



Psychiatric Research Report

We're Back!!!!!!!

The last issue of the *Psychiatric Research Report (PRR)* was issued in Spring 2000, exactly a year ago. In the year that has lapsed, the APA has undertaken a major restructuring, the American Psychiatric Institute for Research and Education (APIRE) has become a fully operational research arm of the APA, and the Office of Research, renamed the Division of Research (DoR), has fully recovered from the wave of promotions, retirements, and reassignments that placed many activities on hold during the year 2000. Now, almost completely re-staffed, DoR is in gear (in overdrive, actually) and racing ahead. With the new complement of staff and but one old hand to teach and lead the way, we have been learning by doing, often bumping into unexpected walls, but enjoying and so glad to be past the initial stage of trial and error.



In collaboration with APIRE, the DoR has picked up the ball on many established research projects and has jump-started an array of exciting new projects, with plans for even more initiatives underway. We look forward to presenting these projects to you in successive issues of *PRR*. Here, we shall briefly consider the organizational developments of the past year.

APA in 2001

On January 1, 2001, the APA relinquished its status as a nonprofit, medical-specialty organization [a 501(c)(3) organization], a

status generally characteristic of charitable foundations, religious institutions and membership societies. Under the legal rules for nonprofit organizations, the APA was precluded from engaging in advocacy activities at the federal level and was restricted in the amount of support provided to state and district branches where a substantial amount of advocacy and legislative activity takes place. The APA thus transitioned to a new legal status [501(c)(6)], enabling the revenue-sharing activities and public relations activities designed in the long-term to strengthen the professional position of the membership nationwide. The Division of Research, along with parallel operating divisions in the central offices of the APA, such as the Division of Government Relations, remain within this new organizational structure.

At the same time, the parent APA organizational body spawned three subsidiary organizations which retain a non-profit status [501(c)(3)] and are thus able to pursue independent funding to carry out activities critical to their missions. The three subsidiaries are: the American Psychiatric Foundation (APF), the American Psychiatric Institute for Research and Education (APIRE), and American Psychiatric Publishing Inc. (APPI), each with its own governing structure, mission, and revenue stream. The subsidiary dedicated to a research and education mission is, of course, APIRE.

Regier Appointed to Dual Role

Even before the legal restructuring was complete, Darrel A. Regier, M.D., M.P.H., was appointed to twin positions as Director, Division of Research and as Executive Director of APIRE. Both research components of the APA are now headed in significant new directions under Regier's leadership. The distinction between the Division of Research and APIRE was drawn by Dr. Regier a year ago in an interview for *PRR*. "The [Division] of Research was created 16 years ago to support all APA research components and to provide a research perspective to the

organization. As such...[it] carries out the mandates of the association in an efficient manner that is fully informed by the latest research findings....The [Division] of Research has as a major focus the activities surrounding the APA's *Diagnostic and Statistical Manual (DSM)*." For an overview of *DSM-IV-TR*, please see page 6 in this issue.

In addition, the Division supports the activities of the APA Council on Research, the six committees that function under the aegis of the Council, and the two research awards administered by the Council—the Marmor Award for Biopsychosocial Research and the Award for Research in Psychiatry. On behalf of the APA, the Council has most recently evaluated a comprehensive draft report on research ethics issued by the National Bioethics Advisory Commission (NBAC) in December 2000. An analysis of the NBAC report can be found on page 4.

Dr. Regier continued, "In contrast, the newly created APIRE has been developed to actually conduct original research supported by grants and contracts obtained from traditional federal programs...as well as from foundations and industry. It has the obligation to identify areas of research and research training that cannot be performed equally well in a university setting....particularly those requiring a national organization to lead efforts involving a broad consortium of academic institutions and practitioners. The Practice Research Network (PRN) is one example of such a consortium that has already contributed substantially to a better understanding of psychiatric practice." Currently, APIRE has undertaken a unique study on the effects of a new federal policy, parity of mental health coverage under the nine-million member Federal Employee Health Benefit (FEHB) plan. This effort is described on page 8, in the "News from APIRE" column. "News from APIRE" will be added to the columns appearing regularly in future issues of the *PRR*. ■

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“Mind Meets Brain” Research Highlights

Monday, May 7

- ❖ A Neuroscience Perspective on Transference in Psychotherapy
Glen O. Gabbard, M.D.
Clinical Case Conference
- ❖ Genes, Synapses, and Long-Term Memory
Eric R. Kandel, M.D.
APA's Marmor Award Lecture
- ❖ Neuroanatomy and Neurophysics of the Unconscious
Vincenzo R. Sanguineti, M.D.
Chairperson, *Issue Workshop*
- ❖ Can Stem Cells From Bone Marrow Serve as a Fountain of Youth for the Brain?
Darwin F. Prockop, M.D.
Medical Update 1
- ❖ *Scientific and Clinical Report Sessions*
 - ❖ Self, Object, and Neurobiology
Richard M. Brockman, M.D.
 - ❖ Conceptual Integration of Mind and Brain in Philosophy and Psychiatry
David H. Brendel, M.D.
 - ❖ Dreaming Contributes to Adaptation in the Depressed: A Review
Milton Kramer, M.D.
- ❖ Bipolar Disorder: Using Affective Neuroscience to Bridge the Gap Between Children and Adults
Ellen Leibenluft, M.D.
Distinguished Psychiatrist Lecture Series
- ❖ PTSD: A Biopsychosocial Approach
Symposium
- ❖ Perimenopause, Mood, and Cognition: Role of Reproductive Hormones
Symposium
- ❖ PTSD in Women: Integrating Mind and Brain in Treatment, *Symposium*
- ❖ Mind and Brain: The Concepts of Psychiatry, *Symposium*
- ❖ Thinking About Mind and Brain: Psychoanalysts and Neuroscientists
Converse, Part I, *Symposium*

Tuesday, May 8

- ❖ Gene Therapy and Its Potential Applications to Psychiatry
Robert Sapolsky, Ph.D.
Frontiers of Science Lecture Series
- ❖ Does the Mind Meet the Brain in Residency? And What About the Body?
Avram H. Mack, M.D.
Chairperson, *Issue Workshop*
- ❖ Neuropsychotherapy
David M. Roane, M.D. and Elizabeth S. Ochoa, Ph.D.
Co-Chairpersons, *Issue Workshop*
- ❖ Brain Science: From Imaging to Implants
Research Advances in Medicine
- ❖ Imaging Brain Dysfunction in Substance Abuse
Edythe London, Ph.D.
Frontiers of Science Lecture Series
- ❖ How the Theory of Evolution is Fundamental to Our Biopsychosocial Model
John R. Ewaldson, M.D.
Chairperson, *Issue Workshop*
- ❖ An Example of Neuropsychanalytic Research: The Right Hemisphere Syndrome
Mark L. Solms, Ph.D.
International Psychiatrist Lecture Series
- ❖ Physiology and Behavior: The Connection in Eating Disorders
Symposium
- ❖ The Biopsychosocial Model: Social Perspectives, *Symposium*
- ❖ Personality and Psychopathology: A Behavior-Genetic Perspective
Symposium
- ❖ Psychotherapy Viewed From a Basic Science-Social Brain Perspective
Symposium
- ❖ Thinking About Mind and Brain: Psychoanalysts and Neuroscientists
Converse, Part II, *Symposium*

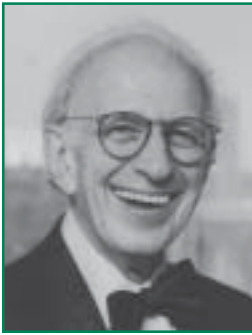
Wednesday, May 9

- ❖ How Matter Becomes Imagination: From Brain Dynamics to Consciousness
Gerald M. Edelman, M.D.
Frontiers of Science Lecture Series
 - ❖ Psychiatric Diagnosis: Are we Prepared for a New Millennium?
Steven E. Hyman, M.D.
APA's Adolf Meyer Award Lecture
 - ❖ Psychiatry in the Neuroscience Curriculum: Promise and Peril
Carl B. Greiner, M.D.
Chairperson, *Component Workshop*
 - ❖ Neuroimaging: Integrating Bioethics With Clinical and Basic Sciences
Igor Elman, M.D., Chairperson
Issue Workshop
 - ❖ Brain Imaging in the New Millennium
John M. Morigisa, M.D., Chairperson
Review of Psychiatry
 - ❖ European Perspectives on the Biology of Personality Disorders, *Symposium*
 - ❖ Mind/Brain, Reduction, and Schizophrenia, *Symposium*
 - ❖ Psychobiology and Pharmacotherapy of BPD, *Symposium*
- ### Thursday, May 10
- ❖ Gut Sensation: Serotonin and Brain-Bowel Crosstalk
Michael Gershon, Ph.D.
Frontiers of Science Lecture Series
 - ❖ Mind Meets Brain in Practice: The McLean Multidisciplinary Neuropsychiatric Consultation Service
Bruce Price, M.D., Chairperson
Issue Workshop
 - ❖ Mind and Brain Do Not Need to Be Integrated If We Don't Segregate Them In the First Place
Michael A. Schwartz, M.D.
Chairperson, *Issue Workshop*
 - ❖ Toward a Neurobiology of Dissociation
Symposium
 - ❖ Bulimia Nervosa: Recent Research Findings in Biology and Treatment
Symposium
 - ❖ BPD: Integrating Mind and Body
Symposium ■

2001 Marmor Awardee Wins Nobel Prize

Eric R. Kandel, M.D.

Present in its selection of a recipient for the 2001 Marmor Award Lecture-ship, the APA chose Member and Distinguished Fellow, Eric R. Kandel, M.D., early in 2000 as the awardee and



as the embodiment of the 2001 Annual Meeting theme, "Mind Meets Brain: Integrating Psychiatry, Psychoanalysis and Neuroscience." Some months later, in October 2000, Dr. Kandel was awarded the 2000 Nobel Prize in Physiology or Medicine for his subcellular investigations of learning and memory formation in vertebrate and invertebrate species, notably, the sea slug *Aplysia*.

