necessities, or forming new relationships, even if they were intellectually bright. This led to a great deal of hardship and suffering for both the patients themselves and their families. While there are treatments for some of the associated symptoms of ASD, there are not yet treatments that adequately help with the core social behavior symptoms. I felt motivated to better understand the biology of ASD so that we could better help these patients.”

Dr. Brodkin also recognized that he could fashion a career in medicine combining basic neuroscience research with clinical care. “During medical school, I was lucky enough to meet and interact with people like Steve Hyman, Eric Nestler, and Eric Kandel, which made me realize that it was possible to be a psychiatrist, but also to do basic neuroscience research to better understand the fundamental neurobiological basis of behaviors and psychiatric disorders,” says Dr. Brodkin.

With this goal in mind, he immersed himself in basic science work during two postdoctoral research fellowships immediately following his residency. He first studied basic neurobiology at Yale in the laboratory of Eric Nestler, MD, PhD and then genetics at Princeton in the laboratory of Lee Silver, PhD. In 2002, Dr. Brodkin joined the faculty in Penn’s Department of Psychiatry.

At Penn, Dr. Brodkin established a laboratory focused on social neuroscience to investigate the neurobiology and genetics of social behavior disruptions associated with ASD and schizophrenia. It’s a fertile area for investigation. As in ASD, social behavior impairments in schizophrenia are extremely disabling; the underlying neurobiology is poorly understood; and current treatments are largely ineffective. While there are fairly effective treatments for many of the so-called “positive” symptoms of ASD, there are not yet treatments that adequately help with the core social behavior symptoms.

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Continued from page 3

Schizophrenia, such as hallucinations and delusions, available treatments are inadequate for treating the “negative” or deficit symptoms, such as lack of interest in social interaction. The long-term goal of Dr. Brodkin’s work is to provide a neurobiological and pathophysiological foundation for new treatment approaches in both ASD and schizophrenia.

Dr. Brodkin’s lab uses mouse models to analyze the neurobiological mechanisms of social behaviors relevant to ASD and schizophrenia. The challenge lies in developing etiologically valid animal models, i.e. models that show behavioral and brain traits that are attributable to the same genetic and/or environmental factors that cause the disorders. At a biological level, autism and schizophrenia are not each single diseases, but rather each comprises biologically heterogeneous groups of disorders. Because our understanding of the genetic and environmental causes of these disorders has been progressing more rapidly in recent years, developing etiologically valid mouse models is becoming possible. The mouse is used because it is the leading model organism for studying mammalian genetics and for developing mammalian models of human disease. “For virtually every human gene, there is a mouse counterpart, and vice versa,” Dr. Brodkin says. “So, as we identify human disease genes, we can study them in mice, and can develop mouse models of the disease.”

Although it may be impossible to model all symptoms of ASD or schizophrenia, such as complex language or higher order cognitive impairments, there are certain basic behavioral components of the disorders, such as reduction in a primal form of sociability (reduced seeking of social interaction), that we can observe and measure quantitatively in animals, Dr. Brodkin says. “We study animal models to try to understand the underlying biology on a deeper level than would be possible in human studies alone. But this is done best in close collaboration with clinical investigators, to make sure that the basic research questions we are asking, and the answers we are getting, are as relevant as possible to human health. Ideally there is an ongoing, reciprocal interaction between clinical and basic researchers, and I really have that here at Penn, which makes it a special place.”

Dr. Brodkin’s lab has identified regions of the mouse genome linked with social behavior phenotypes. In genes within those genomic regions, his lab is studying the effects of sequence variants (alleles) on social behaviors. Dr. Brodkin identified a specific mouse strain, the BALB/cj strain, that shows low levels of social interaction and other brain traits that may be relevant to ASD. In 2007, Dr. Brodkin secured a five-year grant from the National Institute of Mental Health for a study entitled the “Neurobiology of Sociability in a Mouse Model System Relevant to Autism,” which is part of the NIMH’s new program in the Social Neuroscience of Mental Health. The goal is to test the links among low sociability and various brain traits in BALB/cj mice. He is also studying social behaviors in mice with mutations of genes that have been linked with ASD or schizophrenia. He is using these mouse models both to better understand underlying brain mechanisms, and to test novel pharmacologic treatment approaches.

“I would say for psychiatric illnesses, and particularly for our understanding of social behaviors,” Dr. Brodkin acknowledges, “we really are at a very early stage of our understanding. There’s a long way to go, but working toward better understanding of these disorders will be fascinating and will pay off in much better care for patients.”

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ior disruptions, work already underway in collaboration with Michal Elovitz, MD in the Penn Department of Obstetrics and Gynecology. “Dr. Elovitz has developed a mouse model of prenatal inflammation, which appears to be a risk factor for ASD, so together we are studying the effects of prenatal inflammation on brain development and social behavior development,” he says. “We also plan to study the effects of gene-environment interactions on brain and social behavior development.”

Dr. Brodkin’s lab is part of the Department’s initiative to better understand ASD, schizophrenia, and other neurodevelopmental disorders. It complements the work of the Adult Developmental Disorders Program, directed by Anthony L. Rostain, MD, MA, which treats these disorders and conducts clinical research seeking improved treatments. Dr. Brodkin is an attending psychiatrist in that program. Dr. Brodkin’s lab research also complements the work of the Neuropsychiatry division, which is focused on schizophrenia and directed by Raquel Gur, MD.

Dr. Brodkin explains that caring for patients informs his research. “I enjoy working with patients with ASD, and doing so focuses my research questions. Many of these patients can describe their subjective experiences of social situations very articulately, which gives us important insight.”

“One of the best aspects of being at Penn is the terrific, collaborative research environment here,” Dr. Brodkin says. Within the Department of Psychiatry, key collaborators include Wade Berrettini, MD, PhD, who has been a mentor as well, Irwin Lucki, PhD, Raquel Gur, MD, PhD, Ruben Gur, PhD, Steven Siegel, MD, PhD, Chang-Gyu Hahn, MD, PhD, Gregory Carlson, PhD, Steven Arnold, MD, Konrad Talbot, PhD, Falk Lohoff, MD, David Mandell, ScD, Anthony Rostain, MD, MA, and Adrian Raine, PhD. In the School of Medicine, collaborators include Robert Schultz, PhD, a Professor in the Department of Pediatrics and Director of Center for Autism Research at Children’s Hospital of Philadelphia (CHOP), who uses neuroimaging to identify specific brain structural and functional abnormalities in autism; Hakon Hakonarson, MD, PhD, who directs the Center for Applied Genomics at CHOP; Michal Elovitz, MD in Obstetrics and Gynecology, who studies prenatal environmental factors in autism; Maja Bucan, PhD in Genetics, who studies behavioral and psychiatric genetics; and Harish Poptani, PhD and Christos Davatzikos, PhD in Radiology, who contribute neuroimaging expertise. Dr. Brodkin also collaborates extensively with Ted Abel, PhD in the Department of Biology in the School of Arts and Sciences, Martha Farah, PhD and Seth Gillihan, PhD in the Department of Psychology, and Tracy Bale, PhD in the Department of Animal Biology in the School of Veterinary Medicine.

“I also want to highlight the work of the extremely bright and talented people in my lab, who deserve so much of the credit for our work, including Holly Dow, Geena Sankoorikal, Kristin Kaercher, Andrew Fairless (a Penn neuroscience graduate student), and Arati S. Kreibich, PhD (a postdoctoral researcher), as well as many Penn undergraduates who have made significant contributions,” says Dr. Brodkin.

“Being at Penn has benefited me in a lot of ways,” says Dr. Brodkin. “The Department of Psychiatry enables me to have this kind of career where I can combine patient care with basic research. This is not true of every Psychiatry department around the country. And the level of interaction that is possible between faculty members at the medical school and the other schools of the University makes Penn really special.”

Dr. Brodkin understands the formidable research challenges that must be overcome to achieve an understanding of complex social behaviors relevant to ASD and schizophrenia, but he also recognizes the potential rewards. “As Lewis Thomas wrote, the better we understand the basic pathophysiological mechanisms of diseases, the more effective and affordable our efforts to treat the diseases can become. This is illustrated well by the progress made in treating and preventing many bacterial infectious diseases in the 20th century.”

“I would say for psychiatric illnesses, and particularly for our understanding of social behaviors,” Dr. Brodkin acknowledges, “we really are at a very early stage of our understanding. There’s a long way to go, but working toward better understanding of these disorders will be fascinating and will pay off in much better care for patients.”

The journey may be challenging and protracted, but if we have learned anything so far from Dr. Brodkin and his laboratory’s approach to understanding the basic neurobiology of social behaviors, that is more a source of inspiration than frustration. ❖
Since its establishment in 1965, the Hall-Mercer Community Mental Health and Mental Retardation Center at Pennsylvania Hospital has been known for the high quality of its community-centered behavioral health programs.

Hall-Mercer, as it is known locally, has long provided personalized outpatient assistance to individuals who might otherwise be hospitalized or left on their own without help. Most recently, it has focused on aiding the most severely mentally ill and vulnerable members of the community, including the homeless, AIDS-afflicted patients, the elderly, and children born to drug-addicted mothers.

Today, Hall-Mercer is adding to its clinical excellence by significantly expanding its research and education programs. This evolution into an academic community mental health center is part of the master plan developed by Department of Psychiatry Chairman Dwight L. Evans, MD to strengthen academic programs at both Hall-Mercer and the new Psychiatry inpatient unit on Spruce 6 at Pennsylvania Hospital. Jody J. Foster, MD, MBA, Chairman of Psychiatry at Pennsylvania Hospital, and Trevor R. Hadley, PhD, Director of the Department’s Center for Mental Health Policy and Services Research, have also played major roles in Hall-Mercer’s transformation.

As an initial step, Matthew Hurford, MD, Assistant Professor of Psychiatry, was recruited as the first member of the Department’s Standing Faculty to be located at Hall-Mercer. A graduate of the Department’s Clinical Research Scholars Program, Dr. Hurford was appointed Medical Director. He joined an outstanding team of mental health care professionals at Hall-Mercer, including three other Penn-trained psychiatrists – Spencer J. Kostinsky, MD, Geoffrey Neimark, MD, and Lisa Rosenthal, MD.

Dr. Hurford’s role as Medical Director includes fostering and facilitating research and teaching at Hall-Mercer, new responsibilities added to the position’s traditional duties of providing clinical oversight and management. “My primary goals are to enhance the overall academic profile of Hall-Mercer and help it expand as a center of excellence for research, education, and continuing clinical services to the community,” Dr. Hurford explains.

Research – A major priority for Dr. Hurford is to make Hall-Mercer “as research-friendly as possible.” “In the past,” he says, “there was a relatively fertile ground for research here and things germinated if the wind blew the seeds this way. I like to think that we are entering into an era of more intentional cultivation.”

“Penn has world-renowned research laboratories and research centers,” Dr. Hurford says, “and I envision Hall-Mercer providing opportunities to help apply their advances to those most in need.” It is truly translational research at the community level.

Research at Hall-Mercer seeks to ascertain whether treatments and interventions found to be efficacious in the highly controlled environments of academia actually work “in the real world.” Dr. Hurford says that investigators ask the deceptively simple question, “How can these breakthroughs – from the biologic to policy to therapies – really effect positive change in the community?”

Ongoing research protocols are varied. Dr. Hurford himself is leading a one-year program funded by Pennsylvania Hospital’s Harrison Memorial Fund to provide nicotine patches and smoking cessation counseling to nicotine-dependent individuals with schizophrenia who are unable to afford these therapies. Although this is a treatment program, plans are to collect pilot data for a research grant.

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Other studies include a two-year clinical trial of cognitive therapy for treating negative symptoms and functional impairment in individuals with schizophrenia and schizoaffective disorder conducted by the Department’s Psychopathology Research Unit, headed by Aaron T. Beck, MD. Another is a study to test the reliability and comparability of different methods for obtaining clinically-relevant information from adults with psychiatric disabilities run by Dr. Hadley’s Center for Mental Health Policy and Services Research.

A particularly fruitful research alliance is with the Schizophrenia Research Center (SRC), directed by Raquel E. Gur, MD, PhD. “When I was coming on board in the fall of 2008,” Dr. Hurford recalls, “I met with Dr. Gur and Christian Kohler, MD. They had long expressed an interest in expanding first-episode schizophrenia, first break psychosis research with the idea of developing a relationship with early onset schizophrenics at Penn.”

They discussed how Hall-Mercer’s clinical facilities could be used to develop a relationship with people in the early or prodromal stages of the illness. As a result, Dr. Hurford says that “we are now developing a plan to have our intake clinic serve as a pipeline and referral center and have an actively managed program so that individuals with first episode and early onset illness can get connected with the treatment services and research opportunities offered by the SRC.”

Currently, the SRC is actively enrolling human subjects in several studies of brain function in people with psychotic disorders, and anticipates working with Hall-Mercer to offer their clients the opportunity to participate voluntarily in these studies. The studies use neuroimaging, EEG, olfaction measures, and psychometric measures to evaluate sensory deficits associated with schizophrenia and schizoaffective disorder.

Dr. Hurford, too, is planning future research studies on two very significant topics. One involves a collaboration with the Department of Medicine at Pennsylvania Hospital to study the optimal mix for integrating mental health services into primary care settings and primary care services into mental health centers. By studying how well the co-location of these services work in practice, investigators can determine the best service combination for treating mental health diseases and co-morbid medical illnesses like diabetes, obesity, and nicotine addiction.

Another future study focuses on pathological gambling, a particularly timely subject because of the proposed casino operations on a site in Philadelphia adjacent to the Chinatown community. “Hall-Mercer has a special relationship with the Chinatown community through our Southeast Asia program,” says Dr. Hurford. “We are very interested in looking at issues concerning the community impact of the location of the casino close to a known high-risk population, one that has higher than average rates of pathological gambling.” Research will also study the impact on mental health of pathological gambling and co-morbid substance abuse, depression, and suicide.

Research at Hall-Mercer is carried out with strong safeguards for participating subjects. All protocols involving human subjects are reviewed by the appropriate Institutional Review Board (IRB), the entity tasked with ensuring that the rights and welfare of participants are protected. The great majority of the studies are reviewed by the University of Pennsylvania IRB, but because Hall-Mercer straddles three realms – the University, the clinical delivery system, and the City of Philadelphia – other IRBs are sometimes involved.

All clinical study applications are also reviewed internally by Hall-Mercer’s executive group, consisting of Kathleen Quigley, Hall-Mercer’s Executive Director, Patty Inacker, Program Director, and Dr. Hurford. “We want to be a place that is conducive for research, and we need to balance that against the best interests of our community that we serve,” Dr. Hurford emphasizes. “Is there something here that would represent value-added to the services that we provide and, if there doesn’t seem to be any significant costs or risks to our already very vulnerable population, then we can proceed.”

Education – The Department of Psychiatry is simultaneously expanding its resident and medical student teaching programs at Hall-Mercer.

“We are expanding not just the number but also the type of clinical educational opportunities for residents outside of the traditional confines of an office-based visit,” Dr. Hurford says. For years, upper-year residents did their community Psychiatry rotation at Hall-Mercer and junior residents gained exposure to emergency Psychiatry in the Crisis Response

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Center. Now the focus, says Dr. Hurford, is getting them “out into the community, seeing where patients are, treating them in the context of their lives and environment.”

As just one example, fourth-year resident Julie Chilton, MD is “starting a really innovative elective,” says Dr. Hurford. “She will be doing a homeless outreach elective in lieu of one of her general ambulatory practice clinics.” It’s a unique clinical education experience that Hall-Mercer is able to offer because of its array of allied mental health services. Dr. Chilton will be joining the mobile outreach team on its evening rounds and will be supervised on her rotation by a Penn Psychiatry graduate, Valerie Nordquist, MD.

The growth of medical student teaching programs is even more significant, and is being planned closely with Benoit Dubé, MD, the Department’s Associate Director for Medical Student Education and Director of the Psychiatry Clerkship (MS200). Already, several senior medical students have done community Psychiatry electives at Hall-Mercer, and starting in the fall, MS200 medical students doing their six-week core Psychiatry rotations at Pennsylvania Hospital will have the opportunity to spend half of their block at Hall-Mercer.

This is a big change from the past when the entire clerkship was spent on the Psychiatry inpatient unit in the Spruce Building. Now, the three weeks at Hall-Mercer will include increased exposure to the Crisis Response Center and experiences on Hall-Mercer’s other services, such as outpatient medication management clinics, homeless mobile outreach, shelter visits, home visits with intensive case managers, and the Southeast Asian program.