The Marmor Award honors an individual who has made a substantial contribution to advancing the biopsychosocial model of psychiatry. The award is endowed by Judd Marmor, M.D., a former APA President and Professor Emeritus at the University of California at Los Angeles and at the University of Southern California. Marmor's gift to the APA was offered in order to honor a body of work that takes the broadest possible approach to understanding mental health or mental illness, work that considers the practice of psychiatry in relation to how the brain works. Support for the lectureship that accompanies the award is provided to encourage a discourse at the cutting edge of science and psychiatry.

For Eric Kandel the discourse began at New York University School of Medicine where he first conceptualized "the brain as the gateway to the mind," even as he aspired to become a psychoanalyst. The lack of a perceivable link between medicine and psychiatry, however, led him to a postdoc at NIH where he studied the neurophysiology of the mammalian brain. A psychiatric residency at Harvard's Massachusetts Mental Health Center followed, but still failed to approach a satisfactory definition of mental life. Ultimately, the concept that Kandel used to create the link he sought was the ability to remember—memory, a central feature for both psychoanalysis and for basic investiga-

tions of higher cognitive function. Kandel pursued this connection in a simple invertebrate organism, *Aplysia*, where a small number of large neurons provided the accessibility necessary for experimental manipulations of memory formation.

Through a set of scholarly expositions appearing in the *American Journal of Psychiatry*, and elsewhere,* Kandel has diagrammed his rationale for the dialogue implicit in Judd Marmor's gift to the APA. Kandel outlines a conceptual framework that links mind and brain by incorporating the philosophies and the constructs of seemingly disparate fields. Presented as a protest against scientific compartmentalization and as an appeal for an integrative approach to the study of mental life, Kandel argues that what began as a necessary divergence of paths for biology and psychiatry has now come full circle to the need for interdependency and cross-fertilization.

A century ago, even half a century ago, biology was ill-equipped conceptually as well as technically to effectively investigate mental processes and their disorders. Freud, says Kandel, renounced his quest for neural models of behavior as premature, and Skinner neglected the neural underpinnings of operant conditioning because brain science was too immature at the time. For its part, psychoanalytically-oriented psychiatry in its decades of prominence, eschewed experimental inquiry and the systematic investigation of its precepts.

In the intervening decades, however, a number of developments have enabled a call for integration. In the field of psychiatry, the development of systematic definitions of behavior and of illness has allowed the formulation of objective criteria for diagnosing mental illnesses. With the advent of psychopharmacology, psychiatry became armed with effective medical treatments for the mental illnesses and was forced to begin a consideration of the brain and its workings in order to understand and prescribe these new medications. At NIH, a few leaders with reverence for the laboratory and with a relatively young institute devoted to mental health, nurtured an interest in the biology of mental illness and then, in the age of "the gene," cultivated an interest in the genetics of the major mental illnesses as well. Thus, the

last 25 years have witnessed the formation of a distinct discipline of neuroscience devoted to illnesses of the nervous system.

These developments bring clinical and basic disciplines to a point of convergence, an intersection where issues critical to both can become the focus of a research agenda. Tracing the work of Anna Freud, Rene Spitz, John Bowlby, Harry Harlow, Seymour Kety, Mortimer Ostow, Seymour Levine, Edward Taub, Charles Nemeroff, Myron Hofer, among others, Kandel documents the progression of research that now makes conceivable an integrated approach to the biological correlates of concepts long associated with analytically-oriented psychiatry: the unconscious, autobiographical memory, dreaming, motivation, infantile development, and etiological factors of mental illness. Kandel cites research (including his own) that links *life experience* to alterations in gene expression and subsequent modifications in neural circuitry as evidence that investigations of mind and brain can and should inform each other.

With the application of molecular and cellular techniques to investigations of nervous system function and dysfunction, the need for concepts of mind and mental life to guide molecular exploration becomes ever more acute. Kandel reports a consensus among biologists that "...the mind will be to the biology of the 21st century what the gene has been to the biology of the 20th century." Kandel envisions an understanding of mental illness that is based not on symptomatology alone but on specific dysfunctions identified in genes, molecules, and neural systems. That this vision may be a prophetic but not an isolated one, is evidenced by the diversity and number of sessions at the 2001 Annual Meeting that are devoted to the scientific bridges between mind and brain. These sessions are highlighted on the opposite page (page 2). For exact times and specific venues of these events, please refer to the Schedule of Scientific Events in your Annual Meeting Program.

* *American Journal of Psychiatry*, 155:4, 457-469, April 1998 and 156:4, 505-524, April 1999; *Annual Review of Neuroscience*, 2000, 23:343-91; *Science*, 290:5494, 1113-20, November 10, 2000. ■

News from the Council on Research

An Overview of The National Bioethics Advisory Commission Draft Report: Ethical and Policy Issues In Research Involving Human Participants

Harold Goldstein, Ph.D.

The National Bioethics Advisory Commission (NBAC) was established in 1995 by then President Clinton to advise the White House and other departments and agencies on bioethics and public policy issues related to conducting human research. Since then, NBAC has issued four reports dealing with specific content areas of significant ethical concern (human cloning, research on people with mental disorders that may affect decision-making capacity, research involving human biological materials, and human stem cell research). A draft of the most recent report, the fifth, was issued on December 19, 2000. The draft report takes a broad approach to ethical and policy issues focusing on the structure of the current oversight system and the degree to which it provides and balances adequate human protection with opportunities for ethical research.

The report itself is lengthy, more than 250 pages. A good portion of it, however, examines the haphazard history and evolution of the current oversight system. The report's 35 formal recommendations (and myriad other recommendations embedded in the body of the text) are far-reaching. At the core of NBAC's report is a call for Congress to establish a National Office of Human Research Oversight (NOHRO) with broad and inclusive responsibilities for all aspects of research with human participants, including policy development, rule making and interpretation, education, research review, monitoring, enforcement, and accountability.

The need for an examination—and revision—of the current oversight system springs foremost from the need to ensure that abuses of human research participants do not occur, and that a credible system of protections will restore and maintain public trust in a research enterprise that has too often been sullied by ethical lapses. NBAC notes that the ethical challenges of research with human participants have become more complicated by several factors: the increasingly diverse sponsorship of research

as well as advances in technology—genetic research, the availability of the Internet, informatics and the computerization of medical records—the increasing use of multisite research centers, and the extension of research focus from individuals to communities. All pose an increasingly complex set of ethical challenges to the researcher. As the nature of research has changed, NBAC argues, so must the oversight of research change.

The unwieldy nature of the current oversight system is not surprising, given that it has developed largely in response to identified abuses rather than from a coherent design. The history of, and influences on, the current structure are well detailed in the report (and it should be noted, in several publications of the American Psychiatric Association, as well).

Initially, the report provides a historical review of the development of ethical standards for research, starting with the Nuremberg Code, and its absolute reliance on voluntary consent as the fundamental ethical principle governing human participation. Advancing through the development of various NIH policies which incorporated outside review as an essential factor in assessing the ethics of research (in lieu of sole reliance on the “judgment and virtue” of the individual researcher), NBAC addresses the Belmont report produced by the National Commission for the Protection of Human Subjects of Biomedical and Behavior Research. With its emphases on “respect for person, beneficence, and justice,” manifested respectively in its commitment to informed consent, the assessment of risks and potential benefits, and selection of participants, the Belmont report linked specific practices to basic humane ethical concerns.

The current standard for oversight, the “Common Rule,” adopted in 1991, is a comprehensive array of Federal regulations that was intended to apply to virtually all human subjects research performed, or supported by, the federal government.

Among the concerns addressed in the Common Rule is the protection of vulnerable populations, and although the mentally ill are not specifically identified as a vulnerable group in need of special protection, they are to be afforded “additional safeguards” as prospective research participants.

Despite the advances each of these hallmarks represents, the report notes they have failed to provide a comprehensive and coherent framework for the protection of human participants. Indeed, the current system is regarded as flawed, losing credibility with investigators, IRBs, academic institutions and the public. The limited scope of existing regulations, the incomplete protection of vulnerable groups, the opportunities for research to receive exemptions from oversight regardless of level of risk, and the difficulties in developing and enforcing appropriate sanctions, to varying degrees, diminish the effectiveness and credibility of the current system of oversight.

The report notes that the current system is too heavily characterized by an emphasis on procedure and documentation rather than on concern for substantive ethical principles. This emphasis, in the report's words, “contributes to an atmosphere in which review of research with human participants becomes an exercise in avoiding compliance sanctions and protection from liability rather than in maintaining appropriate ethical standards and protection of human participants.”

In response to these concerns, NBAC proposes an extensive set of recommendations. Central among these is the proposal that Congress pass legislation mandating all research involving human participants be covered under federal regulations, regardless of funding source, and that the newly created NOHRO promulgate regulations and interpretive guidance for the conduct of all human participant

research. The bulk of the report extensively discusses an array of ethical concerns and the positions at which NBAC has arrived. Of particular interest and greatest relevance to the American Psychiatric Association (APA) is Chapter 3 which discusses in substantial detail (1) the analysis of risks and potential benefits; (2) the process and documentation of informed consent; (3) protection of privacy and confidentiality; (4) the protection of vulnerable individuals, and (5) specific recommendations for action by Institutional Review Boards (IRBs).