In the outpatient medication management clinics, Dr. Hurford says that “medical students will see what healthy well-functioning individuals with serious mental illness look like when they are living in the community, not in the context of an emergency room or in an inpatient Psychiatry unit when they are at their most decompensated, most vulnerable. They can see that treatments – psychosocial medication therapy – work and that individuals function quite well.”

By gaining exposure to Hall-Mercer’s full suite of services, Dr. Hurford says that the ultimate goal is “to try to capture as much as possible in a kind of recovery-oriented mindset, recovery-oriented approach to mental health care instead of just seeing the sickest of the sick and the most medically-oriented model.”

For both residents and medical students, a signature feature of the Hall-Mercer educational experience is that they get to work with a wide variety of mental health care professionals, including psychiatrists, psychologists, psychiatric nurses, social workers, mobile outreach team members, mental health clinicians, and crisis counselors.

Hall-Mercer’s demonstrated clinical excellence nourishes all of its new and expanded research and education programs, which mark its evolution into an academic community mental health center. It’s all part of a well-thought-out strategy to more fully integrate Hall-Mercer with Penn’s highly acclaimed academic Department of Psychiatry and Health System.

“Part of my mission here,” Dr. Hurford says, “is to bring Hall-Mercer into the fold of the Department and the Health System more broadly. More and more we’re trying to mainstream Hall-Mercer into the broader Health System.” It’s an exciting collaboration, with many benefits for all involved.

FORMER PSYCHIATRY ADJUNCT PROFESSOR GOES TO WASHINGTON!

In April 2009, A. Thomas McLellan, PhD was named Deputy Director of the White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President. The position is viewed as the number 2 “drug czar” in the nation. The ONDCP establishes policies and priorities for the nation’s drug control program, evaluates and coordinates international and domestic anti-drug efforts of executive branch agencies, and advises the President about the country’s anti-drug efforts. Dr. McLellan is a leading researcher on addiction and substance abuse and, until this appointment, was the Chief Executive Officer of the Treatment Research Institute (TRI), a Philadelphia not-for-profit organization dedicated to science-driven reform of policy and practice in addiction and substance use.

He resigned his 17-year position with TRI as well as his Adjunct Professor of Psychology in Psychiatry position at Penn, after a 30-year affiliation, in order to take this important government post.
Outpatient Services at Penn Behavioral Health

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These services are provided through the Department of Psychiatry’s highly acclaimed centers and institutes, each anchored on nationally and internationally acclaimed interdisciplinary research programs.

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<th>Penn Behavioral Health Outpatient Programs</th>
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<td>Addiction Service (Penn Presbyterian Medical Center)</td>
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<td>Adult Developmental Disorders Program (Social Learning Disorders, Adult ADHD)</td>
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<td>Albert J. Stunkard Weight Management Program</td>
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<td>Hall-Mercer Community Mental Health Center (Pennsylvania Hospital)</td>
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<td>Mood and Anxiety Disorders Treatment and Research Program</td>
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<td>Penn Comprehensive Depression Center/ Mood Disorders Comprehensive Consultation Service</td>
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<td>Penn Pain Medicine Center</td>
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<td>Transdisciplinary Tobacco Use Research Center</td>
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<td>Women’s Mental Health and Wellness Program</td>
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PBH clinicians also go outside the immediate confines of the Department to help outpatients. Among many such resources, two that stand out are the Conill Institute for Chronic Illness, which provides educational programs for people living with chronic illness and for those who care for and about them, and the Greater Philadelphia Chapter of the American Foundation for Suicide Prevention, which offers assistance to people with mental disorders and those impacted by suicide.

The Penn Behavioral Health Outpatient Psychiatry Clinic, centrally located on the Second Floor of 3535 Market Street in Philadelphia, serves as the hub of PBH’s ambulatory services. Here clinical professionals in the Department of Psy-
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The Outpatient Psychiatry Clinic’s medical staff provides general psychiatric services, including expert care in treating people with bipolar disorder, major depression, anxiety disorders, addiction-related disorders, psychosomatic disorders, schizophrenia, and dementia. In addition, specialized clinics exist to treat women, geriatric patients, and individuals with treatment-resistant mood disorders and co-morbid medical illnesses including cancer and HIV. All of the clinical programs furnish ongoing care in addition to providing consultations for complicated cases referred to the University of Pennsylvania Department of Psychiatry.

As part of an academic medical center, the Outpatient Psychiatry Clinic is the primary teaching site for third and fourth-year Psychiatry residents. “On an average day,” says Dr. Bhati, “six to eight residents will be in the outpatient clinic. They provide medication management and perform individual, group, couples, and/or family psychotherapy.” Faculty physicians supervise all aspects of the trainees’ work with patients, including use of advanced psychopharmacology and psychotherapy.

The Outpatient Psychiatry Clinic makes every effort to see and treat outpatients with mental illnesses in a timely, comprehensive, efficient, and humane manner. Many patients with mental illness are often stigmatized and impaired in many aspects of their daily functioning, including problems with their work and family. Clinicians at the Outpatient Psychiatry Clinic seek to help these individuals regain confidence and enable a return to normal functioning. Penn clinicians recognize the significant amount of suffering and impact of mental illness on individuals and work in a collaborative fashion to provide the best possible treatment outcome. As a tertiary medical center, patients with complicated illnesses are often referred to Penn after other treatments have failed. Fortunately, many of these patients find benefit after pursuing care at Penn.

The Outpatient Psychiatry Clinic offers a unique array of comprehensive and specialized services for mental and behavioral health care, and it serves as an entry point into Penn Behavioral Health’s clinical programs and, as appropriate, clinical research and treatment studies. “We offer a variety of services to treat the entire range of psychiatric illnesses and serve as a nexus for patients to enter more intensive therapy, including clinical research treatment programs,” says Dr. Bhati. “The Outpatient Clinic is an educationally rich environment where we train residents and therapists while providing high-quality outpatient care. There is a collaborative atmosphere that, I believe, enhances learning, productivity, and patient care.”

For additional information about Penn Behavioral Health mental and behavioral health outpatient programs, please call 1-866-301-4PBH (4724) or visit PBH’s Outpatient Services website [www.med.upenn.edu/psych/outpatient.html].

For more information about the PBH Outpatient Psychiatry Clinic, please call the number above or go to [www.pennmedicine.org/behav_health/services/outpatient/market.html].

Mahendra T. Bhati, MD
Our Distinguished Faculty

Awards & Honors

Penn Honors

Department of Psychiatry 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.

Claudia Baldassano, MD, Chang-Gyu Hahn, MD, PhD, Alexandra McLean, MD, John O’Reardon, MD, and David Weiss, MD received this honor in 2009.

The 2009 PGY-3 & 4 Teaching Award was awarded to Claudia Baldassano, MD and the 2009 PGY-1 & 2 Teaching Award was awarded to Christian Kohler, 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.

Chang-Gyu Hahn, MD, PhD was awarded the 2009 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.

Ellen M. Berman, MD received the 2009 Annual Award for Clinical Faculty. 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.

John O’Reardon, MD was the 2009 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.

Charles A. Dackis, MD received the Scott Mackler Award for Excellence in Substance Abuse Teaching. This award is given by the Penn/VA Center for Studies of Addiction and the Department of Psychiatry. First given in 2000, the award honors Dr. Scott Mackler who is known for his excellence in teaching medical students, residents, post-doctoral fellows, nurses, and other Penn faculty in the area of substance abuse.

Benjamin G. Pumphrey, MD and Sarah E. Mathews, MD were the 2009 recipients of the Psychodynamic Psychotherapy Award given by the Psychoanalytic Cluster Steering Committee. This award honors graduating residents in recognition of their excellence in providing psychodynamic psychotherapy.

Michele Cepparulo received the Special Recognition for Service to Psychiatric Education Award from the Department of Psychiatry. This special recognition award was given to Ms. Cepparulo, who has tirelessly contributed organization, energy, and affection to the Office of Education, in honor of her 10 years of service as Education Administrator of the Psychiatry Residency, and in honor of her formal certification this year as a Program Administrator by the Training Administrators for Graduate Medical Education (TAGME). She is only the second residency administrator at the University of Pennsylvania Health System to receive certification.

Child and Adolescent Psychiatry Teaching Awards

These teaching awards from the Child and Adolescent Psychiatry Fellows (Class of 2009) at Children’s Hospital of Philadelphia honor faculty members whom the fellows regard as the most effective teachers of this academic year. The winners of each of these awards are recognized for their outstanding contributions as teachers and mentors.

- Harold Kolansky, MD received the Elizabeth B. Weller Distinguished Teacher Award.
- Marion Lindblad-Goldberg, PhD received the Fellow Teaching Award for Outside Faculty.
- Christopher Lam, MD received the Fellow Teaching Award for In-House Faculty.

Taliba Foster, MD received the 2009 Elizabeth B. Weller Outstanding Fellow Award. This new award is given to a child and adolescent psychiatry fellow who has contributed to the improvement of psychiatric care of children, adolescents, and their families through excellence in research and clinical care.

School of Medicine Honors

Rebecca Aspden, MD received the 2009 Medical Student Teaching Award. This award is given to a resident who has been a consistently outstanding teacher of medical students.

E. Cabrina Campbell, MD received a 2009 Penn Pearls Award for Excellence in Clinical Teaching. This award is given in honor of outstanding contributions to medical student education at the University of Pennsylvania School of Medicine. This award is managed by AOA students.

Cyndia Choi, MD received the 2009 Dean’s Award for Excellence in Clinical Teaching at an Affiliated Hospital. This award

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recognizes teaching excellence and commitment to medical education at Penn Medicine’s affiliated hospitals.

Martin E. Franklin, PhD received the 2009 Dean’s Award for Excellence in Medical Student Teaching by an Allied Health Professional from the University of Pennsylvania School of Medicine. This award was established in 1996-97 to recognize teaching by allied health professionals.

Namni Goel, PhD served as Chair of the Annual Research Retreat of the Center for Sleep and Respiratory Neurobiology at the University of Pennsylvania in May 2009.

Charles P. O’Brien, MD, PhD received the 2009 Arthur K. Asbury Outstanding Faculty Mentor Award. The Asbury 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.” Department faculty members Caryn Leman, PhD (2008) and Thomas A. Wadden, PhD (2007) are previous recipients of this honor.

Steven J. Siegel, MD, PhD became Associate Director of the University of Pennsylvania School of Medicine’s Master of Science in Translational Research degree program in March 2009. He is responsible for the design and implementation of a new Translational Therapeutics Track, including a core course and electives that focus on how to effectively move technology from academia into practice. The program will incorporate training in clinical medicine, basic science, technology transfer, and business development to facilitate implementation of novel diagnostic and therapeutic approaches developed in the laboratory.

Research at the Transcranial Magnetic Stimulation (TMS) Laboratory, directed by John P. O’Reardon, MD, was recognized in April 2009 at the 7th Annual Colloquium of Scholars Meeting of the Philadelphia Psychiatric Society. Angeliki Pesiridou MD, a former researcher in the TMS lab and now a Psychiatry resident at St. Luke’s- Roosevelt Hospital Center in New York City, and Sasha Waring (Penn MS-IV) won first prize for their poster on “Transcranial Magnetic Stimulation in the Treatment of Depression: Effectiveness in the Real World of Clinical Practice Post FDA Approval.” In addition, Yan Xuan (Penn MS-IV) won third prize for his poster titled “Repetitive Transcranial Magnetic Stimulation (rTMS) in the Maintenance Treatment of Major Depression: Long Term Outcomes.”

REGIONAL, NATIONAL AND INTERNATIONAL HONORS

Jacques P. Barber, PhD, ABPP was selected as a Fellow of the Association for Psychological Science (APS) in recognition of his “sustained outstanding contributions to the advancement of psychological science.” Founded in 1988, the APS is dedicated to promoting, protecting, and advancing the interests of scientifically oriented psychology in research, application, teaching, and the improvement of human welfare. The non-profit organization has 20,000 members worldwide.

Aaron T. Beck, MD received three international awards during 2009: 1) the Castilla del Pino Foundation Eighth Castilla del Pino Award for Achievement in Psychiatry; 2) The Forum Lundense Award for outstanding contributions to the science and practice of psychotherapy that has stimulated and guided the entire field of cognitive and behavioral therapy and research; and 3) he won the 22nd Prize Competition sponsored by the Anna-Monika Foundation in Germany for papers written on “the investigation of the biological substrate and functional disturbances of depression.” Dr. Beck also received three national awards: 1) the Pasarow Foundation Award for Research in Neuropsychiatry; 2) the National Nursing Centers Consortium’s Lifetime Achievement Award; and 3) the Rhoads Medal for Distinguished Achievement in Medicine, jointly awarded by the American Philosophical Society, The College of Physicians of Philadelphia, and the University of Pennsylvania Department of Surgery. The citation for the Rhoads Medal recognizes Dr. Beck “for his pioneering work in cognitive behavioral therapy.” He is the first psychiatrist to receive the Rhoads Medal.

Chaya Bhuvaneswaran, MD, MPH has been selected as a 2009 ACNP Travel Award for Minorities Travel Awardee from the American College of Neuropsychopharmacology. This award, which supports attendance at the ACNP Annual Meeting in Hollywood, Florida this December, is given to individuals who have, through their research, teaching, or clinical activities, demonstrated professional and scientific interest in the field of neuropsychopharmacology.

Joshua A. Blume, MD has been selected by the American Psychiatric Institute for Research and Education (APIRE) to participate in the APIRE/Janssen Resident Psychiatric Research Scholars program. This one-year fellowship provides special mentoring and career enrichment programs, along with a $2,500 grant to assist in research career development.

Edward S. Brodkin, MD was listed in the 2009 Guide to America’s Top Psychiatrists published by the Consumers’ Research Council of America. He also served on a number of scientific review panels for the NIH, Autism Speaks Foundation, and New Jersey Governor’s Council on Autism.

Gregory K. Brown, PhD was the 2009 recipient of the Research Award from the American Foundation for Suicide Prevention for his collaborative work in suicide prevention in emergency department settings.

Delane Casiano, MD received a Travel Award in December 2008 from the American College of Neuropsychopharmacology and American Psychiatric Association.

Anna Rose Childress, PhD was named President-Elect of The College on Problems of Drug Dependence. The CPDD is the longest standing group in the U.S. addressing problems of drug addiction. According to its website, it “serves as an interface among governmental, industrial and academic communities maintaining liaisons with regulatory and research agencies as well as educational, treatment, and prevention facilities in the drug abuse field.”

Judith A. Cofé, PhD serves on the Board of Directors of Volunteers in Medicine in Cape May County (New Jersey). The organization’s mission is to bring free medical care to those

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with no income and no insurance. Her special area is mental health education. She also is a member of the Board of Directors of the National Registry of Certified Group Psychotherapists. This board certifies colleagues world-wide in Group Psychotherapy.

James C. Coyne, PhD was appointed Head of the Publications Committee of the European Commission Level 7 Project, “Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI).” He was also appointed a member of the Mental Health Working Team of the National Children’s Study and a member of the Scientific Task Force of the American Psychological Association’s Socioeconomic Status (SES) Related Cancer Disparities Committee. His article in the Journal of the American Medical Association was identified by the British Medical Journal as one of the eight Top Research Articles of 2008 [Thombs BD, de Jonge P, Coyne JC, Whooley MA, Frasure-Smith N, Mitchell AJ, et al: Depression Screening and Patient Outcomes in Cardiovascular Care: A Systematic Review. JAMA 2008; 300:2161-2171).

David F. Dinges, PhD received the 2009 Mary A. Carskadon Outstanding Educator Award from the Sleep Research Society. The award honors an investigator for outstanding efforts in disseminating basic and/or clinical sleep research as a mentor, teacher, or through public education. He was also awarded the 2009 Raymond F. Longacre Award for outstanding accomplishment in the psychological and psychiatric aspects of aerospace medicine by the Aerospace Medical Association (AsMA). He received the award in May 2009 at the AsMA’s Annual Meeting in Los Angeles. Of historical note, George E. Ruff, MD, now Emeritus Professor of Psychiatry at Penn, received the same award exactly 50 years ago when he was a Captain in the U.S. Air Force.

Dwight L. Evans, MD received the 2009 William C. Menninger Memorial Award for Distinguished Contributions to the Science of Mental Health from the American College of Physicians at its Annual Meeting in April 2009 in Philadelphia. The award was established in 1967 and was named for Dr. Menninger who was a Governor, Regent, and the first President of the College. Dr. Evans also delivered the William C. Menninger Memorial Award Lecture. Albert J. Stunkard, MD and Aaron T. Beck, MD from the Department of Psychiatry are past recipients of this award. In February 2009, Dr. Evans became President of the American College of Psychiatrists (ACP). The ACP is a non-profit honorary association of psychiatrists who have been recognized for their significant contributions to the profession.

Edna B. Foa, PhD was selected to receive the Career/Lifetime Achievement Award from the Association for Behavioral and Cognitive Therapies (ABCT), the national cognitive behavioral therapy association. The communication to Dr. Foa informing her of the honor stated in part: “Your persistent efforts to develop, investigate, refine, and disseminate effective treatments for OCD [obsessive compulsive disorder], PTSD [post-traumatic stress disorder], and other disorders have had a substantial and enduring impact on the field and most importantly on the well-being of our patients.” This award will be presented to Dr. Foa at the ABCT convention in New York in November. In addition, Dr. Foa’s self-help guide for individuals who suffer from obsessive compulsive disorder, Stop Obsessing, co-authored with Robert R. Wilson, PhD, received the ABCT Book Merit Award for its significant contribution to the education of the general public on the benefits of empirically supported treatment.

Raquel E. Gue, MD, PhD and Ruben C. Gur, PhD received the 2009 Lieber Prize for Schizophrenia Research awarded by the National Alliance for Research in Schizophrenia and Affective Disorders (NARSAD). The Lieber Prize is given to scientists who have made distinguished contributions to the understanding of schizophrenia.

Trevor R. Hadley, PhD was selected as the recipient of the 2009 Leadership Award by the Mental Health Association of Southeastern Pennsylvania (MHASP). The award was presented at the 10th Annual Bell of Hope Award Dinner in May 2009. The MHASP develops, maintains, and promotes innovative education

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and advocacy programs and mental health services, serving as a role model and technical assistance resource for state and national organizations and constituencies.

Matthew O. Hurford, MD was selected for the National Council for Community Behavioral Healthcare’s 2009-10 Psychiatric Leadership Program (PLP). The PLP is an executive leadership program for medical directors in community behavioral health organizations. Participants complete a one-year comprehensive curriculum designed to develop and enhance psychiatric leadership and professional development.

Muniya S. Khanna, PhD was selected as President-elect of the Child Anxiety Special Interest Group of the Association of Behavioral and Cognitive Therapies.

Michael P. Kowitt, PhD received the Teacher of the Year Award from the Psychoanalytic Center of Philadelphia for the year 2008-2009.

Caryn Lerman, PhD was elected President of the Society for Research on Nicotine and Tobacco, an international scientific organization whose members study nicotine addiction, from the molecular to societal levels. She was also appointed to the National Institute on Drug Abuse’s (NIDA) Council.

Stephen E. Levick, MD was selected for inclusion in Best Doctors, 2009-10.

Donovan Maust, MD has been selected as a 2009 National Institute of Mental Health Outstanding Resident Awardee. This award honors Psychiatry residents with outstanding academic potential who have entered their PGY-III level by December 2009.

David S. Metzger, PhD was named Scientific Liaison for the Treatment Research Institute (TRI) and the Penn Department of Psychiatry in June 2009. His role will be to facilitate closer research and academic linkages between the University and TRI, an independent not-for-profit addiction research organization. He will identify collaborative research possibilities, disseminate more broadly the research findings of both groups, and work with investigators from both institutions to coordinate and support innovative research and other activities designed to generate cross-institutional collaborations requiring integrated research approaches.

David W. Oslin, MD was elected a member of the American College of Neuropsychopharmacology in December 2008 and was also elected to the Board of Directors of the American Association of Geriatric Psychiatry.

R. Christopher Pierce, PhD received the Jacob P. Waletzyk Memorial Award for Innovative Research in Drug Addiction and Alcoholism from the Society for Neuroscience. He was applauded for using animal models “to identify novel neurobiological adaptations produced by cocaine and then use[ing] this information to formulate potential addiction therapies.”

R. Arlen Price, PhD accepted the invitation to serve as a member of the NIH Kidney, Nutrition, Obesity and Diabetes (KNOD) Study Section of the Center for Scientific Review for the term beginning July 1, 2009 and ending June 30, 2011.

Matthew Prowler, MD received a scholarship from the Neuropsychiatric Malignant Syndrome Information Service (NMSIS) “Promising New Investigators” competition for a paper titled “Treatment of Catatonia with Methylphenidate in an Elderly Patient with Depression,” to be published in Psychosomatics.

Benjamin G. Pumphrey, MD and Melissa De Jesus Quinn, MD received the 2009 Dr. Henry P. and M. Page Durkee Laughlin Foundation Award. The award is given to residents in recognition of their professional achievement, dedication, and scholarship throughout residency training. Founded in 1964 through the generosity of Hank and Page Laughlin, the Dr. Henry P. and M. Page Durkee Laughlin Foundation is based in Frederick, Maryland. For more than thirty years, the Laughlin Foundation has honored outstanding residents in psychiatric training programs throughout the United States and the United Kingdom. Award recipients are selected by the senior faculty at their university.

Paul M. Robins, PhD received the 2009 Excellence in Training Award from the Association of Psychology Postdoctoral and Internship Centers. He was also elected to the American Psychological Association’s (APA) Society of Pediatric Psychology Executive Board for a 2010 to 2013 term and served as representative to the Education Leadership Conference of the APA’s Education Directorate in 2008 and 2009.

Carla Rodgers, MD was appointed chair of the private practice committee of the American Academy of Psychiatry and the Law for 2008 to 2010. She was selected to be on the advisory board of the American College of Forensic Psychiatry – the term is unlimited. She was also elected a Fellow of the American Psychiatric Association in 2008. In addition, Dr. Rodgers is the President-Elect of the Philadelphia Psychiatric Society.

Theodore D. Satterthwaite, MD was honored by the Dr. Henry P. and M. Page Durkee Laughlin Foundation as a 2009 National Institute of Mental Health Outstanding Resident Awardee. He was also elected Junior Investigator Travel Award from the American Psychiatric Association meeting in San Francisco, receiving a $5,000 grant from the APA.

Penn Psychiatry residents recently competed in MindGames, a “Jeopardy-like” competition that pits residency programs against each other for the coveted title of national champions. The residents representing Penn in the May 2009 competition included Ryan Connolly, MD, Regina Szucs, MD, and Joshua A. Blume, MD. They were selected as one of the final three programs to compete at the annual American Psychiatric Association meeting in San Francisco, receiving a $5,000 grant from the APA.

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Robert A. Schnoll, PhD served as Chair of the 2009 National Cancer Institute (NCI) Meeting on Treating Tobacco Dependence at NCI Cancer Centers and was also appointed to the Risk, Prevention and Intervention for Addictions Study Section of the NIH. He will serve as Chair of the 2010 Annual Meeting of the Society for Research on Nicotine and Tobacco.

David Steinman, MD served on the Board of Directors of A Chance to Heal from 2005 to 2009. A Chance to Heal, a non-profit organization, prevents the incidence and reduces the impact of eating disorders, and promotes the importance of positive body image by educating and influencing parents, young people, educators, and health care professionals. In 2009, he became co-chair of the Professional Advisory Committee, which meets regularly to consult with thought leaders in eating disorder prevention research, public health, education, and advocacy. A Chance To Heal will be offering an evidence-based eating disorder prevention curriculum to selected Philadelphia area high school students in 2009 and 2010.

Richard F. Summers, MD is an American Psychoanalytic Association representative to the Psychotherapy Training Standards Task Force of the Consortium of Psychoanalytic Organizations. He is also a new member of the Laughlin Fellowship Committee of the American College of Psychiatrists. In addition, Dr. Summers served as Program Chair of the Annual Meeting of the American Association of Directors of Psychiatry Residency Training (AADPRT) held in Tucson, Arizona in March 2009. He is currently Secretary of the AADPRT and Co-Chair of its Clinical Skills Task Force. He is also a new member of the Council on Medical Education and Continuing Education of the American Psychiatric Association.

Christopher Tjoa, MD received an American Psychiatric Association (APA)/Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship. The Minority Fellowships Program seeks to eliminate racial and ethnic disparities in mental health and substance abuse care by providing specialized training to psychiatry residents and medical students interested in serving minority communities. The Fellowship began in July 2009 and runs through June 2010.

Elizabeth B. Weller, MD served as Chair of the Blanche F. Ittleson Research Award Committee of the American Psychiatric Association from May 2009 to May 2010. The Ittleson Award honors the best research in child and adolescent psychiatry. Dr. Weller was selected for inclusion in Best Doctors, 2009-10.

George E. Woody, MD received an award in 2009 given in honor of Alexei Alexeevich Likhachev, founder of the Pharmacology Department of the Women’s Medical Institute of St. Petersburg, Russia (later renamed Pavlov State Medical University). He also serves as a member of the Credentials, Awards, and Membership Committees of The College on Problems of Drug Dependence and will continue in this role into 2010.

Elizabeth B. Weller, MD received a Special Chairman’s Award from the Department of Psychiatry. This award honors special achievements by Penn faculty members, particularly in the development of new and innovative educational programs, or special academic or educational contributions to the Department. A special recognition luncheon honoring her was held at Children’s Hospital of Philadelphia on August 19, 2009.

Gregory K. Brown, PhD presented on “Assessment of Suicide Ideation” in Washington, DC in July 2009 at the Institute of Medicine’s workshop titled “Central Nervous System Clinical Trials: Suicidality and Data Collection.”

Stanley N. Caroff, MD presented on “Drug-Induced Movement Disorders” and “Neuroleptic Malignant Syndrome” at the 21st Annual U.S. Psychiatric & Mental Health Congress in October 2008 in San Diego. He also spoke on “Severe Drug Reactions” and participated in a video teaching session on “Visual Recognition of Catatonia” at the Annual Meeting of the American Psychiatric Association in May 2009 in San Francisco.

Delane Casiano, MD chaired a session titled “Risk Factors Are Not Predictive Factors Due to Protective Factors” at the 2008 Annual Meeting of the Institute of Psychiatric Services held in Chicago in October. In March 2009, she moderated a workshop titled “Exploring Multicultural Identity” at Cultural Diversity Day, an annual conference held for Psychiatry residents at the University of Maryland School of Medicine. In May, she spoke at Grand Rounds at the University of California, San Francisco Department of Psychiatry on “African American Perspectives in Depression.” In June, she co-chaired a session on “Cultural Competence in Health Care” at the Howard-Dartmouth Summer School, a five-day intensive interactive program devoted to the discussion of issues related to the mental health of African Americans. And, in August, she co-presented a lecture on “Employer Perceptions of Black Male Youth” for the “Lunch ‘n Learn” seminar at the Philadelphia Branch of Summer Search, a national leadership and career development program that provides low-income youth with summer program scholarships and ongoing mentorship.

Judith A. Coché, PhD did a day of national training on couples group therapy at the American Group Psychotherapy Association conference in February 2009 in Chicago, and she has been invited back for the 2010 conference in San Diego. At the conference, she also trained participants in how to teach group psychotherapy, training she also offers to Penn Psychiatry residents. Dr. Coché writes a twice-monthly column called “Making Life Work” for the Cape May County Herald in New Jersey to educate the public about mental health issues.

James C. Coyne, PhD gave a number of international presentations during 2009: “Reducing Distress and Forestalling Death in Cancer Patients: What Can We Expect of Cognitive Behavioural Therapy?” (Invited Keynote Address, British Association of Behavioural and Cognitive Psychotherapists, Exeter, England); “Current Controversies: Do Psychosocial Interventions Work?” (Invited Keynote Address, International Psycho-Oncology Society, Vienna, Austria); “Attitude and Emotion in Cancer Care” (Grand Rounds, Jewish General Hospital, Montreal); “Implementing Screening for Psychological Distress in Cancer Care: Challenges, Pitfalls, Solutions and Opportunities” (Grand Rounds, Montreal General Hospital, Montreal); “Should We Screen for Psychological Distress in Cancer Care?” (Grand Rounds, Hôpital Notre Dame, Montreal); “Writing High Impact Papers” (Invited Workshop, Catholic University of Milan); and “The Role and Responsibility of the Critic in Moving Health Psychology Forward” (Invited Keynote Address, European Health Psychology Society Conference, Pisa, Italy).

David F. Dinges, PhD gave talks at several forums during 2009, including: “Sleep Loss and Performance and the Benefits and Limits of Regulation – From Limits on Hours to Systems to Manage Alertness and Performance” (Accreditation Council on General Medical Education, Dallas); “Behavioral Consequences of Human Circadian Rhythms” (Trans-NIH Forum on Circadian Rhythms, Bethesda, Maryland); “The Significance of Insufficient Sleep and Sleepiness” (NIH, Scientific Conference on Sleepiness and Health-Related Quality of Life, Bethesda); and “Institute of Medicine Report on Resident Duty Hours: Enhancing Sleep, Supervision, and Safety” (American Medical Association House of Delegates Annual Meeting, Chicago).

Edna B. Foa, PhD, in collaboration with other faculty in the Center for the Treatment and Study of Anxiety, has completed a two-year project to disseminate Prolonged Exposure Therapy (PE), the cognitive-behavioral therapy for PTSD she has developed, throughout the VA health system. The dissemination program involved training over 400 VA therapists how to conduct PE, 67 PE supervisors, and 18 PE trainers. Between June and October 2009, the VA trainers will have trained 400 additional PE therapists. The VA goal is to train 1200 PE therapists by the end of October 2010. This dissemination program was presented at national conferences, including the International Society for Traumatic Stress Studies in November 2008. Continuing her long practice, Dr. Foa conducted PE trainings for Army mental health professionals around the U.S. and also trained psychologists and psychiatrists in Switzerland, Denmark, Israel, and Norway.

Teresa Franklin, PhD spoke on several topics during late 2008 and 2009: “The Use of Neuroimaging During Smoking Cessation Exposure to Study/Develop/Improve Medications to Treat Cigarette Dependence” (Abbott Park, Chicago); “Brain and Behavioral Effects of Varenicline” (Addiction Treatment Research Center, Philadelphia); “Impact of Varenicline (Chantix ™)” on the Brain at Rest and on Brain Activity.
Elicited by Smoking Cues: A Perfusion fMRI Study in Smokers” (Pfizer Pharmaceuticals, New York, New York); “Neuro-pharmacogenetic Imaging Studies of the Cue Reactivity State in Smokers” (National Institute on Drug Abuse Local Seminar Series, University of Kentucky, Lexington); “Genetic Variance in Dopaminergic Components May Predispose Relapse Unrelated to Withdrawal from Nicotine” (Department of Pharmaceutical Sciences in the College of Pharmacy, University of Kentucky, Lexington); “Menstrual Cycle Phase Influence on Smoking Behavior and Brain Responses to Smoking-Related Stimuli” (Addiction Seminar Series, Medical University of South Carolina, Charleston); “Genetic Vulnerabilities for Drug Abuse and Co-Morbid Mental Health Disorders” (American Psychiatric Association Annual Meeting, San Francisco); and “A Functional and Structural Correlate of Chronic Administration of the GABA B Agonist, Baclofen in Smokers” (College on Problems of Drug Dependence, Reno, Nevada).

Namni Goel, PhD spoke at several local, national, and international meetings on various topics, including: “Bright Light: A Complementary and Alternative Medicine (CAM) Tool for Sleep” (Sleep and Complementary and Alternative Medicine Retreat, University of Pennsylvania, Philadelphia); “PER3 Polymorphism and Response to Chronic Sleep Restriction in Humans” (Center for Sleep and Respiratory Neurobiology, University of Pennsylvania, Philadelphia); “Overview: Melatonin, Circadian Rhythms, Mood and Sleep” and “Role of the Circadian Gene, PER3, in Sleep Homeostatic and Neurobehavioral Responses to Chronic Partial Sleep Deprivation” (Society for Light Treatment and Biological Rhythms, Berlin, Germany); and “PER3 Polymorphism is Associated with Sleep Homeostatic Response to Sustained Sleep Restriction But Not to Neurobehavioral Responses” (Associated Professional Sleep Societies, Seattle).

Matthew O. Hurford, MD received an $18,000 Harrison Memorial Grant from Pennsylvania Hospital to provide nicotine patches and smoking cessation counseling to nicotine-dependent individuals with schizophrenia who are unable to afford these therapies. The Harrison Memorial Fund was created in 1922 for the “direct benefit of poor patients in ways not ordinarily supplied by usual hospital funds.”

Muniya S. Khanna, PhD spoke in June 2009 on “Understanding Anxiety, Depression, and Obsessive Compulsive Disorder for Children and Adolescents” at a Continuing Education Workshop (“Mental Health in the Schools”) sponsored by the New Jersey Association of School Psychologists and the Burlington County (New Jersey) School District.