Included in this discussion are definitions of "minimal risk" research and procedures to ensure protection of human participants in research at varying levels of risk. A position originally stated in an earlier NBAC report is restated here: Prospective research participants with capacity-related cognitive vulnerabilities who are unable to provide valid consent may not be included in research that involves greater than

minimal risk. APA did not support this provision when it was initially presented and continues to take exception. Although the range of issues and positions taken in the draft report are too extensive to summarize, some areas of concern to the American Psychiatric Association, including the issue of informed consent as noted above, were addressed in APA's official response to the NBAC report: the protection of confidential information obtained from the deceased; the concern that a psychiatric diagnosis not be taken as *de facto* evidence of vulnerability; and various issues related to the implementation of IRB responsibilities.

Chapter 4 of the report is also of interest in its emphasis on education, and a proposal that research ethics be included in curricula related to the conduct of research. Professional societies are also urged to encourage the teaching of research ethics, both in professional schools and in their own programs of continuing education. Addi-

tional recommendations call for certification of all IRB members and staff who conduct or review research with human participants. NOHRO would set standards to determine the effectiveness of the certification process. Similarly, it is proposed that all sponsors, institutions, and IRBs be accredited to conduct or review research with human participants, and organizations are encouraged to develop accreditation programs.

Given the extensiveness of the draft report and the detailed nature of the recommendations, it is possible only to give a brief flavor of the contents. However, there is much that is of interest and, in some instances, concern to individuals and organizations involved in human participant research. It would behoove anyone with such interest to review the draft report, which may be downloaded from NBAC's website http://bioethics.gov/human/human_comment.html. ■

Ethical and Policy Issues in Research Involving Human Participants

National Bioethics Advisory Commission
Bethesda, Maryland, USA

December 19, 2000

This is a draft report prepared by the National Bioethics Advisory Commission and circulated for Public comment. It does not represent final conclusions.

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DSM-IV- Text Revision (TR)

A Review by Carl C. Bell, M.D.

(Excerpted from JAMA, Vol. 285, No. 6, pp 811-812, February 14, 2001)

Having used *Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM-II)* in residency, been very excited by *DSM-III*, reviewed the *DSM-III Case Book*, read *DSM-III-Revised*, and reviewed *DSM-IV* and several other related texts, I realized that physicians might begin to wonder why the American Psychiatric Association (APA) would produce another version of the *DSM-IV*, specifically *DSM-IV-TR*. However, considering that the information in *DSM-IV* was based on literature dating up to 1992 and that APA work groups developed the new material in *DSM-IV-TR* during the “decade of the brain,” it is about time the information about diagnostic categories were upgraded to remain current and relevant.

The text revision process began three years ago with the appointment of 14 *DSM-IV-TR* work groups that paralleled the original *DSM-IV* work group structure, with a new work group on Medication-Induced Movement Disorders. The *DSM-IV-TR* has 57 more pages than the *DSM-IV*, and accordingly, about 6.4% of the material in the text revision is new. Empirical data supported changes for the text, and, for the most part, the proposed changes were limited to disorder subsections, i.e., “Associated Features and Disorders” (“Associated Descriptive Features and Mental Disorders,” “Predisposing Factors,” “Associated Laboratory Findings,” “Associated Physical Examination Findings and General Medical Conditions”), “Specific Culture, Age, and Gender Features,” “Prevalence,” “Course,” “Familial Pattern,” and “Differential Diagnosis.” The APA also made changes in a few diagnostic codes to keep pace with the updated coding system of the *International Statistical Classification of Diseases and Related Health Problems, Ninth Revision, Clinical Modification (ICD-9-CM)*. Veterans of the *DSM-IV* will be happy to know that the changes are highlighted in an appendix at the end of the book.

The introduction has new clarifying guidance about the importance of data collection that directly accesses information necessary to conform to diagnostic criteria. Also emphasized is assuring that a syndrome has persisted for the minimum required time for diagnosis and ascertaining whether the diagnosis is made solely based on psychological testing not covering the criteria content. Instructions for making a more accurate global assessment of functioning (GAF) and a new method for better determining the GAF appear in the “Multiaxial Assessment” section.

Under “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence,” in Mental Retardation, associations for fragile X, Prader Willi, and William syndromes and comorbid symptoms and disorders are given. New information about prevalence and course has been included for several Communication Disorders. Pervasive Developmental Disorders has updates on associated features and disorders (e.g., some cases of Rett Disorder may be caused by a genetic mutation) and prevalence (e.g., median for Autism is 5 cases per 10,000); Asperger Disorder receives extensive revisions in diagnostic features, associated features and disorders, age and gender features, course, and differential diagnosis. Attention-Deficit/Hyperactivity Disorder (ADHD) has new material on associated features and disorders and the disorder in adults. Further, owing to the inclusion of Predominantly Hyperactive-Impulsive and Inattentive Types, the prevalence of ADHD has been revised upward. New information is provided on the course of Oppositional Defiant Disorder and Conduct Disorder, Tic Disorders and their differential diagnoses, and associated features of Tourette Disorder.

The course and prevalence of Delirium are updated (for instance, up to 60% of nursing home residents aged 75 years or older may develop delirium). Dementia Due to Other Neurodegenerative Processes has been

included in Vascular Dementia as a frequent cause of dementia, and there are new diagnostic codes for Dementias, along with a revision in prevalence figures. New evidence on chromosomal linkage and genetic markers has been added to the Alzheimer’s Type familial pattern subsection and new information included on cross-species prion infections, i.e., the human variant of “mad cow disease.”

The Substance-Related Disorders section has a great deal of new information on prevalence in various age and demographic groups of various substances, generated from a 1996 national survey of drug use. In the embellished specific culture, age, and gender features subsection, one finds mentions of increased nicotine blood levels in African Americans, increased sensitivity to caffeine in the elderly, low rates of alcohol dependence in Asians, and inhalant use in Alaskan-Native children in isolated villages.

Anosognosia (lack of insight), risk factors for suicide and violence, and comorbidity with other mental disorders have been added to the associated features and disorders subsection for Schizophrenia. In addition, the laboratory findings subsection reveals the benefit of recent advances in neuropsychiatry. The overdiagnosis of Schizophrenia in certain racial groups and recent information on late-onset cases and gender differences are also furnished, along with the concept of “schizophrenic spectrum” in the familial pattern subsection. The subtypes of Schizophrenia are finally listed as having limited stability and prognostic use. The Mood Disorders section reveals new laboratory and physical examination findings in many of these disorders (e.g., information about neurobiological abnormalities, certain brain lesions, and thyroid dysfunction), and updated information about rapid cycling is included in a couple of areas. Finally, the “Catatonic Features Specifier” subsection provides causes of catatonia.

Information on potential triggers, familial patterns, and differential diagnosis in Panic Disorder has been amended. Prevalence is reported to be 10% to 30% in vestibular, respiratory, and neurology clinics and as high as 60% in cardiology clinics. Additional information on comorbidity, prevalence, and familial patterns has been provided for Specific Phobia, Social Phobia, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, and Generalized Anxiety Disorder. Prevalence and course are updated for Somatoform, Factitious, and Dissociative Disorders.

An associated disorders subsection has been added to Sexual Dysfunctions and the information expanded thanks to a recent comprehensive survey of the US population. The clinical significance criteria for the Paraphillias are revised. The associated features and disorders, laboratory findings, prevalence, and culture age, and gender

features subsections for the Sleep Disorders section have been variously updated, including data on HLA typing and how various disorders manifest in children, young adults, and elderly.

Intermittent Explosive Disorder has more information on associated features and disorders, and a familiar pattern subsection has been added. With the increased availability of legalized gambling, the prevalence and laboratory findings subsections for Pathological Gambling have been duly updated. The Adjustment Disorder section now has prevalences in children and in particular clinical settings and, in the course subsection, information on progression to other more severe disorders. There are a variety of minor changes to various Personality Disorders. For example, many individuals with Borderline Personality Disorder are now said to have a good prognosis, and individuals with several

anxiety disorders are identified as having an increased likelihood of having Obsessive-Compulsive Personality Disorder.

The most significant changes in the appendixes are to the text of "Medication-Induced Movement Disorders," which mentions atypical neuroleptics. Appendixes E, F, and G now reflect *ICD-9-CM* coding changes. Unfortunately, the appendix "Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes" was not upgraded.

Rookies using a *DSM* for the first time will benefit from nearly a decade of new information on various aspects of diagnostic categories in *DSM-IV-TR* along with all the wonderful information contained in *DSM-IV*. Veterans of *DSM-IV* will get the benefit of a new coding system for Dementias and some fine points on diagnostic features of *DSM-IV* disorders. ■

From the

DSM Library

Several publications in the DSM Library are currently being updated to reflect changes in the *DSM-IV-TR*. A new edition of each volume is expected within the next year.

The DSM Casebook edited by Robert L. Spitzer, M.D., Miriam Gibbon, M.S.W., Andrew E. Skodol, M.D., Janet B. W. Williams, D.S.W., and Michael B. First, M.D. *The DSM Casebook* is a learning companion to the *DSM-IV-TR* that helps both students and clinicians visualize *DSM-IVTM* disorders through the use of clinical vignettes. Each vignette is followed by a discussion of the *DSM-IVTM* differential diagnosis.

The DSM Guidebook edited by Allen Frances, M.D., Michael B. First, M.D., and Harold Alan Pincus, M.D. *The DSM Guidebook* provides a comprehensive tour through

DSM-IV-TR by the experts involved in its development. The authors annotate the *DSM* diagnostic criteria in a way that clarifies their meaning and enhances clinicians' ability to conduct assessments. A historical context for the *DSM* development and for the controversies underlying the changes introduced in the *DSM-IV* are also presented.

DSM-IV Handbook of Differential Diagnosis edited by Michael First, M.D., Allen Frances, M.D., and Harold Alan Pincus, M.D. *The DSM-IV Handbook* helps clinicians to improve their skills in formulating a comprehensive differential diagnosis by presenting different methods of exploring patients' presenting problems. Differential diagnoses are explored using decision trees, tables, a symptom index, and other approaches.

Study Guide to DSM-IV edited by Michael A. Fauman, M.D., Ph.D. *The Study Guide to DSM-IV* provides an introduction to *DSM* diagnostic criteria and a guide to differential diagnosis for each group of disorders. Brief clinical vignettes are presented to help the reader visualize the disorder in the context of a multidimensional patient. A self-test is also included to allow clinicians to test his or her understanding of the *DSM*.

DSM-IV Case Studies edited by Allen Frances, M.D. and Ruth Ross, M.A. *The DSM-IV Case Studies* provides case descriptions as examples to illustrate the usefulness and the limitations of the *DSM-IV* diagnostic criteria in a clinical setting. Through the presentation of complex cases, authors focus on helping clinicians recognize the essential role of clinical judgment in applying the *DSM* criteria. ■

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From APIRE

The American Psychiatric Institute for Research & Education The Parity Study

Darrel A. Regier, M.D., M.P.H.

In December 2000, the American Psychiatric Institute for Research and Education (APIRE) launched the first phase of its Federal Employees Health Benefits Program (FEHBP) Parity Study. Psychiatrists in the Washington, D.C. metro area were surveyed before parity legislation took effect within the FEHBP in January 2001, and they will be surveyed again in a year's time. The study's pre-/post- longitudinal design seeks to detect effects that parity may have on psychiatric practice with regard to management of benefits, access to treatments, continuity and quality of care, provider satisfaction, and cost of care. Results from the Parity Study will have important implications for future parity legislation and will serve as a model for other insurance plans. For example, Senators Pete Domenici (R-NM) and Paul Wellstone (D-MN) recently introduced the Mental Health Equitable Treatment Act of 2001, which is based largely on the FEHBP parity provisions.

Brief Background and Study Rationale

The FEHB Program covers nearly 9 million federal employees, retirees, and their families. To assess the effect of the new parity program, the federal government is conducting a nationwide sample study. A sample of FEHBP claims data will be analyzed, and beneficiaries will be surveyed for indicators of service use and satisfaction. The APIRE study seeks to complement this federally sponsored study by examining the impact of the parity program on a clinical level from the perspective of practicing psychiatrists in the Washington, D.C. area. The primary research questions and issues that the study seeks to address are outlined below.

Management of Benefits. In response to the elimination of special deductibles and co-payments, will health plans alter management practices and risk sharing arrangements with providers? Will there be significant changes in the organization and delivery of care? The APIRE Parity Study assesses changes in financial arrangements (including fees) and management of benefits within the FEHB Program.

Access to Treatments. Will there be changes in the extent to which FEHBP patients are able to obtain access to the range of treatment services that psychiatrists indicate are needed? Will there be changes in patterns of treatment, in the type, intensity and continuity of psychotherapeutic and psychopharmacologic treatments? Use and adequacy of provider networks will be assessed along with changes in the rates of non-covered services and in the case mix of treated psychiatric patients.

Continuity and Coordination of Care. In addition, the Parity study assesses the availability of a comprehensive continuum of treatment modalities and settings for FEHBP patients. The study looks at rates of "provider switching" and at the length of time in treatment with the current provider for a patient sample. Rates of "integrated" versus "split" psychopharmacologic and psychotherapeutic treatment also will be assessed.

Quality of Care. Conformance with evidence-based treatment recommendations for the acute, maintenance, and stabilization phases of treatment for major depression will also be evaluated.

Costs of Care. Changes in clinician reimbursement methods and fees for specific CPT codes will be assessed along with effects on overall clinician net income from psychiatric practice.

Provider Satisfaction. The ability to spend sufficient time with patients, treat patients in the most appropriate setting, and order tests and procedures when indicated are factors believed to be associated with clinician satisfaction. The APIRE study investigates whether or not providers report changes in these areas before and after the implementation of parity.

Network Participation. Changes in network compositions and access to network providers or "phantom" networks will be

assessed along with rates of provider switching and changes of "in network" versus "out-of-network" provider caseloads.

Study Methods

The baseline Parity Study disseminated in December 2000, surveyed 2075 psychiatrists who were identified from the AMA Masterfile as having a primary or secondary practice in psychiatry. The clinicians were asked to report retrospective data on up to three patients. They were asked to provide two FEHBP patients and one non-FEHBP patient seen at a randomly assigned day and time during the last typical workweek in the year 2000. Post-parity data will be collected in December 2001. In addition to patient information, the survey collects general practice information from each psychiatrist. APIRE worked in collaboration with a web survey development company to pilot a secure online version of the Parity Study. Psychiatrists were given the option of completing the survey in the paper-based format or the online format. Each psychiatrist was assigned a unique APA username and password for logon to the online instrument.

Future Plans

In order to examine more fully the effects of the FEHB Program on the mental health delivery system, APIRE is seeking to collaborate with other mental health and substance abuse professions so that complementary data from these groups can be obtained from a post-intervention follow-up.

The baseline Parity Study is primarily funded by a grant to APIRE from the American Psychiatric Foundation. Efforts are underway to secure funding for the follow-up initiative to be launched in December 2001. In addition, while continuing to collect baseline data, APIRE is convening a panel of experts to consult on the study's second phase. Results will be reported in the *Psychiatric Research Report* as they become available. ■

From the Practice Research Network

Attention Researchers

Data from the American Psychiatric Practice Research Network (PRN) 1999 *Study of Psychiatric Patients and Treatment* (SPPT) is now available to external investigators. The PRN databases, which include the SPPT and the *National Survey of Psychiatric Practice* (NSPP), are clinically detailed and provide information on a large national sample of psychiatrists and patients in the full range of public and private, managed and non-managed

practice settings. The data have been effectively used to study a broad range of clinical and policy issues, including patterns of treatment for specific disorders, quality of care, and access and patterns of care in different types of health plans and systems of care.

An outline of the domains of information collected from the studies is presented below.

Researchers interested in using these unique databases to develop and disseminate mental health clinical and services research findings are encouraged to contact the PRN Director, Joyce C. West, Ph.D., M.P.P., at Jwest@psych.org or telephone 1-800-713-7123. ■

<i>National Survey of Psychiatric Practice (NSPP)</i>	<i>Study of Psychiatric Patients and Treatment (SPPT)</i>
<p><i>Psychiatrist Characteristics</i></p> <ul style="list-style-type: none"> ❖ Age and gender ❖ Race and ethnicity ❖ Training <p><i>Professional Activities/Work Setting</i></p> <ul style="list-style-type: none"> ❖ Type of activity and time spent in activity during last typical work week ❖ Type of work setting for direct patient care and time spent during last typical work week ❖ Medical school affiliation status <p><i>Patient Care Workload</i></p> <ul style="list-style-type: none"> ❖ Number of patients seen during last typical work week ❖ Number of new patients seen during last typical work month <p><i>Characteristics of Patients Seen During Last Typical Work Week (Caseload Estimates)</i></p> <ul style="list-style-type: none"> ❖ Age and gender ❖ Race and ethnicity ❖ Setting and locus of care ❖ Insurance coverage and health plan ❖ Primary diagnostic category and treatments <p><i>Characteristics of Reimbursement for Direct Patient Care</i></p> <ul style="list-style-type: none"> ❖ Total income ❖ Type of reimbursement ❖ Fee discounting 	<p><i>Sociodemographic Characteristics of Patients</i></p> <ul style="list-style-type: none"> ❖ Age and gender ❖ Race and ethnicity ❖ Education level ❖ Marital status <p><i>Diagnostic Information (DSM-IV Axes I-V)</i></p> <ul style="list-style-type: none"> ❖ Principal diagnosis ❖ Other mental disorders and personality disorders ❖ General medical conditions ❖ Psychosocial and environmental problems ❖ Global assessment of functioning ❖ Other clinical information, including symptoms, severity, presence of disability in various areas <p><i>Current Mental Health Treatments</i></p> <ul style="list-style-type: none"> ❖ Types of treatments provided (including specific psychopharmacologic agents & dosage) ❖ Setting and locus of care ❖ Treatments by other providers <p><i>Mental Health Treatment History</i></p> <ul style="list-style-type: none"> ❖ Timing and frequency ❖ Prior hospitalizations for psychiatric disorders <p><i>Future Treatment Plans</i></p> <ul style="list-style-type: none"> ❖ Timing and frequency <p><i>Financing of Care</i></p> <ul style="list-style-type: none"> ❖ Source of payment ❖ Type of health plan ❖ Psychiatrist payment method ❖ Utilization management mechanisms ❖ Impact of financial considerations on treatments provided

Legislative Forum

Lizbet Boroughs, Associate Director
Division of Government Relations

Forecast for FY 2002 Appropriations

President Bush's "budget blueprint" released on February 27th calls for a \$2.8 billion increase in overall funding for the National Institute of Health. This figure is shy of the \$3.2 billion needed to reach the goal of doubling the NIH budget by 2003. However, the APA and its fellow advocacy groups are extremely encouraged that NIH was one of the few domestic programs singled out by President Bush as vital for further federal investment.

Changing Appropriations Leadership in Congress

Medical research funding for the 107th Congress is going to face interesting challenges stemming not only from the changing administration and changes in Senate and House leadership. Senator Connie Mack (R-FL), a senior member of the Senate Appropriations Committee, and Representative John Porter (R-IL), Chairman of the House Appropriations Committee on Labor, HHS, who are stalwart and vocal advocates for health research have both retired. Both retirees were extremely supportive of the campaign to double NIH funding over 5 years.

Rep. Phil Regula (R-OH) was named as Rep. Porter's replacement. He has a background in education and the APA will be leading aggressive outreach efforts to increase his awareness of health issues. Senator Arlen Specter (R-PA), a long-time friend of research and chair of the Senate Appropriations Labor, HHS Appropriations Subcommittee, has reiterated his support for NIH. The composition of the Senate Subcommittee is divided evenly between Republican and Democrats which may lead to bitter partisan wrangling over spending priorities.