Caryn Lerman, PhD gave an invited lecture in August 2009 at a National Institute on Drug Abuse conference on in vivo screening for drug discovery and development for drug abuse, with a focus on smoking cessation.


Cory F. Newman, PhD gave an all-day lecture titled “Cognitive Therapy of Substance Abuse” to the Court Services and Offender Supervision Agency in September 2009 in Washington, D.C. He was also a volunteer guest speaker in December 2008 for the Depressive and Bipolar Disorder Support Group at the Hospital of the University of Pennsylvania.

Helen M. Pettinati, PhD was an invited speaker at several events. In April 2009, she spoke on “A Double-Blind, Placebo-Controlled Trial of Quetiapine for the Treatment of Type A and Type B Alcoholism” at a symposium conducted at the Annual Meeting of the Collegium Internationale Neuro-Psychopharmacologicum in Edinburgh, Scotland. In May 2009, she spoke on “Problems in Assessment and Treatment of Co-Occurring Depression and Alcohol Dependence” at a symposium conducted at the Annual Meeting of the American Psychiatric Association in San Francisco, and she spoke on the same topic at Grand Rounds sponsored by the Department of Psychiatry of the Medical University of South Carolina in September 2009. Also in September 2009, Dr. Pettinati presented on “Depression and Alcohol Dependence” at the 2009 Fall Day of Discovery Conference on Co-Occurring Disorders at the Medical University of South Carolina.

Karl Rickels, MD was the organizer and chair of a Scientific Symposium titled “The Role of Benzodiazepines in the 21st Century” at the XXVI CNIP (Collegium Internationale Neuro-Psychopharmacologicum) Congress in Munich, Germany in July 2008. It was one of the most frequently symposia pointing out that the benzodiazepine has not yet been replaced by better drugs. Dr. Rickels also gave a presentation titled, “Should We Still Prescribe Benzodiazepines Today? Pro’s and Con’s.”

Paul M. Robins, PhD spoke on “Enhancing Competency-Based Training Through the Screening, Selection, and Performance Evaluation of Psychology Interns” at the Membership Conference of the Association of Psychology Post-doctoral and Internship Centers held in Portland, Oregon in April 2009.

Mark S. Salzer, PhD has played a central role in the development of peer specialist roles in VA facilities and mental health systems across the country. He has been a plenary speaker on research pertaining to peer specialists at two national VA conferences in the Summer of 2009. He has also been a featured presenter at ten conferences and special events around the country over the past year, including an all-day training in Canada about his Center’s [www.upennnrc.org] recent developments in promoting community participation of persons with psychiatric disabilities. He also participated in a special SubSTANCE Abuse and Mental Health Services Administration/Center for Mental Health Services meeting to discuss policies that promote social inclusion. Dr. Salzer has also been active over the past year in educating lay, advocacy, and professional audiences about the community integration of persons with psychiatric disabilities. He was the keynote speaker at the 32nd annual Montgomery County (Pennsylvania) mental health awards luncheon attended by more than 600 people, presented at the quarterly meeting of the Pennsylvania Disability Rights Network/Mental Health Advisory Council, and at a meeting of the Berks County (Pennsylvania) National Alliance on Mental Illness Chapter, as well as at a special meeting hosted by the Pennsylvania Association.
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of Rehabilitation Facilities on promoting education. He discussed *The Soloist*, a book written by Steve Lopez that raises critical current issues about how services are provided to homeless persons, to 200 interns in the Community Health Internship program of the Bridging the Gaps initiative. He also led a four-week adult learning course on community integration of persons with serious mental illnesses for Central Baptist Church in Wayne, Pennsylvania.

Elizabeth B. Weller, MD gave a case presentation in February 2009 in the Anxiety and Mood Disorders in Children and Adolescents Module of Penn’s Department of Psychiatry Grand Rounds. In March 2009, she spoke on “Ending the Confusion of the Interface Between Pediatric Bipolar Disorder and Attention-Deficit Hyperactivity Disorder” at the 3rd Italian-International Workshop of Franciacorta on Mood Disorder in Provaglio d’Iseo, Italy. In May, she delivered a talk on “Suicide in Children and Adolescents with Bipolar Disorder” and on “Interactive: Children and Adolescents” at the Lisbon Symposium on Bipolar Disorders in Lisbon, Portugal. She was interviewed for the symposium’s official publication about her role in the symposium and the topics she presented.

George E. Woody, MD presented during 2008 and 2009 on new developments in treatments for substance abuse, including the use of Naltrexone for heroin addiction and Buprenorphine/Naloxone for opioid addiction. He also discussed the use of such therapies in conjunction with reducing the risk for HIV. The venues and conferences included: 2nd St. Petersburg Humboldt-Kolleg Conference (St. Petersburg, Russia); National Institute on Drug Abuse (NIDA) Clinical Trials Network Steering Committee (Bethesda, Maryland); 3rd Nordic Opioid Treatment Conference in Helsinki, Finland; Department of Psychiatry at the Karolinska Institute in Stockholm, Sweden; Annual Meeting of American Academy of Child & Adolescent Psychiatrists (Chicago); 10th Annual Meeting of the International Society of Addiction Medicine (Cape Town, South Africa); Pharmacotherapy Summit of Pennsylvania Community Providers Association (Harrisburg, Pennsylvania); Meeting celebrating the 110th year of the Department of Pharmacology at Pavlov State Medical University (St. Petersburg, Russia); Behavioral Pharmacology Research Unit of Johns Hopkins University/NIDA (Baltimore); NIDA/ Lithuania meeting (Vilnius, Lithuania); and The College on Problems of Drug Dependence (Philadelphia).

~~IN MEMORIAM~~

Philip J. Escoll, MD, Clinical Professor of Psychiatry and an esteemed clinician and educator, died June 21 after a long illness. Dr. Escoll joined the Department’s Clinical Faculty in 1961 and was a Training and Supervising Analyst at the Psychoanalytic Center of Philadelphia. He published widely on psychoanalytic topics, including adolescence, the treatment of young adults and the central role of empathy in psychotherapeutic process. He was a highly regarded teacher of residents, medical students, and psychoanalytic candidates. In 1972, he was the original winner of Earl Bond Award, the annual teaching award first given out that year by the Department of Psychiatry. He also received the Robert Dunning Dripps Award for Excellence in Graduate Medical Education from the School of Medicine in 1991. Dr. Escoll is remembered for his wisdom, kindness and gentle sense of humor. The Department extends its deepest condolences to Dr. Escoll’s wife Audrey and his family.

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Patti K. Lipschutz, who worked with the Department’s Center for Weight and Eating Disorders for the past 15 years, died on June 20. She was the wife of Marc Lipschutz, MD, a long-standing member of the Department’s Clinical Faculty. Ms. Lipschutz was a psychiatric clinical nurse specialist, who received her Masters of Science in Nursing from the University of Pennsylvania. She spent nearly her entire career at Penn, working in the late 1970s and 1980s on the Department’s inpatient service at HUP. In 1995, she joined the Center for Weight and Eating Disorders, where she worked first as a clinician and later assumed additional responsibilities as a senior research coordinator. She was widely admired for the energy, intellect, and compassion that she brought to all of her endeavors. The Department extends its deepest condolences to Dr. Lipschutz, his son, Aaron, and other members of their family.
Wade H. Berrettini, MD, PhD received a 2009 Distinguished Investigator Award from NARSAD, a leading charity for research on mental health disorders. One of 16 recipients, he was awarded a $100,000 one-year grant for research on the genetic foundations of bipolar disorder. He will address the hypothesis that rare variants of a gene, ANKRYN 3, are predisposing for bipolar disorder. He is also the Principal Investigator of a five-year NIH grant titled the “Genetics of Nicotine Dependence.” The project began in March 2009 and will run through February 2014, with $225,000 per year in direct costs. Through study of post-mortem human brain expression of genotypically-defined samples and analysis of promoter function, the research seeks to identify the functional effects of nicotinic receptor subunit alleles which increase risk for nicotine addiction.

Edward S. Brodkin, MD received funding from AstraZeneca Pharmaceuticals LP to test the efficacy of clozapine in reversing the sociability deficits of neuregulin1 gene mutant mice. He also received funding as a co-PI from the University of Pennsylvania Transdisciplinary Awards Program (TAPITMAT) to determine the effects of prenatal inflammation and preterm birth on social behavior development in inbred mouse strains (co-Principal Investigator: Michal Elowitz, MD) and from TAPITMAT and the Translational Biomedical Imaging Center to develop ex vivo neuroimaging methods for identifying specific brain connectivity disruptions and abnormalities of functional activation in mouse models relevant to autism (co-Principal Investigator: Harish Poptani, PhD).

Stanley N. Caroff, MD received funding from the National Institute of Mental Health (NIMH) as a site for two multi-center clinical research trials – “Clinical Management of Metabolic Problems in Patients with Schizophrenia: Switching to Aripiprazole versus Continued Treatment with Olanzapine, Quetiapine, or Risperidone” and “Cognitive Remediation in the Schizophrenia Trials Network.” Both grants are part of the NIMH’s Clinical Antipsychotic Trials of Interventions Effectiveness (CATIE) Study, a nationwide clinical project comparing the effectiveness of treatments for schizophrenia.

Edna B. Foa, PhD, in collaboration with Elna Yadin, PhD, is conducting a study with Chinese post-traumatic stress disorder (PTSD) researchers to evaluate the rate of PTSD and related symptoms among victims of the latest earthquake in China.

Lucy Faulconbridge, PhD was the lead author of a study which found that depressed, obese individuals can lose weight, demonstrate reductions in symptoms of depression, and show improvements in triglycerides when enrolled in a weight loss program. Thus, weight loss not only improves mood, but also risk factors for cardiovascular disease in individuals who are both depressed and obese. She co-authored the paper with colleagues in the Department’s Center for Weight and Eating Disorders. Dr. Faulconbridge presented these findings at the Annual Meeting of the Society for the Study of Ingestive Behavior (SSIB) in Portland, Oregon in July 2009. News stories about the study aired on FOX stations in California, Texas, and Mississippi.

Sangwon Kim, PhD received $15,000 in funding for the New Investigator Award from the Joseph Stokes, Jr. Research Institute’s Intellectual and Developmental Disabilities Research Center, beginning July 1, 2009. The Stokes Research Institute is a part of The Children’s Hospital of Philadelphia. Additionally, Dr. Kim received $20,000 from the Philadephia Foundation for this research. He will be studying a role of thyroid hormone-inducible gene, Rhes, in brain development.

Daniel D. Langleben, MD and his colleagues published a paper in *NeuroImage* (2009; 46:219-225) titled “Reduced Frontal and Temporal Processing and Recall of High ‘Sensation Value’ Ads” that used brain imaging to measure how an ad’s content and its format may compete for viewers’ attention. The paper “challenged the conventional assumption of the higher effectiveness of ‘attention-grabbing’ ads and demonstrated the potential of using neuroimaging in the design and evaluation of anti-tobacco mass media public health communications.”

Caryn Lerman, PhD and Julie Blendy PhD (Department of Pharmacology) were awarded a $9.3 million NIH P50 grant in August 2009 to fund the Center for Interdisciplinary Research on Nicotine Addiction (CIRNA), continuing the 10 years of research conducted in the Transdisciplinary Tobacco Use Research Center. Spanning from preclinical to clinical investigations, CIRNA focuses on: 1) discovering the cellular, genetic, neural, and behavioral basis of early cognitive deficits and other nicotine abstinence effects that contribute to relapse; 2) identifying the neural and behavioral mechanisms through which effective medications modulate these processes; 3) validating the relationship of cognitive symptoms and other abstinence effects to relapse in clinical studies; and 4) validating novel medication screening approaches. Drs. Lerman and Blendy also received a grant in September 2009 from the National Institute on Drug Abuse (NIDA) titled ‘Functional Characterization of OPRM1 in Nicotine Dependence.’ This translational research program will characterize the neurochemical and behavioral basis of genetic variation in OPRM1 in rodent and human models using [11C] Carfentanil autoradiography and PET imaging. In addition, in August 2009, Dr. Lerman and James Loughead, PhD, in collaboration with Ruben Gur, PhD and Steven Siegel, MD, PhD, received an R01 grant from NIDA titled “Neural Substrates of Cognitive Deficits in
Nicotine Withdrawal.” This functional MRI study will characterize alterations in cognition and brain function arising during nicotine withdrawal in smokers at increased genetic risk for smoking relapse, and investigate the effects of a COMT inhibitor on these processes. This project will extend Dr. Loughead’s and Lerman’s recent publication in Molecular Psychiatry (2009 epub), which identifies a novel brain-behavior mechanism underlying increased susceptibility to smoking relapse in smokers with high risk alleles for the COMT gene. Related work from Dr. Lerman and colleagues provides the first evidence that a nicotinic receptor partial agonist improves cognition and affect during nicotine withdrawal (Biological Psychiatry, 2009).

James R. McKay, PhD received an RC1 Challenge Grant for a study titled “Effectiveness of an Enhanced Adaptive Continuing Care Model for Cocaine Dependence.” This grant, funded by the National Institute on Drug Abuse (NIDA) with stimulus dollars, will support the further development of an innovative model of extended care for individuals with substance dependence. The model features an adaptive, algorithm-driven approach, in which treatment can be modified over time in response to changes in symptoms and functioning. The intervention also incorporates patient choice and provides active links to community resources for recovery. Dr. McKay and his research team also received a second stimulus grant in the form of a competitive revision to an existing NIDA R01. This grant provides support for the evaluation of a new approach to the management of patients with substance use disorders, developed in collaboration with the City of Philadelphia’s Department of Behavioral Health. This intervention makes use of the telephone to provide ongoing recovery support services and linkage to other community agencies for clients without insurance who contact the City and request help for addiction. The goal of the intervention is to increase rates of initial engagement and sustained participation in clients who typically have had very high treatment dropout rates and poor outcomes due to lack of insurance and other resources that facilitate successful treatment.

David S. Metzger, PhD was awarded a four-year grant from the National Institute on Drug Abuse, which began in May 2009. This grant will evaluate the impact and costs of behavioral and drug risk counseling when added to methadone treatment in Jakarta, Indonesia. In Jakarta, about 60 percent of methadone patients are currently infected with HIV. Methadone treatment has recently been initiated as part of a major initiative by the government to reduce the spread of HIV infection. The research is being done in collaboration with investigators (Adhi Nurhidayat, MD and Diah Utami, MD) from Jakarta’s RSKO Hospital, the Ministry of Health (Riza Saravita, PhD), and the University of Indonesia. Penn investigators include George Woody, MD, Kevin Lynch, PhD, and Julie Becker, PhD.

Helen M. Pettinati, PhD was awarded $7.6 million in August, 2009 as Center Director of a National Institute on Drug Abuse (NIDA/NIMH) P50 Center to investigate novel pharmacotherapies and their combinations for treating co-occurring cocaine and alcohol dependence. The grant title is “Innovative Approaches to Cocaine Pharmacotherapy.” She was also awarded two consecutive multi-site studies of innovative pharmacotherapies for alcohol dependence by the National Institute on Alcohol Abuse and Alcoholism Clinical Investigations Group, one in September 2008 and the second in September 2009. In January 2009, she was awarded a new grant from Eli Lilly titled “A Phase 2 Study of LY2196644 Compared to Placebo in the Treatment of Alcohol Dependence.” Dr. Pettinati and colleagues recently published descriptions of key scientific advances for treating the “difficult-to-treat” co-occurring cocaine and alcohol disorder. Their findings came from two double-blind, placebo-controlled studies— one tested a higher dose of naltrexone and the other tested a combination of disulfiram and naltrexone. Both of these treatment strategies resulted in continuous abstinence for at least 3 weeks from both cocaine and alcohol [Pettinati HM, Kampman KM, Lynch KG, Suh J], Dackis CA, Oslin DW, O’Brien CP: Gender differences with high-dose naltrexone in patients with co-occurring cocaine and alcohol dependence. Journal of Substance Abuse Treatment 2008; 34:378-390; and Pettinati HM, Kampman KM, Lynch KG, Xie H, Dackis C, Rabinowitz AR, O’Brien CP: A double blind, placebo-controlled trial that combines disulfiram and naltrexone for treating co-occurring cocaine and alcohol dependence. Addictive Behavior 2008; 33:651-667]. Dr. Pettinati also co-authored with Jennifer G. Plebani, PhD a chapter on women and depression and substance abuse that was part of a seminal book on women and addiction [Pettinati HM, Plebani JC: Depression and substance use disorders in women, in Women and Addiction: A Comprehensive Handbook. Edited by Brady K et al, New York, Guilford Press, 2009, pp. 193-208].

Mark S. Salzer, PhD is the lead author on the first ever published randomized, controlled trial of Internet peer support. The study involving women newly diagnosed with breast cancer is currently available online [www3.interscience.wiley.com/journal/122407958/abstract] and will be published in a forthcoming issue of the journal Psych-Oncology. Dr. Salzer also plays a central role in a newly-funded, five-year National Institute of Mental Health developmental center examining consumer empowerment in treatment and the degree to which it is associated with service engagement and adherence. He will serve as a mentor to junior investigators from around the country as part of this national center that includes investigators from Yale, the Illinois Institute of Technology, and Rutgers. In addition, he is the co-Principal Investigator of a pilot study testing an intervention aimed at enhancing hope- and empowerment-inducing messages communicated to patients in treatment.

Robert A. Schnoll, PhD received two grants from the National Institute on Drug Abuse in 2009: an R01 grant titled “An Effective-Trial Maintenance Therapy for Nicotine Dependence” which will run through 2014 and an R21 grant titled “Assessment of High Dose Transdermal Nicotine for Fast Metabolizers of Nicotine” which runs through 2011.

Richard F. Summers MD and Jacques P. Barber, PhD, ABPP are co-authors of a new volume titled Psychodynamic Therapy: A Guide to Evidence Based Practice. The book is published by Guilford Press and is due out in October 2009.

Daniel H. Wolf, MD, PhD received a five-year K23 Career Development Award from the National Institute of Mental Health for a project titled “Functional Neuroimaging of Reward and Motivation Deficits in Schizophrenia.” This study will use fMRI to examine the relationship between reduced responsivity in brain reward regions and symptoms of anhedonia and avolition in schizophrenia. He also received the American Psychiatric Institute for Research and Education/AstraZeneca Young Minds in Psychiatry Award for a one-year research project on schizophrenia (July 2008 – June 2009). The award is jointly sponsored by the American Psychiatric Association.
# Research Grants

The following sponsored research funding was received by the Department during the period December 1, 2008 through August 31, 2009

* Sponsored research funding during the period 3/1/08 through 11/30/08; awards were received after publication of last newsletter
** Stimulus funding

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

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**Faculty in the News**

[* indicates news story is available on the Web by accessing the "Penn Psychiatry in the News" section of the departmental website – www.med.upenn.edu/psych/news.html]

Steven E. Arnold, MD and Christopher M. Clark, MD were interviewed for an October 21, 2008 New York Times story* about studies suggesting that many Hispanics may have more risk factors for developing dementia than other groups, and a significant number appear to be getting Alzheimer’s earlier. He also discussed Alzheimer’s disease on May 18, 2009 on WHYY’s “Radio Times” program* in Philadelphia. Dr. Arnold was also quoted in a May 27, 2009 Medpage Today story* which notes that, according a New England Journal of Medicine article by researchers from the University of Cambridge in England, the pathological features of Alzheimer’s disease may not be as representative of clinical dementia in the very old as in the younger elderly. He was also quoted in a Philadelphia Magazine web site article* on Alzheimer’s disease treatment in Philadelphia.

Research led by Mathias Basner, MD and David F. Dinges, PhD found that Americans spent almost half of their last two waking hours of each day watching the TV, irrespective of how early they had to get up in the morning. Coverage appeared in the Los Angeles Times (June 8, 2009),* US News and World Report via HealthDay (June 8, 2009),* New York Post (June 10, 2009),* and on NBC, Fox and CBS television and radio stations around the country.

A story* published on August 17, 2009 in the New York Times notes that a new Army program, which will require that all 1.1 million of its soldiers take intensive training in emotional resiliency, is based in part on the ideas of Aaron T. Beck, MD and the late Albert Ellis, who found that mentally disputing unexamined thoughts and assumptions often defuses them. The program is being led by a group of Penn psychologists from the Positive Psychology Center.

Gregory K. Brown, PhD was quoted in a February 9, 2009 article* in the Philadelphia Inquirer, which explored why suicides in Philadelphia rose sharply in 2008. In a June 20, 2009 St. Petersburg Times (FL) article* about self-control, Anna Rose Childress, PhD stated that “our brains are hard-wired to appreciate and pursue natural rewards such as food and sex because of their critical survival value.”

James C. Coyne, MD spoke with Mental Health Weekly for a November 24, 2008 article* regarding the Journal of the American Medical Association study he co-authored which addresses depression screening for cardiac patients.

David F. Dinges, PhD spoke with EarthSky.org for an October 29, 2008 podcast* discussing a test to help NASA astronauts gauge fatigue and stress during long missions in space. He was also featured in a December 3, 2008 article* in the Washington Post and several television clips that appeared in ABC News affiliates in Pittsburgh, Boston, and Palm Beach regarding Institute of Medicine recommendations that medical and surgical residents in hospitals should work no more than 16 hours without taking a mandatory five-hour sleep break, and they should get one full day off a week and at least two back-to-back days off a month. Dr. Dinges and Ann Rogers, PhD, RN were also interviewed in a December 8, 2008 Modern Healthcare cover story about this topic. Dr. Dinges was also quoted in a March 14, 2009 New York Times article* which reported on new consumer devices which produce soothing sounds to help people sleep. He was also interviewed for a Men’s Health story* about sleep efficiency, and he and Amita Sehgal, PhD were quoted in a ScienceNOW Daily News article regarding a brain-imaging study that investigated how the brain manages the urge to sleep and wake. In a September 12, 2009 Science News article,* Dr. Dinges commented on sleep study findings that appeared in a recent issue of Science. The study shows a genetic variation that appears to reduce the need for sleep.

Edna B. Foa, PhD was asked by HealthDay News (posted by USNews.com on October 28, 2008*) to comment about the finding that more than one in seven female Iraq and Afghanistan veterans seeking VA medical care reported experiencing sexual trauma during their service. She did an interview for Elle Magazine about the treatment she developed for PTSD. The essay, published in the September 2009 issue, noted that the influence of her therapy for trauma victims is causing experts to rethink how to treat depression, anxiety, and all of life’s blows. Dr. Foa was also interviewed by the Los Angeles Times about expected psychological problems for the woman who was found in Northern California 18 years after being kidnapped and sexually abused in childhood.

Martin E. Franklin, PhD discussed the mental illness tri-chotillomania in a November 26, 2008 ABCNews.com article about an 11-year-old girl in Mumbai, India. The girl was hospitalized with

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pain in her stomach; surgeons operated and found a foot-long hairball. The mass of hair - known as a trichobezar – is a potentially fatal result of trichotillomania, a condition in which the patient pulls her hair out and, in many cases, eats it.

Teresa Franklin, PhD was quoted in a July 29, 2009 Time.com article* regarding addiction and the anti-craving medication, baclofen.

Philip Gehrman, PhD and his colleagues identified a genetic link between anxiety, depression and insomnia. They recommended that adolescents who suffer from anxiety and depression should also be screened for insomnia. Findings from this research were reported in a June 8, 2009 HealthDay article* posted by US News and World Report. Additional coverage appeared on Fox television affiliates in Philadelphia and San Antonio. The study was presented at the Associated Professional Sleep Societies Annual Meeting in Seattle. Dr. Gehrman was also quoted in a July 14, 2009 USA Today article* regarding a rare sleep disorder, called non-24-hour sleep-wake syndrome, or hypernymthemeral. He also discussed insomnia on Dr. Dan Gottlieb’s August 3, 2009 Voices in the Family program* on WHYY radio in Philadelphia.

Namni Goel, PhD was interviewed about chronobiology and cognitive performance and chronobiological treatments for depression for a story appearing in Reader’s Digest in April 2009.

Reed Goldstein, PhD was quoted in the October 5, 2008 Philadelphia Inquirer on the increase in levels of anxiety among average Americans as their worries about Wall Street, the war, the November election, the credit crunch, and housing values added up.*

Ruben C. Gur, PhD was featured in a History Channel special on the Seven Deadly Sins in an episode dedicated to anger. Dr. Gur explained that “once there is a perception of danger, there is a cascade of responses in the body that include changes in heart rate, in blood pressure, in sweating. It makes your body ready to fight or flee.” He also discussed the act of lying in a February 15, 2009 article* in the Washington Post, noting that neurological research is showing that lies are so interwoven into our central nervous systems that it’s not even an unnatural act. Dr. Gur and co-investigator Daniel D. Langleben, MD use functional Magnetic Resonance Imaging (fMRI) to detect lies. Also, Dr. Gur discussed the limitations of fMRI in lie detection in a July 20, 2009 Time magazine article.*

Trevor R. Hadley, PhD and Mark S. Salzer, PhD were interviewed for a June 26, 2009 article on depression in Congressional Quarterly Researcher. The story examined the increased incidence of depression, access to treatments, and policy issues regarding serious mental health issues.

Elizabeth Ann Hembree, PhD spoke with WHYY Radio* on November 24, 2008 about the VA’s efforts to bring Prolonged Exposure treatment to veterans suffering from post-traumatic stress disorder.

Deborah Kim, MD commented in a March 26, 2009 Jewish Exponent article* which focused on the medical decision-making process involved in fertility treatments, particularly in the case of Nadya Suleman, the California woman who gave birth to octuplets in January 2009.

Arthur Robinson Williams, MBE, fourth year medical student, and Daniel D. Langleben, MD co-authored a June 9, 2009 blog* appearing on ScienceProgress.org in which they use the phenomenon of homeowners maintaining their “underwater” mortgages to explain how our social brain may support the existing financial systems.

Caryn Lerman, PhD was quoted in a December 18, 2008 Philadelphia Business Journal story* about her study published in Molecular Psychiatry, which found that some smokers may be genetically prone to concentration and memory problems during quitting attempts. This genetic predisposition poses an added risk of relapse, but Dr. Lerman and lead author James Loughead, PhD said the findings pave the way for the development of personalized smoking cessation therapies. Dr. Lerman also discussed the study and related research on WHYY’s “Radio Times”* and WHYY-TV’s “Delaware Tonight” program in January 2009.

Stephen E. Levick, MD was quoted in two WhyFiles (whyfiles.org) articles: “Stem Cells: Beyond the Federal Funding Embargo” (March 19, 2009) and “Genetic Tests Go Mainstream” (June 25, 2009). He was also quoted in the Discovery Channel’s April 2009 Discovery Tech blog for the article, “Why are Clones so Creepy?” He disagreed with the premise that human clones would be intrinsically “creepy,” and offered some thoughts on human reproductive cloning in the popular imagination.

In a June 22, 2009 article* posted on MSNBC.com, Marion Lindblad-Goldberg, PhD described how adults who go through a job loss, home foreclosure, or other financial hardship often feel infantilized. She was also interviewed on June 23, 2009 for a story.
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appearing on WOR radio in New York titled “Adults Moving Back Home.”

Scott A. Mackler, MD, PhD appeared on CBS’s “60 Minutes” in a story* airing on November 2, 2008 about a new technology which directly links the brain to a computer. Dr. Mackler, a neuroscientist and ALS patient, demonstrated how this “brain computer interface” has given him back the ability to communicate with others via a computer-generated voice.

David S. Mandell, ScD spoke with the Florida Times-Union for an April 8, 2009 story* regarding his 2005 study, which found that nearly one in five children among a sample of 156 children with autism had been physically abused and about one in six had been sexually abused. He said the research underscored the need for therapists and doctors to be on the lookout for signs of abuse. Dr. Mandell was also featured in a May 11, 2009 story* on Chicago’s WBBM radio, which discussed recent studies, including his own, that have consistently shown that autism is frequently diagnosed much later than it should be, despite the fact that early intervention can make a big difference when treating children with autism.

Lisa A. Maslankowski, MD was quoted in the February 9, 2009 Penn Medicine News,* February 10 Philadelphia Bulletin,* and the March 23 Philadelphia Inquirer* regarding results of a clinical trial which was the first human clinical study to suggest that a microbicidal gel (PRO 2000) may prevent male-to-female sexual transmission of HIV infection. The University of Pennsylvania was the only U.S. site in this multi-site trial. Dr. Maslankowski was Principal Investigator of the Philadelphia component of the HPTN 035 study and lead researcher of the HIV/AIDS Prevention Research Division’s Microbicidal Trials Unit.

David S. Metzger, PhD was quoted in an October 28, 2008 Philadelphia Inquirer article* regarding the high rate of new HIV cases in Philadelphia. The measures described in the article show that Philadelphians are being infected at a rate more than 50 percent higher than residents of New York City and five times the national average.

Stephen J. Morse, JD, PhD is quoted in a January 15, 2009 Wall Street Journal article* about how neural imaging scans, brain-wave memory probes may make their way into criminal proceedings, where judges will have to evaluate their scientific validity and legal relevance. Dr. Morse was named Co-Director of the MacArthur Foundation Law and Neuroscience Project in August 2009.

Eileen Murphy, Pennsylvania Hospital Director of Volunteer Services, and Marion Conneen, OT R/L, occupational therapist on one of two behavioral health units at Pennsylvania Hospital, are quoted in the July 10, 2009* Philadelphia Business Journal on the use of pet therapy programs, specifically on psychiatric units.

Geoffrey Neimark, MD provided insight on working with patients with schizophrenia in a Rolling Stone article,* which posted on February 5, 2009. The analysis of the pharmaceutical industry – particularly Eli Lilly and its marketing of the antipsychotic drug Zyprexa – is part of a series for the magazine by Philadelphia-based writer, Ben Wallace-Wells. Dr. Neimark also commented on the marketing practices of pharmaceutical companies, warning that “the advertising has consequences. Everyone comes to doctors expecting cures.”

Cory F. Newman, PhD appeared on The Golf Channel in a March 2, 2009 program called “The Haney Project: Charles Barkley.” He commented on the psychological aspects of performance anxiety and skill acquisition in an elite athlete playing a sport outside his primary area of expertise and experience.

Charles P. O’Brien, MD, PhD was quoted in an October 15, 2008 article* in the Washington Times regarding the development and basic neuroscience of addiction. Dr. O’Brien’s research on the opioid receptor blocker, naltrexone, is discussed in a feature* about the molecular biology and genetics of addiction in the December 2008 issue of The Scientist. Naltrexone is used to prevent relapse to heavy drinking in alcohol-dependent patients. In addition, Dr. O’Brien is quoted in a March 9, 2009 USA Today article* that explores what constitutes at-risk drinking. The story references a “Rethinking Drinking” website developed by experts at National Institute on Alcohol Abuse and Alcoholism [www.RethinkingDrinking.niaaa.nih.gov]. The website was created to help people who drink alcoholic beverages determine what type of drinker they are and whether they are at a risk for developing a drinking problem.

John P. O’Reardon, MD was interviewed for an October 9, 2008 WHYY-Radio segment* about the FDA decision to approve transcranial magnetic stimulation (TMS) as an alternative treatment for depression. Dr. O’Reardon said the non-invasive therapy sends magnetic pulses through the scalp to stimulate nerve centers in the brain that aren’t working properly. Penn is one of a handful of locations nationally

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The cover story* of ADVANCE for Nurses magazine, which posted online on June 24, 2009, recognized the nurses at Penn Presbyterian Medical Center’s addiction unit for their extraordinary work in helping addicts on their road to recovery and regaining their lives. Featured in the article were nurse manager Marjorie H. Lehigh, MHA, MHEd, BSN, RN, CHES, Miriam P. Yorkman, BSN, RN, CARN, and David Childs, a former addict so grateful for his treatment at PPMC that he is now a part of the addiction unit team as an alumni volunteer.

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where TMS is available as a treatment, outside of clinical trials. In addition, Penn Behavioral Health patients participating in the clinical trial run by Dr. O’Reardon which evaluated the TMS device were interviewed for articles which were posted by the Wall Street Journal (October 21, 2008)* and Philadelphia Inquirer (May 18, 2009),* and in an Associated Press article which was posted by more than 90 outlets, including the Baltimore Sun, Newsday, and the San Francisco Chronicle. Dr. O’Reardon was also interviewed about TMS for articles in the October 17-23, 2008 Philadelphia Business Journal,* November 11, 2008 Washington Post,* and the December 1, 2008 Philadelphia Inquirer,* as well as for news stories on WPVI-TV in Philadelphia (October 22, 2008),* WKBT-TV CH 8 (CBS) in La Crosse, Wisconsin (early 2009), and WABC-TV New York (March 17, 2009).* Dr. O’Reardon was also interviewed on WHYY-Radio for stories which posted on May 4, 2009* and June 21, 2009* about Deep Brain Stimulation (DBS), a surgical treatment involving the implantation into the brain of electrodes which send electrical impulses to specific parts of the brain. Penn Medicine is one of five locations nation-wide where DBS is being studied for its effectiveness with treatment-resistant depression.