Governor Tommy Thompson (R) of Wisconsin was named by the incoming Bush Administration to head the Department of Health and Human Services. Top HHS advisory positions may go to Gail Wilensky, Ph.D., top health advisor to

Bush during the campaign and Executive Director of the Medicare Payment Advisory Commission (MedPAC) and to William Roper, M.D., former Director of the Center for Disease Control and Prevention and current Dean of the School of Public Health at the University of North Carolina at Chapel Hill. A Director for the National Institute for Health has not yet been named. Dr. Ruth Kirschstein remains Acting Director.

NIH Budget FY 2001 Final Outcome - \$2.5 Billion Increase

After months of bitter wrangling over the Labor, Health and Human Services, and Education Appropriations bill for FY 2001, a settlement was finally reached on December 15, 2000. According to the agreement, the National Institutes of Health (NIH) will receive a total of \$20.3 billion, a \$2.5 billion increase from the fiscal 2000 level.

NIMH breaks \$1 Billion mark

The final version of the FY 2001 Labor-HHS-Education Appropriations bill includes \$1.107 billion for the NIMH. This is \$133 million above NIMH's FY 2000 level, or a 14% increase. This is slightly below the average increase for the entire National Institutes of Health (NIH) budget - a total increase of \$2.5 billion, up to \$20.5 billion. Earlier versions of a proposed House-Senate agreement had included slightly higher increases for both NIH and NIMH. However, at the last minute the White House and GOP congressional leaders agreed to a very modest decrease as part of an overall effort to trim all programs covered under the Labor-HHS bill. Even with this late minor downward adjustment, Congress remains on track to double the NIH budget (including NIMH) by 2003. The National Institute on Drug Abuse received \$781 million and the National Institute on Alcohol Abuse and Alcoholism \$341 million.

The final agreement on the FY 2001 Labor-HHS bill also includes important

increases for services programs at the Center for Mental Health Services (CMHS). The most significant of these is the Mental Health Block Grant, which will be receiving a \$64 million increase - its most substantial raise in several years.

APA Testifies on Clinton Privacy Rule

The Clinton Administration issued exhaustive final medical records privacy regulations on December 28, 2000. While it is certainly fair to say that the regulations have many positive features, they also include problems, including the cost of implementation for practicing psychiatrists. APA presented testimony to the Senate Health, Education, Labor and Pensions (HELP) Committee that identified problems with prospective blanket patient consent forms, which would allow a patient's consent to be used by a health organization to grant subsequent disclosures without the patient's knowledge.

The APA is greatly concerned the Bush Administration will decline to implement the privacy regulations. While the regulations are not perfect in their current form, they are a giant leap forward for privacy protection. APA Vice President Paul S. Appelbaum, M.D., on March 22 told a House health subcommittee that the Administration's new federal regulation to protect medical privacy should be implemented without further delay. The regulation, published in final form late last year for implementation in 2003, has been opened again for public comment and possible amendment. "Although there are weaknesses in the HHS regulation, it offers strong and unprecedented federal protection of medical privacy," said Dr. Appelbaum. "We believe it is crucial to move forward without delay toward 2003 implementation of the regulation." He said remaining problems could be fixed later. APA will continue to work with Congress and the Bush Administration to improve privacy rules and law. The APA testimony is available from Division of Government Relations.

In the latest development, the Bush Administration has postponed the effective date for two months and opened the rule to a 30-day comment period. Reports have surfaced that the original February 26 effective date for the privacy rule was postponed because the Clinton Administration failed to transmit the rule to Congress before publication, as stipulated by law. Under the law, major regulations cannot go into force until two months have elapsed from the time the regulations are transmitted to Congress. Congressional sources say that the privacy rule, published in the *Federal Register* in December 2000 with a February 2001 effective date, was not actually sent to Congress until early February. HHS says the rule was transmitted to Congress earlier. The current effective date is April 14, 2001, and the compliance date is April 14, 2003.

Prospects Improve for Patients' Bill of Rights

Prospects for favorable consideration of a strong patients' and physicians' bill of rights are enhanced by the 50/50 split in the

Senate, given that several strong opponents of a strong bill of rights did not return in the new 107th Congress. Senators John McCain (R-AZ) and John Edwards (D-NC) and Representatives Greg Ganske (R-IA) and John Dingell (D-MI) have introduced an AMA-supported consensus bill (the "Bipartisan Patient Protection Act of 2001") in the Senate and House. Notably, the AMA-backed compromise bill includes a provision that the sponsors, in a direct response to APA discussions with them, assure APA is intended to explicitly insure that psychiatric patients have the same access to the courts as do all other injured parties meeting the standards set by the legislation. APA will continue to work with AMA to secure passage of the strongest possible patient and physician protection legislation.

Disabilities Initiative and Mental Health Commission

President Bush has announced a "New Freedom Initiative" aimed at improving opportunities available to disabled Ameri-

cans. The broad initiative includes increased funding for the Individuals with Disabilities Education Act; integrating disabled Americans into the workforce; swift implementation of the "Ticket to Work" act allowing disabled individuals to enter the workforce without losing health benefits, and swift implementation of the "Olmstead" decision facilitating transition of disabled individuals into community-based care settings.

Notably, the "New Freedom Initiative" also establishes a National Commission on Mental Health to "study and make recommendations for improving America's mental health service delivery system, including making recommendations on the availability and delivery of new treatments and technologies for *individuals with severe mental illness*." While the funding of the Commission is subject to congressional appropriations and thus there is no staff structure now in place, APA has been in contact with the White House to encourage appropriate psychiatric representation on the Commission. ■



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Residents' and Fellows' Corner

Attending the APA and Meeting "Famous" Psychiatrists: A Resident's Perspective

Melissa P. DelBello, M.D.
 Assistant Professor of Psychiatry and Pediatrics
 University of Cincinnati, Children's Hospital Medical Center

The following article appeared in the Summer 1999 issue of PRR when Dr. DelBello was a Psychiatry Fellow. With very few edits, it is still a timely and informative introduction to the APA Annual Meeting for Residents and Fellows.

I recently returned from the APA Annual Meeting. As I was standing in my hotel lobby contemplating what I should write about for this column, I realized that there were several "famous" senior investigators hanging out in the hotel lounge. There were also other "famous" investigators with their families waiting to check into the hotel. And then it occurred to me that I had personally met these people at previous Annual Meetings. Not only were they very encouraging and eager to dispense career advice, they were actually friendly and genuine people. This was my third meeting, and each year the overwhelming feelings and intimidation decrease, in a large part due to several APA-sponsored young investigator programs. These encourage interactions between junior and senior investigators and among junior investigators themselves.

The APA Annual Meeting provides medical students and residents with the opportunity to meet senior investigators, those "famous" people whose publications and names you've only seen in journals, whose academic interests may be similar to yours, and whose advice and encouragement may be extremely useful to your research career. At first, for most of us early in our careers, this can be an extremely intimidating experience. Can I actually talk to them? Do they want to talk to me? Why should they waste their time acknowledging my existence? These may be some of the thoughts entertained by those early in their career. However, do not let that discourage you. In fact, the more often you attend, the easier it gets.

There are several APA sponsored programs that facilitate this crucial yet potentially anxiety-provoking experience of meeting senior investigators and other junior

investigators. These programs are a great place to meet others with similar interests, to exchange research ideas, and to collect excellent advice from both the experts in the field and your peers on fellowships, research and career opportunities, funding resources, awards that provide stipends to attend the APA Annual Meeting, and on how to balance a family and career.

Despite my lack of enthusiasm when the alarm goes off at 5:30 a.m., the Young Investigator's Breakfast, sponsored by the APA Office of Research, the Council on Research, and the van Ameringen Foundation has been an invaluable experience. I encourage all young investigators to attend this annual breakfast. Harold Pincus, [then] director of the APA's Office of Research welcomed the attendees and explained that each table is assigned a topic to discuss with senior experts in attendance. You are encouraged to visit as many tables as you want. Topics include child and adolescent psychiatry, geriatric psychiatry, women in research, and psychopharmacology, just to name a few. After a brief presentation of awards at the breakfast, Dr. Charlie Nemeroff said, "Please talk to as many people as possible. Now is not a good time to have social phobia." However, with due respect, those afflicted with this disorder should not be discouraged from attending the breakfast. The senior investigators do an excellent job of initiating conversation with everyone and generating informal discussion. They are extremely friendly and have lots of useful advice on career and research issues. There are often other junior colleagues at your table who have similar interests, and collaborations can be initiated. Additionally, once you begin attending the APA events for junior researchers, your colleagues begin to look familiar and each event becomes less intimidating.

The Junior Investigator's Research Colloquium, sponsored by the APA's Committee on Research Training and Office of Research, is a fantastic opportunity that every young investigator should participate in. This program is an all-day workshop for senior residents, fellows, and junior faculty focusing on one of three specific research areas. Each year the areas change. Dr. Ellen Leibenluft announced at the Young Investigator's Breakfast that the topics for next year's (2000) research colloquium had just been decided upon (obtaining information hot off the press is yet another advantage of attending the breakfast). The topics will be dual diagnosis, psychosis, and anxiety disorders. If accepted into this program you are expected to give an oral and poster presentation of your research. The oral presentation is in a small group (about five junior colleagues and two "famous" senior colleagues) and is a great opportunity to get feedback on both presentation skills and research methodology. During this event, there are also opportunities to mingle with others and to learn about research careers and the importance of the mentor/mentee relationship in career development.

This was the first year for The American Psychiatric Institute for Research and Education/Janssen Scholars in Research on Severe Mental Illness Program (I think this program's name needs an acronym). This two-year program selects residents with the potential to become leaders in health services and clinical research. Each fellow is assigned a nationally known research mentor to oversee and provide advice and encouragement during the two-year fellowship. The fellowship also provides a stipend during the second year for use in developing a pilot research project and funding for travel to the APA during both

years of the fellowship. This year, 15 residents were selected. This program promises to be another great opportunity for junior researchers to meet each other and senior researchers.

Last, but certainly not least, are the poster sessions. Whether you are presenting or viewing posters, you inevitably meet both junior and senior colleagues who provide you with research findings as well as helpful career advice. It is also a great forum in which to present your own research. I am surprised to see that many senior investigators attend the Young Investigator's Poster sessions. This year I inadvertently forgot to check the Young

Investigator's box on my poster application and was very wary of presenting at the other poster session. However, since the posters are grouped by topic, the people presenting around me were senior researchers in areas related to my interests. This was a great opportunity to share ideas and discuss future research. While I would not discourage anyone from presenting at the Young Investigator's Poster sessions, it was exciting and educational to have the opportunity to discuss research with more senior investigators while presenting posters next to them. The advantage of presenting at the Young Investigator's Poster Sessions is that most posters are accepted, and you do not need earth-

shattering results to present (I will be checking the box next year).

Well, it is too late for this year, but I hope that I have at least encouraged those who did not attend the APA Annual Meeting or attended but did not participate in these programs to get involved next year. These programs are designed for us to meet each other and the "famous" senior researchers in a safe and friendly environment.

PLEASE NOTE: "How to Survive the Annual Meeting—An Orientation Session for Medical Students and Residents," Sunday, May 6, 2001, 10:00 a.m.-12:00 p.m., Convention Center, Room 262. ■

Directory of Research Fellowship Opportunities in Psychiatry

2001



Edited by
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American Psychiatric Institute for Research and Education

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News and Notes

AJP Editor-in-Chief Awarded National Medal of Science

Nancy C. Andreasen, M.D., Ph.D., was awarded the National Medal of Science by former President Clinton on December 1, 2000. The government's highest scientific honor was earned by Dr. Andreasen for her groundbreaking work in schizophrenia and for joining behavioral science with neuroscience and neuroimaging. She is the Andrew H. Woods chair of psychiatry at the University of Iowa College of Medicine and the long-time Editor-in-Chief of the APA's *American Journal of Psychiatry*. Congress established the National Medal of Science in 1959, a Presidential award for individuals "deserving of special recognition by reason of their outstanding contributions to knowledge in the physical, biological, mathematical or engineering sciences." Recognition expanded in 1980 to include social and behavioral sciences. Since its inception, 374 scientists have earned the honor. For more extensive coverage of this award and of Dr. Andreasen's achievements, see *Psychiatric News*, Dec. 15, 2000, Website: www.psych.org/pnews.

How to Survive the APA Annual Meeting

"How to Survive the Annual Meeting Orientation Session for Medical Students and Residents" is an event held at each APA annual meeting. This year, the Orientation Session will be held on Sunday, May 6, from 10:00 a.m. until 12:00 noon, in the New Orleans Convention Center, Room 262. Presentations are given on Resident Activities, on Medical Student Activities, and on Scientific Program Activities. Packets of information are provided to attendees describing Annual Meeting tracks for residents and medical students, fellowship programs, and membership applications. This is also an opportunity to learn *what APA can do for you*. The session is particularly useful for first-time attendees to the Annual Meeting.

Senior Researchers to Participate in 2001 Breakfast for Young Investigators

The Breakfast for Young Investigators at the APA Annual Meeting presents an opportunity for psychiatry residents, research trainees, and junior faculty to talk informally with distinguished senior researchers about specific research-related topics and about research career issues. The by-invitation-only breakfast, which will take place on Tuesday, May 8, 2001, is sponsored by the American Psychiatric Institute for Research and Education, the APA Council on Research, and the van Ameringen Foundation. For more information about this annual event please contact the APA Division of Research at (202) 682-6316 or by e-mail: eguerra@psych.org.

The format used for this event features senior researchers seated at breakfast tables designated by area of research interest. Attendees are encouraged to circulate freely amongst the tables. Topics selected for focus during this year's breakfast include:

- Alcohol and Drug Abuse Research
- Child Psychiatry Research
- Choosing/Using a Research Fellowship
- Epidemiology/Health Services Research
- Minorities in Psychiatric Research
- Mood and Anxiety Disorders Research
- Neuroscience/Basic Science Research
- Psychopharmacology Research
- Psychosocial Treatment Research
- Women in Psychiatric Research

APA Welcomes Deborah J. Hales, M.D.

Deborah J. Hales, M.D., is the APA's new Director of the Department of Education and Career Development. Dr. Hales is a psychiatrist and a pediatrician who came to the APA central office from San Mateo County Mental Health Services where she served as Director of the Psychiatry Residency Training Program and as Director of Professional Education. Dr. Hales chairs the APA Committee on Graduate Education and has served on the APA Council on Medical Education and

Career Development. Dr. Hales plans to launch an Educational Resource Network (ERN) within APA's new subsidiary research institute, the American Psychiatric Institute for Research and Education (APIRE). The ERN will be available for educators and APA members to use as a resource when conducting workforce and educational survey research.

Call for Poster Submissions: 2001 Institute on Psychiatric Services

Poster submissions are being accepted for the American Psychiatric Association's Institute on Psychiatric Services to be held October 10 to 14 in Orlando, FL. This year's Institute theme is "Multidisciplinary Roles in the 21st Century." The informal, 90-minute poster format allows for presentation of research advances, new program features, model programs, and/or the posting of new research findings. To receive a copy of the submission booklet, please call the APA Answer Center toll-free number (888) 357-7924. For further information, please contact Ms. Jill Gruber at (202) 682-6314. The deadline for submissions is June 4, 2001.

AFSP Honors Charles B. Nemeroff, M.D./Ph.D.

The American Foundation for Suicide Prevention (AFSP) recognizes the scientific contributions of APA member Charles B. Nemeroff, M.D., Ph.D., at the 2001 Lifesavers Dinner and Award Ceremony held in New York City, May 1. Dr. Nemeroff is honored for his leadership in the field of biological psychiatry and for outstanding research on the biological bases of the major neuropsychiatric disorders, including affective disorders, schizophrenia and anxiety disorders. Dr. Nemeroff serves as Chair, of the APA Committee on Psychiatric Treatments Research and as a member of the Editorial Advisory Board, American Psychiatric Publishing, Inc. For further information about activities of the AFSP, please visit the foundation web site: <http://www.afsp.org>.

Call for Nominations for Gerontological Society Awards

The Gerontological Society of America invites nominations for two awards to be presented at the 2001 annual scientific meeting, November 15 to 18, in Chicago, IL. The Joseph T. Freeman Award Lectureship in Geriatrics is awarded to a prominent physician in the field of aging—both in research and practice—who is a member of the Society's Clinical Medicine section. The award was established in 1977 as a tribute to Dr. Joseph T. Freeman, a leading physician and a past president of the Society. Nominations for the Freeman Award are due no later than July 1, 2001. The Distinguished Career Contribution to Gerontology Award is given annually to an individual whose theoretical contributions have helped bring about a new synthesis and perspective or have yielded original and elegant research designs addressing a significant problem in the literature. The nomination deadline is October 1, 2001. For further information and requirements, please contact the Awards Coordinator, Gerontological Society of America, 1030 15th Street, NW, Suite 250, Washington, DC 20005-1503, (202) 842-1275, fax: (202) 842-1150, e-mail: geron@geron.org, Web site: <http://www.geron.org/awards.html>.

Nominations for Child Psychiatry Award

The American Academy of Child and Adolescent Psychiatry (AACAP) is requesting submissions for the Rieger Psychodynamic Psychotherapy Award which recognizes the best paper addressing the use of psychodynamic psychotherapy within the clinical practice of child and adolescent psychiatry. APA members who are also AACAP members are encouraged to participate. All submissions must be original, not previously published, and written by an AACAP member. The award consists of \$4,500, presentation of the award-winning paper at the AACAP Annual Meeting, and submission of the paper for peer review by the AACAP journal. Submission deadline is June 1, 2001. Submit five double-spaced copies to Kayla Pope, Department of Research, AACAP, 3615 Wisconsin Ave., N.W., Washington, DC 20016, kpope@aacap.org.

SAMHSA Funds Practice-Research Collaboratives

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment has announced the availability of \$2.4 million in grants to implement several new practice-research collaboratives. The funding will help community-based substance abuse treatment providers and researchers identify local needs and implement appropriate treatment strategies. The grants are available for domestic public and private nonprofit entities that have established a formal, operational organization that includes a partnership of providers of substance abuse services, researchers, policy makers, consumers and other stakeholder groups. For grant applications or general information, call (800) 729-6686 or visit www.samhsa.gov.

Clinical Trials Featured on NIMH Website

The National Institute of Mental Health (NIMH) website now features "Focus on a Clinical Trial." Located on the home page under "Breaking News," the feature will provide summaries and links to various NIMH clinical trials on a rotating basis. Treatment of Adolescents with Depression Study (TADS) is the first featured clinical trial and is designed to find the best depression treatment for teenagers. Located in centers across the U.S., TADS hopes to enroll approximately 400 participants between the ages of 12 and 17. For information on TADS, visit <http://www.nimh.nih.gov/studies/tads.cfm>. For general information about NIMH clinical trials, visit: <http://www.nimh.nih.gov/studies/index.cfm>.