Michael Perlis, PhD was quoted in a July 22, 2009 USA Today article* discussing treatment of insomnia. The story reported that, in these stressful times, nearly 30 percent of the U.S. population complains of disturbed sleep patterns and sales of sleep medications are on the rise. He also appeared in an August 2009 USA Today article* regarding treatment of insomnia and the benefits of using behavioral therapy in this treatment.

Helen M. Pettinati, PhD was quoted by Reuters Health for a January 1, 2009 article* about her study showing that monthly injections of an extended-release version of the drug naltrexone improved quality of life for alcohol-dependent patients. A 6-month treatment course of the drug “improved general health, physical and social functioning, and overall mental health,” she said. “It was clear that individuals who had reduced their drinking with extended-release naltrexone were those that showed improvements in quality of life.” The study was published in the January issue of Alcoholism: Clinical and Experimental Research. In addition, a study by Dr. Pettinati and colleagues (PI: Pettinati; Co-Investigators: Kyle M. Kampman, MD, Charles Dackis, MD, Charles P. O’Brien, MD, PhD et al.) was summarized in the recent NIDA Notes newsletter [Combined treatments improve dual abstinence. 2009; 22(4):3] regarding the finding that two anti-addiction medications are better than one for people who abuse both cocaine and alcohol. The brief article underscored the study’s importance in bringing the field one step closer to finding the best treatments for co-occurring cocaine and alcohol addiction.

Anthony L. Rostain, MD, MA was featured in an April 28, 2009 article from the Delaware News Journal, which looked at ADHD in adults. About 8 million adults, or 4 percent of the U.S. adult population live with ADHD, a developmental disorder characterized by inattention, hyperactivity and impulsiveness.

Mark S. Salzer, PhD spoke on NPR’s “All Things Considered”* on December 2, 2008 for a story titled “Some Students Fear Openness On Mental Health.” He discussed experiences that some students with mental illnesses have had when they seek treatment. He was also interviewed as part of a WHYY story, “Mental Disability and Voting Access,” that aired on November 4, 2008. He discussed common misperceptions about the stability and degree of cognitive impairments of persons with

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Dr. Salzer’s quote suggests that adolescents and young adults are interested in changing their bodies at a point in their development during which their beliefs and attitudes are often most nascent and confused. He was also quoted in an April 20, 2009 MSNBC.com article* describing the increasingly important role that image wiring, but is also influenced by socio-cultural factors,” said Dr. Sarwer. He was also quoted in a March 1 Modern Medicine article* discussing whether teens are mature enough to elect cosmetic surgery. Dr. Sarwer observed that adolescents and young adults are interested in changing their bodies at a point in their development during which their beliefs and attitudes are often most nascent and confused. He was also quoted in an April 20, 2009 MSNBC.com article* describing the increasingly important role that image is playing for job seekers in the current economy. “For hiring managers, it’s clearly a buyer’s market,” he said. “They can be more selective...not only hold out for the most qualified but the person who’s the most physically attractive.”

Robert A. Schnoll, PhD was quoted in an August 17, 2009 Philadelphia Inquirer article* regarding smoking cessation.

Steven J. Siegel, MD, PhD was quoted in a February 15, 2009 Philadelphia Inquirer article* about a new television show whose lead character has dissociative identity disorder (DID). Dr. Siegel said, “I don’t believe [DID] is an illness. It’s fabricated by the psychiatric establishment and propagated by people who hear about it” from pop culture.


In a December 2008 WPVI-TV story airing in Philadelphia, Andrew Strasser, PhD says that electronic Safe Cig products sold at local mall kiosks haven’t been thoroughly investigated to see if they are safe or effective for smokers attempting to quit. Electronic cigarettes are not FDA approved. Further, Dr. Strasser is concerned that smokers may only use electronic cigarettes in places where smoking bans are in place, thereby sustaining their nicotine addiction and preventing them from quitting.

Michael E. Thase, MD was quoted in an October 8, 2008 article* on WebMD.com reporting FDA approval for the first transcranial magnetic stimulation (TMS) device. Dr. Thase said that TMS produced meaningful benefits in patients he has treated for depression.

Thomas A. Wadden, PhD said in an October 22, 2008 WebMD Health News article* that a future phase III study of experimental weight loss drug Tesofensine should help answer important questions about its safety. A recently concluded phase II trial suggested that the experimental diet drug may prove to be twice as effective as currently available weight loss medications. In a November 14, 2008 Newsweek.com article,* Dr. Wadden and other experts discussed whether proposed federal legislation requiring nutrition labeling on chain-restaurant menus across the country will serve as a dietary deterrent. In a May 27, 2009 USA Today article* on “yo-yo dieting,” Dr. Wadden said that the fact that celebrities such as Kirstie Alley and Oprah Winfrey, who have considerable financial resources, still can’t lose weight and keep it off shows what a formidable challenge losing weight is. In addition, WebMD Health News reported in a June 8, 2009 article* that Dr. Wadden presented late-stage clinical trial results for a new weight loss drug to the American Diabetes Association. Test results for Contrave looked good. The drug works in the hypothalamus, the part of the brain which controls appetite, temperature, and how the body burns energy. Dr. Wadden also commented for an article* on Oprah.com, which stated that losing just 10 percent of one’s body weight is easier to attain and maintain than a larger proportion, is associated with many health benefits, and establishes a basis for long-term success in controlling weight.

George E. Woody, MD was quoted in November 4, 2008 articles by Reuters* and HealthDay News* (appearing in the Washington Post, USNews.com, and Forbes.com). The stories reported the results from his study showing that longer-term use of buprenorphine and naloxone, drugs that relieve withdrawal symptoms, might help young people undergoing treatment for addiction to heroin or prescription painkillers like Oxycontin. The findings are published in the November 5, 2009 issue of the Journal of the American Medical Association.

Elna Yadin, PhD discussed obsessive compulsive disorder (OCD) in an April 20, 2009 Health Magazine article,* describing when an habit becomes a health problem. “People with OCD have intrusive, upsetting thoughts that make them feel anxious,” she said. “And they use their compulsions, whether it’s checking the stove or washing their hands, to relieve the anxiety – so the illness becomes self-perpetuating.”

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Michael L. Perlis, PhD joined the Department in October 2008 as a tenured Associate Professor of Psychology in Psychiatry. He is Director of the newly established Behavioral Sleep Medicine Program.

Dr. Perlis arrives from the University of Rochester as a distinguished insomnia expert, with a focus on neurocognitive phenomena in insomnia, the development of alternative treatments for insomnia, the mechanisms of action of sedative hypnotics, and sleep in psychiatric disorders. He is the principal author of the first textbook in the behavioral sleep medicine field (Treating Sleep Disorders: The Principles and Practice of Behavioral Sleep Medicine, Wiley & Sons, 2003) and is the senior author of a textbook on The Cognitive Behavioral Therapy for Insomnia (2005). He has authored or co-authored more than 60 empirical or theoretical papers on sleep-related topics and is currently on the editorial boards of SLEEP and The Journal of Sleep Research. Dr. Perlis’ research has been well-supported by the NIH, industry, and private foundation sources, and he is currently the Principal Investigator or Co-PI on four NIH grants.

Dr. Perlis is the founding editor of the Sleep Research Society (SRS) and American Academy of Sleep Medicine (AASM) “Trainee Manual” (Survey of Undergraduate, Graduate, and Postgraduate Training Opportunities in Sleep Research), a founding member of the AASM Presidential Committee on Behavioral Sleep Medicine (2000-2004), and he served as Chair of the AASM’s Behavioral Sleep Medicine Division (2002-2003). He is one of four individuals on the steering committee to establish a Society for Behavioral Sleep Medicine.

Following receipt in 1983 of a BA in Religious Studies from Guilford College in Greensboro, North Carolina, Dr. Perlis began his work in sleep research and sleep disorders medicine. He spent two years as a research assistant at the NIH’s Sleep and Neuropharmacology Laboratory (mentor: Wallace B. Mendelson, MD) and one year as the coordinator of the Clinical Sleep Research Laboratory at Penn (supervisor: Steven James, MD). Dr. Perlis went on to receive his Masters (1990) and PhD (1994) in Clinical Psychology from the University of Arizona (mentor: Richard Bootzin, PhD). He completed his clinical training at Brown University in 1994 (mentors: Donald Posner, PhD and Mary Carskadon, PhD), and he completed his research training in 1996 as an NRSA Fellow at The Sleep and Chronobiology Center at the Western Psychiatric Institute and Clinics at the University of Pittsburgh (mentors: Daniel Buysse, MD and Michael Thase, MD).

Dr. Perlis was appointed Assistant Professor in the Department of Psychiatry at the University of Rochester in 1996 (mentor: Donna Giles, PhD) and was promoted to Associate Professor in 2002.

At Penn, Dr. Perlis has launched a Behavioral Sleep Medicine (BSM) Program, a venture that he views as “particularly exciting because Penn has the most diverse, and perhaps largest, group of sleep experts in the country.” Together with newly recruited Philip Gehrman, PhD, Dr. Perlis envisions a program with clinical, educational, and research components. Efforts are underway to develop a BSM service with the Department of Psychiatry and Penn Sleep Center to provide cognitive behavioral therapy and pharmacotherapy for insomnia and non-pharmacologic interventions for most of the intrinsic sleep disorders. Educational objectives include expanding existing programs with research assistantships for Penn undergraduates, rotations within a proposed Psychology Internship program at the Philadelphia VA Medical Center, mini-postgraduate fellowships, a peer supervision consultation service for faculty, and weekly video case conferences.

Planned research programs will emphasize interdisciplinary translational work. Among other areas, research will include novel investigations on the development of conditioning models of chronic insomnia in animals, the natural history of insomnia and depression, the incidence and correlates of insomnia in non-industrialized communities, techniques and probes to define the “causes” and effects of insomnia, and alternative public health strategies for the management of insomnia.
Christopher Pierce, PhD joined the Department in October 2008 as a tenured Associate Professor of Neuroscience in Psychiatry. He is a member of the Center for Neurobiology and Behavior and also is affiliated with the Center for Studies of Addiction.

Dr. Pierce arrives from Boston University as a distinguished neuropharmacologist, with a targeted focus on cocaine addiction. Recipient of the 2008 Jacob P. Waletzky Memorial Award for Innovative Research in Drug Addiction and Alcoholism from the Society for Neuroscience, he was applauded for using animal models “to identify novel neurobiological adaptations produced by cocaine and then use this information to formulate potential addiction therapies.”

Dr. Pierce’s work on the neural mechanisms of drug addiction began while he was an undergraduate at the University of Kentucky, where he received a BA in Psychology in 1988. There he studied the effects of amphetamine on the mesolimbic dopamine system and co-authored four research articles with his supervisor, Michael Bardo, PhD.

Dr. Pierce continued to pursue his interest in the effects of psychostimulants on brain dopamine systems through graduate school at Indiana University. His dissertation work indicated that glutamate enhances dopamine transmission in the striatum both presynaptically, by facilitating dopamine release, and postsynaptically, by enhancing dopamine-induced increases in neuronal firing rates. During his four years of graduate school, Dr. Pierce published sixteen papers with his advisor, George Rebec, PhD. He received a PhD in Neuroscience and Psychology in 1993.

At Washington State University, Dr. Pierce did his post-doctoral training with Peter Kalivas, PhD. Their work indicated that glutamate, in a complex interaction with limbic dopamine, plays an important role in both the development and long-term expression of behavioral sensitization to cocaine, an animal model of addiction. Dr. Pierce’s four years with Dr. Kalivas produced fifteen papers. The most highly cited work of his career thus far, cited over 600 times, was a review article co-written with Dr. Kalivas.1

In 1997, Dr. Pierce established an independent laboratory at the Boston University School of Medicine, where he was ultimately promoted to Professor of Pharmacology and Psychiatry in 2008. His Boston University research group produced over 25 articles, focusing primarily on cocaine-induced neuronal and behavioral plasticity, in journals such as Nature Neuroscience, Journal of Neuroscience, Neuropsychopharmacology, Neuroscience, and the European Journal of Neuroscience. Among his papers is one delineating the role of the prefrontal cortico-accumbal pathway in the reinstatement of cocaine seeking2 and a review article focusing on the role of dopamine in addiction.3 In aggregate, Dr. Pierce’s work has been cited over 3,000 times to date.

Since 1993, Dr. Pierce has received over $8.5 million in continuous funding from the NIH and various private foundations. His research on the neurochemical and anatomical determinants of cocaine priming-induced reinstatement of drug-seeking behavior is currently supported by two National Institute on Drug Abuse (NIDA) R01 grants. He is also funded by a K02 independent investigator award from NIDA.

Dr. Pierce has been highly recognized for his research accomplishments. Besides the Waletzky Award, he was awarded the 2006 Joseph Cochin Young Investigator Award from the College on Problems of Drug Dependence. He regularly reviews manuscripts for several neuroscience and pharmacology journals, serves on the editorial boards of Neuropsychopharmacology and the European Journal of Pharmacology, and reviews grants for international agencies and the NIH. He is currently a regular member of the Molecular Neuropharmacology and Signaling NIH Study Section.

Dr. Pierce is an active educator, too, having trained numerous fellows and students, including five PhD, two MD/PhD, and five Masters students, most of whom have gone on to positions in academia and industry. At Penn, Dr. Pierce is associated with both the Pharmacology and Neuroscience Graduate Groups. Moreover, he and Anna Rose Childress, PhD from the Center for Studies of Addiction recently submitted a T32 translational research training program, which focuses on the training of pre- and post-doctoral fellows performing research on addictions from both basic and clinical perspectives.

As a medical student, Charles Dackis, MD knew that his future career would involve investigating and treating brain-related diseases. What he couldn’t realize was the uncommon route he would take to achieve those goals.

“I went into Psychiatry to study the brain, not so much to be a clinician,” he says, “but that would change dramatically. I have a little bit different path than most of my colleagues.”

Dr. Dackis’ journey on the road less traveled began in La Crosse, Wisconsin, followed by high school on suburban Chicago’s North Shore, and college and medical school in Durham, North Carolina.

In the Dackis family, college meant Duke University. “We are a Duke family,” says Dr. Dackis. “We have eight family members who went to Duke, including my two daughters who were recent graduates. My sons are also focused on Duke.” His father was born in Durham and the paternal side of the family lived there throughout his childhood years. “I was always taken to Duke on our yearly visits to see my grandparents, and I always assumed I would go there. It was the only school where I applied.”

“I started in engineering and had no thoughts whatsoever of becoming a physician,” he recalls, “until my freshman year when I took a course on the neurobiology of behavior. It struck me as so fascinating. I had to figure out what I was going to tell my father about leaving engineering, so I told him I would go premed. I wasn’t sure about that idea at the time, but I ended up in Duke Medical School.”

Dr. Dackis received a Bachelor’s of Science degree from Duke in 1973 and entered medical school “to study the brain and its relationship to behavior and thought, and the feeling states.” As a medical student, he contemplated Neurology and Neurosurgery as possible specialties, but ultimately chose Psychiatry. “I loved surgery and I seriously considered it because of the action and excitement in the operating room,” he says, “but I decided against Neurosurgery because I was really more interested in the mind than other brain functions.”

Dr. Dackis completed his Psychiatry residency at Columbia University and the New York State Psychiatric Institute in 1981. “Columbia was the best residency program that accepted me so I went there,” he explains, “even though I was nervous about living in such a huge city. I was somewhat familiar with New York, though, because my parents lived in the suburbs and my father worked in Manhattan for most of his career.”

Dr. Dackis first did a rotating internship at Overlook Hospital in Summit, New Jersey. “I loved that year,” he says. “We were allowed to do so many more procedures back then and I learned a lot of medicine.”

Dr. Dackis published his first papers when he was an undergraduate, researching taste and olfaction, and continued with research in medical school when he published an American Journal of Psychiatry article on the biological markers for schizophrenia. At Columbia, he participated in neuroendocrine research with his mentor, Psychiatry Chairman Edward Sachar, MD. “I got very, very much involved in the research,” he remembers, “and I fully intended to continue an academic career.”

“But as things happen in life,” Dr. Dackis says with sadness, “Dr. Sachar had a massive stroke and was incapacitated.” About the same time, academic medicine was experiencing funding cutbacks and his Columbia fellowship was in jeopardy. The uncertainty at Columbia spurred a dramatic change of direction.