NCDEU Hosts 41st Annual Meeting

The annual meeting of the NIMH-sponsored New Clinical Drug Evaluation Unit (NCDEU) will be held from May 28 to May 31, 2001, in Phoenix, AZ. The 2½ day meeting on cutting-edge research methodologies will include a variety of plenary, panel, update and poster sessions. A preliminary program is available on the NIMH web site, <http://www.nimh.nih.gov/ncdeu/2001.cfm>. A pre-conference poster session and workshop, the New Investigators' Program, will be held on

Sunday, May 27, for psychiatric residents and fellows, psychologists, graduate and medical students, as well as other professionals who are new to the field and have a special interest in clinical treatment intervention research. To obtain additional information on this conference, please contact the NCDEU Program Director at NIMH, (301) 443-0551, e-mail: ncdeu@mail.nih.gov.

NIH To Develop Clinical Research Data System

NIH will solicit proposals by mid-2001 to develop and implement a new Clinical Research Information System (CRIS) to serve as an integrated electronic database for all research conducted at the Warren G. Magnuson Clinical Center (CC) on the NIH campus. The database will provide access to comprehensive information on active protocols in all CC departments. Among the available features will be protocol mapping, protocol treatment requirements, diagnostic data, lab results, and adverse event reports. The new system will also be designed to support high tech functions such as digital imaging, a capability lacking in the current Medical Information System (MIS) that the CC has been using for the past 25 years. CRIS will also be able to interface with individual NIH institutes' clinical trial data systems, thereby providing a single point of data entry and retrieval for study data across NIH. The CRIS project manager is Stephen Rosenfeld, Ph.D., Acting Chief of the CC Information Systems Department. The project is a \$40 million initiative expected to take five years to complete.

Tenth Annual Computational Neuroscience Meeting

CNS*2001 will be held in San Francisco and at the Asilomar Conference Center in Pacific Grove, California, from June 30 to July 5. The Computational Neuroscience Meeting is an annual interdisciplinary conference addressing the broad range of research approaches involved in understanding how biological neural systems compute. Starting in 1992, these meetings have brought together experimental and theoretical neurobiologists, engineers, computer scientists, cognitive scientists, physicists, and mathematicians interested in the relationship between structure and function in mammalian and non-mamma-

lian nervous systems. Each year, research papers are solicited, peer reviewed, presented in poster or lecture sessions, and published in a volume of proceedings. The meetings emphasize, equally, experimental, model-based, and theoretical approaches to neurobiological computation. The website for current and past CNS meetings is <http://cns.numedea.com>.

Study Guide to Geriatric Psychiatry

“Study Guide to The American Psychiatric Press Textbook of Geriatric Psychiatry, Second Edition,” offers clinicians, researchers, and residents an opportunity to evaluate their understanding of the information contained in “The American Psychiatric Press Textbook of Geriatric Psychiatry, Second Edition.” The concise study guide is presented in a multiple-choice format that corresponds to the textbook. The study guide helps users to assess knowledge of basic science foundations, diagnostic issues, psychiatric disorders and treatments, and specific care settings in geriatric psychiatry. Visit <http://www.appi.org> for further information; use priority code “APAWEB” when ordering.

XVII World Congress for Social Psychiatry

The International Scientific Committee of the XVII World Congress for Social Psychiatry invites the submission of proposals for papers, symposia, and workshops. The theme for this year’s congress is “Science, Society, and Psychiatry: Search for Synergy.” This international meeting will take place in Agra, India, from October 27 to 31, 2001, at the Jaypee Palace hotel and Convention Centre. The deadline for submissions is June 30, 2001. The congress website is www.17thwasp.congress.com. Further information about submissions is available by email to the congress secretariat: wasp_congress@vsnl.com.

Kellogg Foundation Funds Research Into Health Disparities

The Center for the Advancement of Health (CFAH) was the recipient of a three-year \$1.5 million grant from the W. K. Kellogg Foundation to train a new

generation of minority scientists in research on the causes of health disparities by race/ethnicity, gender, and socioeconomic status. The pilot program will award postdoctoral fellowships to minority scholars for study at the University of Michigan Institute for Social Research, the Harvard Center for Society and Health, and the Morgan State University Center for Urban Health Assessment, Evaluation and Policy. The CFAH is an independent nonprofit organization funded by foundations and public agencies to promote greater recognition of how psychological, social, behavioral, economic, and environmental factors influence health and illness. For further information on this grant and on other CFAH programs, <http://www.cfah.org>.

APA’s Vice President Appelbaum Elected to IOM

In October 2000, the Institute of Medicine (IOM) honored 60 individuals with membership for their outstanding contributions to health and medicine. Among those selected were Paul S. Appelbaum, M.D., APA’s Vice President; Steven E. Hyman, M.D., Director, National Institute of Mental Health (NIMH) and APA member; and Dennis Charney, M.D., newly-appointed Chief of the NIMH Intramural Mood and Anxiety Disorder Research Program as well as Consultant to the APA Committee on Basic Science Research in Psychiatry. The membership of the IOM now totals 613, with the active membership serving as electors for national and international candidates chosen for special recognition in the fields of medicine, social and behavioral science, law, administration and economics. The Institute’s charter requires that at least one-fourth of the membership be drawn from other than the health professions. Election to the Institute is both an honor and an obligation to work on behalf of the organization, notably as members of committees engaged in a broad spectrum of studies on health policy issues. Other newly-elected IOM members who have special significance for basic and clinical mental health research are: William A. Catterall, Ph.D., Thomas R. Cech, Ph.D., Dennis W. Choi, M.D., Ph.D., Catherine D. De Angelis, M.D., David J. Lipman, M.D., Larry R. Squire, Ph.D., George K. Aghajanian, M.D., David D. Sabatini, M.D., Ph.D., and Jean-Pierre G. Changeux, Ph.D.

FDA Creates Office for Human Research Trials

A new Office for Human Research Trials (OHRT) was scheduled to become operational at FDA in March. The office, replacing the agency’s recently created Office of Clinical Science, would orchestrate all FDA human subjects protection activities and initiatives both externally and across the agency. The expanded office will be located within FDA Commissioner’s Office in the Office of Science Coordination and Communication. It will enhance the agency’s current biomonitoring program by focussing on all components of clinical trials—combining data monitoring with ensuring the well-being of research subjects. The new office will also create a web site listing current practices and policies in the area of human subjects protection, and it will serve as the conduit for receiving public concerns regarding federal oversight of human subjects research.

FDA To Study Reports of MMR Vaccine-Related Autism

FDA is conducting a study to investigate the increase in reports (received by the agency’s Vaccine Adverse Event Reporting System, VAERS) associating measles-mumps-rubella vaccine with autism. The agency is attempting to determine whether the increase in VAERS reports is due to a link between some cases of autism and vaccination and/or to changes in perceptions of risk prompted by media coverage of a 1998 study suggesting a possible link. In the year 2000, 120 autism reports were filed with the VAERS. The FDA is developing a questionnaire to survey sources of the VAERS reports. The survey is not designed to determine whether vaccines cause autism, but to further characterize the VAERS reports with an emphasis on the temporal relationship between symptom onset and vaccination, behavior and regression associated with each report, and other unusual patterns that might indicate a link. FDA will use the information gathered to generate hypotheses for future research. ■

Research Training Opportunities

■ **SPONSOR:** American Psychiatric Institute for Research and Education (APIRE)

■ **POSITION:** Program for Minority Research Training in Psychiatry (PMRTP)

DESCRIPTION: This NIMH-funded program provides support for minority medical students for stipends, tuition, travel expenses, and related training costs for an elective or summer experience in a research environment. Stipends are also available for one- or two-year postresidency fellowships for minority psychiatrists. Major research-oriented departments of psychiatry serve as training sites.

DEADLINE: Postresidency fellows and residents applying for full-year fellowships should apply by December 1. Medical students who are planning a summer research training experience should apply by April 1. For elective experiences at other times, medical students should apply at least three months before the proposed research training experience.

CONTACT: Ernesto Guerra, Program Manager, APIRE, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org, 1400 K Street, NW, Washington, DC 20005, web site: www.psych.org.

■ **SPONSOR:** Janssen/American Psychiatric Institute for Research and Education

■ **POSITION:** Scholars in Research on Severe Mental Illness

DESCRIPTION: The American Psychiatric Institute for Research and Education, through a generous grant from Janssen Pharmaceutica, is co-sponsoring a fellowship program for promising PGY-1, PGY-2, and PGY-3 psychiatric residents with the potential to become leaders in clinical and health services research in severe mental illness. The program is designed specifically to encourage these residents to choose careers in clinical and health

services research in areas related to schizophrenia, bipolar illness, or other forms of severe mental illness.

DEADLINE: January 15, 2002

CONTACT: Ernesto Guerra, Program Manager, Janssen Scholars in Research on Severe Mental Illness, American Psychiatric Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org.

■ **SPONSOR:** University of Pittsburgh School of Medicine

■ **POSITION:** Postdoctoral Research Fellowship in Child Psychiatry

DESCRIPTION: A two-year postdoctoral research fellowship position is available in our clinical research program focusing on the following areas: the longitudinal study of characteristics, course, risk factors, psychobiology (including functional magnetic resonance imaging), and treatment of childhood and adolescent affective and anxiety disorders, autism, attention-deficit, disruptive, and eating disorders.

DEADLINE: Open

CONTACT: David A. Brent, M.D., Professor of Psychiatry, Pediatrics, and Epidemiology, University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Suite 112, Pittsburgh, PA 15213, fax: (412) 624-7997, e-mail: brenta@msx.upmc.edu, web site: www.wpic.pitt.edu.

■ **SPONSOR:** University of Iowa, Mental Health Clinical Research Center

■ **POSITION:** Postdoctoral Fellowships in Clinical Neuroscience

DESCRIPTION: Applications are being accepted for a 1- to 3-year NIMH-funded

fellowship program in the neurobiology of major psychotic disorders. The fellowship is designed for either: 1) psychiatrists who have recently completed residency or are beginning their fourth year of residency and/or 2) people who have recently completed Ph.D.s in psychology (clinical or experimental), neuroscience, biostatistics, biomedical engineering, or related fields. Major areas of activity include brain imaging (MRI, fMRI, & PET), biostatistics, cognitive neuroscience, neuroanatomy and neuropathology, neuropharmacology, and molecular genetics. The primary focus of the Clinical Research Center is on schizophrenia and related psychotic disorders. U.S. citizenship or permanent visa status required. Applicants from under-represented groups and from all ethnic backgrounds are encouraged to apply.