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“I heard about a group of doctors from Yale who had just set up Fair Oaks Hospital in Summit,” says Dr. Dackis. “Just out of curiosity I called them, and they offered me a job. I accepted and left academics. Of course, everybody at Columbia told me that once I left academics I could never come back, so it was a hard decision for me to make.”

Dr. Dackis was at Fair Oaks from 1981 to 1986, beginning a fifteen-year career in the private sector. Fair Oaks proved to be a seminal stop. Though he did his residency in what he recalls as “one of the most drug-infested areas of New York City,” there was no training in addiction at Columbia. “We saw a lot of patients,” he says, “and I’ll bet quite a few of them were using drugs that we didn’t know about.” Fair Oaks, however, was one of the nation’s few drug addiction treatment facilities at the time, and Dr. Dackis not only learned about the disease but subsequently joined the teaching staff at Columbia and taught residents about addiction for several years. He also made a memorable entry into the field of addiction research.

Dr. Dackis directed an evaluation unit at Fair Oaks that included patients with psychiatric and addictive illness. “We were treating many patients with cocaine dependence before it was even widely acknowledged that the drug was addicting,” he says. “It was considered to be chic and medically safe. We were even asked why we reported research findings at the American Psychiatric Association Meeting in 1983 for such an inconsequential problem as cocaine abuse.” Dr. Dackis noticed that cocaine dependent patients under his care had high levels of prolactin, a hormone that is normally inhibited by dopamine. He viewed this as “intriguing because it had just been discovered that cocaine euphoria was produced by dopamine activation.”

Dr. Dackis reviewed what was known in the literature and found evidence that repeated doses of cocaine might deplete dopamine in animals, which would explain his prolactin findings. Since cocaine euphoria was associated with dopamine activation, it seemed reasonable that craving might be associated with dopamine depletion. The dopamine depletion hypothesis of cocaine dependence followed and has since been corroborated by a number of neuroimaging, neuroendocrine, and autopsy studies.

His 1985 paper on the subject of dopamine depletion gave Dr. Dackis national visibility and an introduction to Penn’s Charles O’Brien, MD, PhD. “He was, of course, quite prominent in the addiction field,” Dr. Dackis says, “and I was fortunate to be on a couple of panels with him in the early 1980s. To be honest, I always thought I would like to work on his research team.”

Despite his successful foray into research, Dr. Dackis chose to remain in the private sector. He left Fair Oaks in 1986 to become the Medical Director of Hampton Hospital, a new psychiatric hospital in suburban Philadelphia that was managed by the Yale group of psychiatrists. “That really meant leaving research,” he says. Only 34 when he took the position, Dr. Dackis says that he “liked the challenge, the team-building, and creating a system of high quality care.”

From 1986 to 1989, while at Hampton, Dr. Dackis joined an outside project to assist the National Football League establish a screening program for hard drugs. He tested players on a number of teams – the Giants, Jets, Bengals, and the Redskins – “never the Eagles” – during summer training camps. “People usually ask me about the NFL when they read my CV,” he says, “and often just about the NFL.”

In 1994, he left Hampton and became Medical Director at Shoreline Behavioral Health (now St. Barnabas Behavioral Health Center) in Toms River, New Jersey. “I ran the psychiatric units at Hampton and Shoreline,” he recalls. “It wasn’t purely administrative and running a unit was the only way I could really maintain high clinical quality. I also liked the excitement of inpatient psychiatric units. I did not conduct any research, though. I still wrote articles but no data papers.”

As the 1990’s wore on, however, it became increasingly difficult to provide psychiatric patients with the highest quality care. In the mid-80’s at Hampton, “we could keep the patients in the hospital long enough to get them well,” says Dr. Dackis. “It takes time to treat suicidal depression, psychotic episodes, and other severe psychiatric conditions. This notion that you can treat someone in four or five days is really driven more by managed care than medical prudence.” Gradually, over time, managed care reduced the opportunity to provide quality care in Psychiatry, “to the point,” Dr. Dackis says, “that I left [private Psychiatry] and [eventually] came to Penn.”

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Managed care provided the push, but the chance to conduct research with Dr. O’Brien exerted the pull. “I called Chuck,” says Dr. Dackis, “and he was quite receptive. It turned out that he needed a doctor to run one of the [inpatient] units at Presbyterian Medical Center. And, he knew that I was interested in research.”

Dr. Dackis joined the Department in 1998, was appointed Assistant Professor of Psychiatry in 1999, and was promoted to Associate Professor in 2008. “I really had attained my goals in the private sector,” he says, “and I always regretted leaving research. I thought Penn would be a wonderful place to work since it had such a fabulous reputation. It was the best decision I ever made from a career standpoint because everybody in the Department has just been wonderful.”

Dr. Dackis was appointed Medical Director of the Inpatient Psychiatric Unit at Presbyterian where he treated patients and performed psychiatric consults on the medical and surgical units. Within a year, he was appointed Chief of Psychiatry at Presbyterian and he began to work closely with Department Chairman Dwight Evans, MD and Rosellen Taraborrelli to reorganize its clinical operations. He also began working half-time with Dr. O’Brien at the Treatment Research Center. He describes these three individuals as “the nicest and best leaders I have ever worked with.”

Today, Dr. Dackis’ scientific interests include psychopharmacology, co-occurring disorders, and the neurobiology of addiction. He has authored more than 80 publications. Working closely with Dr. O’Brien, Kyle Kampman, MD, Helen Pettinati, PhD, and other colleagues, he has been involved in nearly all the medication trials conducted at the Center for Studies of Addiction. “We’ve studied agents for heroin, opiate, alcohol, and nicotine,” he says, “but modafinil has been my predominant area.”

About twelve years ago, Dr. O’Brien identified the drug modafinil as a potential treatment for cocaine dependence. Modafinil is an awakening agent that increases brain activity in dopamine regions. “It works at the same site as cocaine but with less intensity and slower onset,” Dr. Dackis explains. With his Penn colleagues, he led a study in 2003 which established that modafinil could be safely used with cocaine.

Additional research found that modafinil blocks the cocaine high, “quite well,” Dr. Dackis emphasizes. “We were actually surprised by the euphoria blockade.” This finding is important “because the cocaine high is one of the two forces that drives the addiction, the other being craving. It’s an established strategy in the treatment of addiction to prescribe euphoria blocking agents.”

Following up, Dr. Dackis and his team conducted a double-blind study demonstrating that modafinil had a very significant effect in mildly addicted cocaine patients, a finding replicated in a recent National Institute on Drug Abuse multi-center study. “Except for alcoholic patients using both alcohol and cocaine who didn’t do too well on modafinil,” Dr. Dackis says, “the pure cocaine patients were significantly improved.” Data from a recent study on severely addicted patients are now being analyzed.

It is not likely, however, that any single drug will provide the “magic bullet” cure for addiction. “Since cocaine dependence involves a pleasure-reinforced compulsion, it’s a disease where the patient doesn’t always want to get well,” says Dr. Dackis. “It’s that drug-induced pleasure that you’re up against in the treatment. You have to talk to the patients and get them to see what it’s doing to their lives because denial is such an important aspect to the condition.”

Dr. Dackis is actively involved in medical student and Psychiatry resident education. He directs the addiction course for medical students that Dr. O’Brien created, a course often considered the most comprehensive in the country. He also lectures on detoxification to Psychiatry and Family Medicine residents. “Of all the parts of this job, I like teaching the best,” he says enthusiastically. “I especially like teaching the medical students, to see them actually grasp a concept and enjoy understanding something that was previously confusing. To me, that’s a lot of fun.”

In recent years, Dr. Dackis has significantly increased his administrative responsibilities. He is the Medical Director of Psychiatric Clinical Services for the Hospital of the University of Pennsylvania (HUP) and Clinical Practices of the University of Pennsylvania (CPUP), and Medical
Director of Psychiatric Clinical Services at Penn Presbyterian Medical Center (PPMC). In essence, he is in charge of Psychiatry’s clinical services at HUP, PPMC, and CPUP. He also directs the Charles O’Brien Center for Addiction Treatment, established in 2005 to provide comprehensive state-of-the-art treatments for patients suffering from addiction disorders.

The O’Brien Center offers care on a self-pay basis, bypassing constraints imposed by managed care. The intrusion of managed care has long concerned Dr. Dackis, who warns that quality can be diminished by imprudent cost containment measures, particularly in Psychiatry. “Psychiatry and addiction treatment systems in the U.S. have been wrung out by managed care over the past 20 years,” he emphasizes. “The pressure of managed care and cost containment has forced hospitals and practitioners to cut as much as they can. I believe that in Psychiatry, and certainly in addiction, there have been adverse effects on quality.” He goes on to say that “the relationship between the doctor and the patient is what it’s all about - listening to your patients, figuring out what’s wrong with them, being compassionate, treating them without excessive interference from insurance companies and government agencies.”

Dr. Dackis has been honored for every aspect of his multi-faceted career. In 2005, he received the Dean’s Award for Excellence in Clinical Teaching at an Affiliated Hospital from the School of Medicine (for his “Nuts & Bolts of Psychiatry” class) and, in 2009, the Scott Mackler Award for Excellence in Substance Abuse Teaching. He was also honored for his research with the Caron Foundation Research Award in 2006. In both 2001 and 2002, his unit at Presbyterian was recognized with University of Pennsylvania Health System Quality and Patient Safety Awards. His accomplishments in medical administration have been recognized through his appointment to senior leadership positions at both private and academic hospitals over the past 28 years.

Outside of work, Dr. Dackis likes to spend time with his two young sons. “I’m very actively involved in their activities,” he says, “especially their studies and sports.”

Now at Penn for eleven years, Dr. Dackis reflects on how different the university is compared to his years in the private sector. “I remember being surprised during one of my first meetings at Penn because they were discussing a point of science. I was initially taken aback since I never heard that word in private hospitals.” After an unusual path, Dr. Dackis is grateful to be back in academics after almost two decades away.


A 30-year commitment to family-focused care in Psychiatry at Penn by Clinical Professor of Psychiatry Ellen M. Berman, MD will culminate this fall in Penn Behavioral Health’s new Center for Couples and Adult Families.

That Penn has developed this program is largely attributable to Dr. Berman’s expertise and inspiration. “People are excited that there will be a central place where couples and families dealing with psychiatric illness can be seen within the Department,” says Dr. Berman. “It will be an important addition to our mission of care. Elizabeth Hembree, PhD will be co-director, and her expertise will be invaluable in developing the program.”

The story of how Penn’s nationally recognized program in family-focused care came to be and why Dr. Berman anticipates the new Center with such enthusiasm began some decades ago on a street in New York City. Dr. Berman and her family lived on Park Avenue until she was 12 years old, in the same building as her parents’ offices, where her father was a psychiatrist (yes, there really was such a thing as a Park Avenue psychiatrist). Unusual for the 1940’s and 50’s, her parents had a two-career marriage. Her mother, an early feminist, was an actress, teacher, and NY Board of Education member before earning a PhD in clinical psychology. Others in the extended family were also therapists and mental health professionals. When the family moved to Miami, their new home had a home office as well. Stimulated by “what she heard around the dinner table,” Dr. Berman laughingly says that she “went into the family business, which included living above, or next to, the store.”

Dr. Berman’s educational path was accelerated. She left high school early and spent two undergraduate years at Stetson University in Deland, Florida and a year at Tulane University. She briefly considered becoming an English professor, but therapy exerted the decisive pull. She took her mother’s advice to obtain an MD to give her more power in the field at a time when there were so few women professionals. At age 19, she was accepted on an early admissions basis to medical school at the University of Florida and in 1967 earned her medical degree. “From the beginning of medical school,” she says, “it was pretty clear that I was interested in psychiatry.”

During medical school, Dr. Berman became engaged to fellow UF medical school graduate Perry Berman, later a Penn Psychiatry resident and forensic psychiatrist. They married the next year in Philadelphia, while she did a one-year medical internship at Temple University Hospital and Perry started his residency at Penn. A year later she joined him at Penn, the first of a very few couples to share residency training.

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With gender and women’s issues percolating through the public consciousness. Two-career couples were uncommon then and, to address their special issues, Dr. Berman and mentor Harold Lief, MD co-authored an article on conflicts that may arise in these marriages; later they collaborated on an early article on marriage from a psychiatric perspective. Many two-career couples, especially two-physician couples, sought her advice because “they believed as a psychiatrist married to another MD, I would understand what they were dealing with,” says Dr. Berman.

While couples and family therapy begin early in the twentieth century, the involvement of psychiatrists in the field came late, held back by their traditional reluctance to consider family members as part of the solution as well as the problem. In the 1950’s and 60’s, however, several iconoclastic psychiatrists began to get interested. One of the earliest of these innovators, Sal Minuchin MD, was for many years on the Penn faculty and head of the Child Guidance Clinic at Children’s Hospital of Philadelphia (CHOP). Also, Dr. Lief, one of the early pioneers in studying sexuality, became Director of Marriage Council in 1970. By the time Dr. Berman started to practice, she had a chance to learn from these groundbreakers, to become active in the field at a national level, and to participate in the feminist critique of the then current therapy models.

Dr. Berman had envisioned a full-time academic career but, after a sabbatical in 1981, she came to believe that private practice might be better suited to her interests and family commitments. She still wanted to teach, write, and be active nationally so she switched faculty tracks at Penn. She was appointed Clinical Associate Professor of Psychiatry in 1985 and promoted to Clinical Professor in 1998. As a volunteer faculty member, she continued her teaching at the Marriage Council and in the Penn residency.

Her commitment to feminism and gender studies found her also developing an outpatient Women’s Center at the Philadelphia Psychiatric Center (Belmont). In 1984, Dr. Berman and fellow psychiatrist Robert Garfield, MD opened a private practice together which became Bala Psychological Resources. She and Dr. Garfield marked 25 years of professional partnership in 2009. Continued on page 35
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Meanwhile, the Bermans were raising two children, David who was born in 1975 and Allison in 1982. With her own parents as role models, “there was never any question about work and family both being part of the mix,” Dr. Berman says. “Having my second child while going into private practice allowed me to cut back to half-time for a couple of years.” “Having children,” she adds, “makes you a much better therapist. It gives you a working knowledge of child-rearing and makes you more humble about how hard it is to be a good parent. We worked hard to practice in our life what we preached in our practice.” The Bermans will celebrate 42 years of marriage this year, so apparently this approach worked.

In the late 1990’s, the Marriage Council ended its affiliation with Penn and moved to Thomas Jefferson University. Dr. Berman chose to stay at Penn. Both Anthony Rostain, MD and Richard Summers, MD, who were running Penn’s Psychiatry residency program, supported Dr. Berman’s desire to teach in the residency program and build a training program in family-focused care. For the past 10 years, she and Dr. Garfield have spearheaded a comprehensive program of didactics, observed interviews, and supervision for the residents.

Dr. Berman distinguishes family-focused care from family therapy, both of which are important components of Penn’s residency curriculum. She says that “psychiatric illness takes a big toll on families and many of the families don’t need or want therapy. What they need is support, education, and information, and to be involved appropriately with their loved ones’ care, understanding what they can do to help the situation.” Reducing the burdens of caregivers is a corollary goal, as is helping children of psychiatrically ill patients who are often ignored. “We’ve taught the residents to see families as allies and sources of strength, rather than just as part of the patient’s problem,” Dr. Berman says.

“We’ve taught the residents to see families as allies and sources of strength, rather than just as part of the patient’s problem,” Dr. Berman says. Recent research shows that involving the family in the treatment process, with appropriate confidentiality agreements to conform to HIPPA regulations, produces better results and fewer hospitalizations.

Dr. Berman’s thinking, is broadly defined as a group of people bound by affection and obligation, not necessarily by only genetics or marriage. In particular, family doesn’t only include the people you live with. For example, asked to name the person they would call in case of a crisis, a number of patients in one of our clinics named a person who didn’t live with them, often a parent instead of their spouse.

“Dealing with families takes more time,” Dr. Berman acknowledges, “because families are concerned and worried. Also, when you deal with families you recognize that there are many ways of seeing a situation. What the patient is telling you about their and others’ behavior may not be the way others see it, or the way the therapist would see it if she or he could see the entire interaction. So you learn to deal with multiple points of view.”

Ingrained patterns within Psychiatry pose challenges. “The mental health system, in general, has always had an ambivalent relationship with families,” says Dr. Berman, “partly because of the now waning belief that parents, especially mothers, are responsible for the patient’s illness. In addition, in the past the main mode of change was seen as the transferential, private relationship between the patient and therapist. Current models, more focused on attachment issues, cognitive and behavioral change, and medication, are more amenable to including families.”

Psychiatry residency programs have been slow to offer training in family-focused care. “Whether a residency program does or does not include this material is very much at the mercy of who the director of training is,” she notes, as little is required in RRC competencies.

At Penn, Drs. Rostain, Summers, and Chairman Dwight Evans have been powerful advocates of family-focused care training, and the residents have reacted in kind. “Our residents are enthusiastic about involving family members in psychiatric care,” says Residency Training Co-Director Dr. Summers, “and strongly motivated to learn about family-focused care approaches.”

The new Center for Couples and Adult Families will be Penn Behavioral Health’s (PBH) clinical home for family-focused care, as well as family and couples therapy. It will provide therapy and/or psychoeducation for couples and families dealing with an adult with a psychiatric issue, whether they be ill young adults with their parents, parents with illness being cared for by an adult child, or families struggling with divisive issues regarding care-giving or family roles. In addition, couples and families with general issues, such as commitment, communications difficulties or family conflict, will also be seen. Located at 3535 Market Street, the Center is linked with PBH’s other clinical programs such as the Penn Comprehensive Depression Center, whose patients often have serious family issues. The new Center will make possible an efficient way to have a family evaluated and supported. It will open this fall.

Therapists at the Center emphasize good communication with patients, family members, and with the other mental health professionals in the system. One issue in doing family work,” says Dr. Berman, “is if the patient’s individual and couples therapists aren’t talking, it’s easy to get off track.” Solid collaboration among therapists helps them sort out the intricacies of patient and relationship issues and determine the optimal mix of therapy and/or medical treatment, support, and education. In fact, Dr. Berman co-authored a chapter in Dr. Summers’ and Dr. Jacques Barber’s new book, Psychodynamic Therapy: A Guide to Evidence-Based Practice, about combining couples and individual therapy.

Dr. Berman’s involvement with the Center for Couples and Adult Families continues her affiliation with Penn, now stretching over 40 years. “Penn has always felt like my community,” she relates. “Once you get to Penn, you feel that you’re at a place where the best and most interesting stuff is going on. People who get to Penn tend to stay at Penn.”

Dr. Berman has been highly honored for her work. She received the Practitioner of

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It takes no more than 30 seconds of speaking with Michele Venuti-Wood to hear that infectious laugh, something she says she’s “always had.” And it’s a good thing to have when you play a central role in the Department of Psychiatry’s busy finance unit.

Ms. Venuti-Wood was born and raised and has lived only in Philadelphia. She graduated from South Philadelphia’s St. Maria Goretti High School in 1974, and just received her 35th high school reunion invitation. “Talk about feeling old,” she says with that irresistible laugh.

After graduation, she worked for two obstetrics/gynecology practices in the city, and liked what she did. As is true in most small offices, she did a “little bit of everything,” such as basic scheduling, making appointments for testing and surgery, and ordering office supplies.

In 1979, the prospects for new challenges on a bigger stage drew her to Presbyterian Medical Center in West Philadelphia. “I always wanted to learn more and do different things,” Ms. Venuti-Wood says. That opportunity came in patient accounting and accounts payable, where her first position was to interview patients prior to surgery to explain the scope of their health insurance coverage.

She went on to other positions at Presbyterian, but always remained in finance. “I guess I’m just drawn to the finance section,” she reflects.

While employed at Presbyterian, she married Glenn Wood and gave birth to her first son, Gregory, in 1985. She then took a five-year maternity leave before returning to Presbyterian as a Check Request and Purchase Order Processor in 1990, “to the same department, the same people I stayed in touch with,” she says.

The second tour at Presbyterian was eventful. “When I went back, it was great,” Ms. Venuti-Wood says, but then the University of Pennsylvania Health System bought Presbyterian in 1995, leading to operational and personnel changes. “A lot of people bailed, but I hung on because I liked trivial mistakes and keep accounting operations running smoothly. Successfully completing that assignment put her on the path to becoming a mainstay in the Department’s finance unit.

Today, Ms. Venuti-Wood is an accountant, and is responsible for a wide range of Health System and CPUP (Clinical Practices of the University of Pennsylvania) transactions, the Department’s clinically-related finances. Her short job title doesn’t do justice to the broad scope of her duties. “What I do is very diverse,” Ms. Venuti-Wood says, “and I love that about the position. I do a little bit of everything, and it’s not boring by any means.”

There’s a lot to manage. She starts her day by obtaining the inpatient censuses from the Department’s various clinical facilities via e-mail and telephone calls, beginning with the Emergency Room, to learn how many patients were sent to the Department’s inpatient psychiatric units at Pennsylvania Hospital and Penn Presbyterian Medical Center. “[Chairman] Dr. Evans likes to have this information on his desk when he comes in in the morning,” Ms. Venuti-Wood says. “He wants to be fully informed about everything that is going on in the hospitals.”

That’s just the beginning of her responsibilities. Ms. Venuti-Wood works daily with the Department’s individual outpatient units to make sure that all patient receipts are collected, recorded, and safely deposited. She reconciles the bank statement monthly and the University bill monthly. She also works annually on the departmental budget with Director of Finance and Operations Caroline Dolan and the Department’s senior accountant and financial analyst.

Ms. Venuti-Wood also does the invoicing and accounts payable and receivables for Penn Behavioral Website: www.med.upenn.edu/psych

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EMPLOYEE SNAPSHOT

Michele Venuti-Wood
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Health’s transactions with its many outside clients, such as the Philadelphia police and fire departments; a half dozen school districts including the Philadelphia school district, the Archdiocese, and several suburban districts; and sixty or so additional PBH clients. Clients may be invoiced on a monthly or quarterly basis, but they pay at different times. Thus, “I am always posting a payment somewhere, somehow,” she says.

She also monitors Health System policies and procedures, and takes action when there are changes. For example, this year the Health System cancelled its contract with Staples for office supplies and went with W.B. Mason. “That’s a very big to-do,” Ms. Venuti-Wood explains. The shift, she says, involved “setting up the new software up on the desktop, learning what products you are allowed to buy and which ones are not allowed, and passing that information on to the Department.”

Her expertise in knowing how to work with the Health System’s complex systems to get things accomplished makes her a ‘go-to person’ for ordering clinically-related products and services. It’s a well-earned reputation that she is proud of, and one that her co-workers and her managers, Ms. Dolan and Chief Operating Officer Rosellen Taraborrelli, gratefully acknowledge.

Ms. Venuti-Wood does the non-research related purchasing for departmental units that see patients. “They let me know what they need, supply-wise,” she says. While not a lot of medical equipment is involved, she has ordered EKG machines, blood pressure cuffs, standard medical supplies, pens, pencils, and copy paper, along with leases for copy and FAX machines and computers.

“You have to stay on top of the Health System’s contracted vendors,” Ms. Venuti-Wood adds. “They work a little bit different than the University does in that they actually contract with companies to get rock-bottom pricing and vendors will change. People say to me, ‘should I buy this product or is it cheaper to do that product?’ – I’m always negotiating with a vendor for something.”

Outside of the office, Ms. Venuti-Wood enjoys gardening, shopping, and spending time with her two sons. “I like spending time in the garden,” she says. “Mostly flowers and spices. Vegetables are a bit too time-consuming for me.”

And she loves to cook, too. “Growing up in an Italian household in South Philly, food was always part of family,” she says. “I enjoy trying new recipes and preparing old ones for my kids to enjoy like I did.” She adds that she doesn’t have any specialty dishes, perhaps another sign that she aims for diversity, but she does have a favorite cuisine. “I definitely cook 95 percent Italian. I’ll dabble with other things, but mostly Italian.”

“My husband is not Italian,” she adds, “but he likes Italian cooking.”

That’s fortunate. It’s fortunate, too, that Michele Venuti-Wood has sought her work challenges in the Department of Psychiatry, where her infectious laugh and exceptional competence help make the office a collegial place to work and keep departmental finances on the right track.

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Voluntary Faculty Profile — Ellen M. Berman, MD

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The Year Award from the Philadelphia Psychiatric Society in 2001, and the 2004 Albert Stunkard Faculty Recognition Award for Excellence in Teaching, the 2005 Earl Bond Award for Excellence in Teaching, and the 2009 Annual Award for Clinical Faculty from Penn’s Department of Psychiatry.

“Teaching has always been a central focus of my life,” Dr. Berman says. “The Penn residents are amazing. Anything you teach them goes out into the world and gets multiplied hundreds of times. Whatever I can do to help them expand their research and patient care, I want to do.”

Beyond Penn, Dr. Berman has continued her long-time leadership involvement in national organizations, particularly the American Association for Marriage and Family Therapy and the American Family Therapy Academy. She currently serves as President of the Association of Family Psychiatrists and Chair of the Committee on the Family for the Group for the Advancement of Psychiatry. She is also on the editorial boards of several journals and is co-author of a textbook on marital and family therapy and numerous chapters on adult development and couples therapy.

When not immersed in professional activities, Dr. Berman turns her attention to her husband and two grown children, to her neighborhood community, her garden, and to the decorative arts. “We collect art glass and ceramics,” she says. “I collect art-to

wear clothing and jewelry, and sometimes wear it when I teach.” There’s reason she enjoys the garden and tactile crafts. “I really enjoy things you can touch, things you can see, things that people have made with their hands, which is probably the antidote to the fact that my work life is cerebral and invisible. There is something very exciting in a different kind of creativity.”

Outside interests aside, Dr. Berman ultimately concludes that “the thing that is most compelling for me aside from my friends and my family, is my work. My patients are so interesting. I love to talk to people and try to figure out what we can do together to help them feel better. And it is always fascinating to talk to my colleagues who are seeing other parts of the system and how they may see things differently.”

This is why the new Center for Couples and Adult Families carries so much promise for her. Dr. Berman says, “I hope our focus on supporting the patient and family, focusing on strength and resilience, will be a happy experience for everyone.”


The new 2009-2010 academic year is off to a great start for the Department’s residency program. As the new chiefs, we have oriented a new class of interns, helped the PGY-2s negotiate their new hospital roles, transitioned the PGY-3s to the outpatient offices, and watched our senior resident colleagues pursue their early career plans.

The inpatient psychiatric services at Pennsylvania Hospital (PAH) and the Philadelphia VA Medical Center (PVAMC) have graciously welcomed the new class of 2013, who are already showing clinical and academic prowess befitting their impressive resumes. As you can see on page 39, we are lucky to have kept four Penn medical school alumni in the Penn family. They are joined by seven of the best Psychiatry resident candidates from across the country, a total of eleven new interns and an increase by one from previous years. We hope the added brain power will help them become the most celebrated residency class yet. Plus, it will really help with the call schedule.

The members of the class of 2012 have completed their internships and are excited to helm the hospital services throughout the Health System, including inpatient units at PAH and PVAMC and the consultation/liaison services at PVAMC and HUP. This year, they are joined by two Peds Portal residents: Alice Li, MD and Aita Susi, MD. Both are pediatricians who will add expertise to a group that already expresses a great deal of interest in developmental and childhood pathologies. Other residents considering child and adolescent training include Eleanor Ainslie, MD, Rachel Bennett, MD, Mia Everett, MD, and Michelle Moyer, MD. John Northrop, MD, Laurie Gray, MD and Mario Cristancho, MD have joined the Clinical Research Scholars Program and will begin research in fields including the molecular basis of memory, childhood bipolar disorder and neuromodulation. Rounding out the class, Adam Meadows, MD, Abraham Pahikara, MD and Bianca Previdi, MD have expressed interest in the interface of academics and community care.

PAH Chief Resident Scott Campbell, MD has taken the lead coordinating didactics on the 4th and 6th floor units at PAH. Dr. Campbell is interested in resident and medical student education as well as community psychiatry. Simultaneously, HUP and PVAMC Chief Resident Alex Threlfall, MD has worked with faculty to enrich the residency curriculum in emergency and consultation/liaison psychiatry. Dr. Threlfall will be pursuing a geriatric fellowship in the summer of 2010.

The class of 2011 is settling into their new offices at 3535 Market. They are practicing medication management, rotating through community mental health centers, the PVAMC, and Children’s Hospital of Philadelphia (CHOP) to learn outpatient care for a diversity of populations, and building an individual psychotherapy practice. With increased elective time, Chris Tjoa, MD, Donovan Maust, MD, and Andrea Bowen, MD are ramping up their work in the Clinical Research Scholars Program (CRSP). Karla Campanella, MD is working in the Penn neurology clinic identifying and treating psychosomatic illnesses. Holly Valerio, MD will join PGY-4 resident Lori Goldstein, MD leading our outpatient Dialectical Behavior Therapy (DBT) group. Other class members, including Dave Danish, MD and Nadia McFarlane MD, are planning to pursue child and adolescent psychiatry. Sam Collier, MD, Rebecca Aspden, MD, and Lauren Elliott MD are participating in the Psychotherapy Track, with focused reading and increased clinical supervision of psychotherapy cases.

The class of 2010 has already said goodbye to three original members, as Mathew Prowler, MD, Sibel Algon, MD, and Lilly Sehgal, MD have crossed the street to join the child and adolescent psychiatry fellowship at CHOP. The senior CRSP residents are entrenched in Institutional Review Board (IRB) matters, grant writing, and data gathering. Ted Satterthwaite, MD is using fMRI to investigate dysregulation of affective face memory in schizophrenia and its relationship to psychiatric disorder. Simultaneously, HUP and PVAMC Chief Resident Alex Threlfall, MD has worked with faculty to enrich the residency curriculum in emergency and consultation/liaison psychiatry. Dr. Threlfall will be pursuing a geriatric fellowship in the summer of 2010.

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to cognitive functioning. Josh Blume, MD is testing his hypothesis that inflammation and innate immunity, though both associated with depression, occur in distinct groups of depressed patients with differing biological and behavioral characteristics. Susan Rushing, MD, JD is reviewing an extensive library of imaging and forensic data, looking for consistent evidence of fronto-temporal damage in patients who commit murder. Julie Chilton, MD brings an advocacy vision to her PGY-4 year, focusing her elective time on destigmatization projects, including traveling to Botswana in February. Lori Goldstein, MD is working with young adults and eating disorders during electives at the Penn student mental health center (Penn Counseling and Psychological Services – CAPS) and at the Renfrew Center. Lori will be joined at CAPS by Margot O’Donnell MD, who is also training with Dr. Martin Seligman in positive psychology and resilience training for the U.S. Army. Dr. O’Donnell is serving as the Outpatient Chief Resident and interested in clinical care and psychotherapy.

We feel a sense of momentum in the residency and are excited to see what the rest of the year holds. Of course, none of these achievements would be possible without the optimism and energy of everyone in the Department.

INTRODUCING THE RESIDENT CLASS OF 2013

The Department of Psychiatry welcomes the class of 2013 (pictured below) to the residency training program. The current class of interns in Psychiatry was chosen from 763 applicants of whom 88 were actually ranked. These 11 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 31st, 2010.

Anthony Carlino, MD Johns Hopkins
Alyzia Girona, MD University of Colorado
Katherine Groh, MD Albert Einstein/Yeshiva Univ
Tamar Gur, MD, PhD University of Pennsylvania

Alisa Gutman, MD, PhD Emory University
Nora Hymowitz, MD New York Medical College
Sofia Jensen, MD Washington University
Matthew Kayser, MD, PhD University of Pennsylvania

Yekaterina Tatarchuk, MD University of Florida
Allison Tweedie, MD University of Pennsylvania
Yan Xuan, MD University of Pennsylvania

THE FELLOWSHIP TRAINING PROGRAM IN FORENSIC PSYCHIATRY BEGINS

On July 1, 2009, the Department of Psychiatry initiated the first Fellowship Training Program in Forensic Psychiatry in the Philadelphia area. The program, which is approved by the Accreditation Council for Graduate Education, provides fellows with didactic education and practical experience in forensic psychiatry, enabling them to practice this psychiatric subspecialty in an ethical and scientific manner. Robert L. Sadoff, MD is the Program Director and Elaine Martin, MD (pictured here) is the first fellow in the program.
We offer psychotherapeutic and psychopharmacologic services in the following areas:

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- Stress & PTSD
- Obsessive Compulsive Disorder
- Schizophrenia
- Schizoaffective Disorders
- Cancer Counseling
- Women's Mental Health
- Trichotillomania
- Geriatric Disorders
- Memory Disorders & Dementia
- Marital, Family & Relational Issues
- Substance Abuse
- Psychosomatic Disorders
- ADD & ADHD
- Social Learning Disorder
- Weight & Eating Disorders
- Pain Management
- Tic Disorders

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Or find us online at www.med.upenn.edu/psych/clinical

To make a gift to the Department of Psychiatry, please contact:
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