DEADLINE: Begins July 1, 2001

CONTACT: For an application write to Nancy C. Andreasen, M.D., Ph.D., Director, MHCRRC, 2911 JPP, 200 Hawkins Drive, Iowa City, IA, 52242-1057, (319) 356-1553.

■ **SPONSOR:** National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Institute of Environmental Health Sciences (NIEHS)

■ **POSITION:** Individual M.D./Ph.D. Fellowships

DESCRIPTION: National Research Service Awards are provided to individuals for research training in specified areas of biomedical and behavioral research. The goal of the program is to ensure that highly trained physician/scientists will be available in the appropriate research areas to meet the nation's research needs in mental health, drug abuse and addiction, alcohol abuse and alcoholism, and environmental health sciences.

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DEADLINE: August 5

CONTACT: Walter Goldschmidts, Ph.D., NIMH, (301) 443-3563, fax: (301) 443-4822, e-mail: wgoldsch@mail.nih.gov; Cindy Miner, Ph.D., NIDA, (301) 443-6071, fax: (301) 443-6277, e-mail: cminer@nida.nih.gov; Tina Vanderveen, Ph.D., NIAAA, (301) 443-2531, fax: (301) 594-0673, e-mail: tvanderv@willco.niaaa.nih.gov; Carol Shreffler, Ph.D., NIEHS, (919) 541-1445, fax: (919) 541-5064, e-mail: shreffl1@niehs.nih.gov.

■ **SPONSOR:** National Institute of Mental Health (NIMH)

■ **POSITION:** Research Career Award for Transition to Independence

DESCRIPTION: This initiative is designed to attract and train outstanding physician scientists and senior postdoctoral investigators (with at least 2-3 years of postgraduate research experience), who wish to further their basic or clinical career development experience by initially training within the NIMH Division of Intramural Research Programs (intramural phase), and then transitioning to an independent research program at a domestic U.S. extramural institution (extramural phase). As such, the program is intended to provide support for highly motivated and qualified candidates to focus on gaining significant experience in interdisciplinary mental health research fields in an NIMH intramural laboratory for a period of up to 3 years, followed by continued research support for up to 2 years for an independent research project at an extramural institution.

DEADLINE: June 18 for letters of intent, July 18 for applications.

CONTACT: Barry B. Kaplan, Ph.D. (intramural phase), e-mail: barry.kaplan@nih.gov; Mark Chavez, Ph.D. (extramural phase/neuroscience), e-mail: mchavez1@mail.nih.gov; Fred Altman, Ph.D. (mental disorders/behavior), e-mail: faltman@mail.nih.gov; Enid Light, Ph.D. (services), e-mail: elight@mail.nih.gov, web site: www.nimh.nih.gov.

■ **SPONSOR:** National Institute of Mental Health (NIMH) Intramural Research Training Programs

■ **POSITION:** PGY4 Residency Training Program

DESCRIPTION: In conjunction with the Clinical Associates Program (CAP), the trainee assumes responsibility for the evaluation and clinical care of inpatient and/or outpatient research subjects, in addition to providing psychiatric consultation to patients at the National Institutes of Health (NIH). Skills in research design, methodology, statistical analysis, and data presentation are developed through didactic course work and interaction with experienced mentors.

CONTACT: Division of Intramural Research Programs, National Institute of Mental Health, Building 10, Room 4n222 (MSC 1381), Bethesda, MD. 20892-1381, (301) 496-4183 fax: (301) 480-8348

■ **POSITION:** Intramural Fellowship Training Program

DESCRIPTION: The NIMH Intramural Fellowship Training Program located in the Office of the Scientific Director (OSD), is headed by Barry B. Kaplan, Ph.D., Director for Fellowship Training. Dr. Kaplan is charged with the development and oversight of an integrated multidisciplinary training program within the Intramural Research Program at the NIMH.

CONTACT: Barry B. Kaplan, Ph.D. at the Office of Fellowship Training, National Institute of Mental Health, NIH Clinical Center, Room 4N-222, 10 Center Drive, MSC 1381, Bethesda, Maryland 20892-1381, (301) 496-4183, e-mail: kaplanb@irp.nimh.nih.gov.

■ **POSITION:** Clinical Electives Program

DESCRIPTION: Eight week courses are offered in adult (Course coordinator: David Rubinow, MD) or child (Course coordinator: Judith Rapoport, MD) psychopharmacology. Both courses focus on familiarizing the student with current integrated research approaches employed in the investigations of the biological mechanisms involved in psychiatric illness. Participants are assigned a senior staff member who serves as a preceptor. In conjunction with the student, the preceptor develops and oversees an individually based tutorial program. Students will perform psychiatric and neurologic evaluation on assigned

patients and will participate in regular clinical research unit meetings, rounds and seminars.

CONTACT: Division of Intramural Research Programs, National Institute of Mental Health, Building 10, Room 4n222, MSC 1381, Bethesda, MD. 20892-1381, (301) 496-4183, fax: (301) 480-8348.

■ **SPONSOR:** National Institute on Drug Abuse (NIDA)

■ **POSITION:** Mentored Patient-Oriented Research Career Development Award (K23)

DESCRIPTION: The purpose of the Mentored Patient-Oriented Research Career Development Award (K23) is to support the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research in the area of drug abuse and addiction. This mechanism provides support for three to five years of supervised study and research for clinically trained professionals who have the potential to develop into productive, clinical investigators. Up to \$90,000 salary support and \$50,000 per year for research costs is provided.

DEADLINE: October 1

■ **POSITION:** Individual Fellowship Program

DESCRIPTION: NIDA requests applications from predoctoral Ph.D., predoctoral M.D./Ph.D., and postdoctoral candidates interested in training in basic behavioral science or neuroscience research.

DEADLINE: August 5

CONTACT: Cindy Miner, Ph.D., (301) 443-6071, e-mail: cminer@nida.nih.gov, 6001 Executive Boulevard, MSC 9663, Bethesda, MD 20892-9663, web site: www.nida.nih.gov

■ **SPONSOR:** National Heart, Lung, and Blood Institute (NHLBI)

■ **POSITION:** Minority Institutional Research Training Program

DESCRIPTION: NHLBI is seeking applications to train graduate and health

professional students interested in postdoctoral training at minority schools having the potential to develop training programs in various NHLBI disorders, including sleep disorders.

DEADLINE: August 26

CONTACT: Robert Musson, Ph.D., (301) 435-0222, fax: (301) 480-3557, e-mail: rm65o@nih.gov, 6701 Rockledge Drive, Bethesda, MD 20892-7952, web site: www.nhlbi.nih.gov/nhlbi/nhlbi.htm.

■ **POSITION:** Mentored Minority Faculty Development Award

DESCRIPTION: This program provides support to underrepresented minority faculty members, with varying levels of research experience, to prepare them for research careers as independent investigators. The research development programs of the candidates are based on scholastic background, previous research experience, past achievements, and potential to develop into an independent research investigator. The objective of the one-time award is to develop highly trained minority investigators whose basic or clinical research interests are grounded in the advanced methods and experimental approaches needed to solve problems related to various disorders including sleep disorders.

DEADLINE: To be announced (Check web site)

CONTACT: Lorraine M. Silsbee, M.H.S., Division of Epidemiology and Clinical Applications, (301) 435-0709, fax: (301) 480-1667, e-mail: Lorraine_Silsbee@nih.gov, 6701 Rockledge Drive, Bethesda, MD 20892-7952, web site: www.nhlbi.nih.gov/nhlbi/nhlbi.htm.

■ **SPONSOR:** National Center for Complementary and Alternative Medicine (NCCAM)

■ **POSITION:** Research Training in Complementary and Alternative Medicine

DESCRIPTION: Training is provided for predoctoral and postdoctoral research training in specified areas of biomedical and behavioral research related to complementary and alternative medicine. The goal of this program is to ensure that highly trained scientists will be available in

adequate numbers and in appropriate research areas and fields to meet the nation's health research needs.

DEADLINE: April 5, August 5, and December 5

CONTACT: Nancy J. Pearson, Ph.D., Program Officer, 6707 Democracy Blvd., Democracy 2, Room 106, Bethesda, MD 20892, (301) 594-0519, fax: (301) 480-3621, e-mail: pearsonn@mail.nih.gov.

■ **SPONSOR:** National Science Foundation (NSF)

■ **POSITION:** Faculty Early Career Development

DESCRIPTION: NSF is seeking to develop the academic and research careers of junior faculty in the biological and behavioral sciences fields in accordance with the NSF mission.

DEADLINE: July 22

CONTACT: Fred Stollnitz, Division of Integrative Biology and Neuroscience, Cross Directorate Activities, (703) 292-8413, e-mail: fstollni@nsf.gov, 4201 Wilson Boulevard, Arlington, VA 22230, web site: www.nsf.gov.

■ **SPONSOR:** American College of Neuropsychopharmacology/GLAXO Wellcome

■ **POSITION:** Fellowship in Clinical Neuropsychopharmacology

DESCRIPTION: This fellowship is intended to provide an opportunity tailored to a clinical specialist or investigator who shows a deep interest in obtaining the additional specific skills necessary to pursue a career in clinical neuropsychopharmacology. The goal of the fellowship is to provide motivated individuals with specific skills that are not a core component of most medical specialty residency or fellowship programs.

DEADLINE: May 18

CONTACT: 2014 Broadway, Suite 320, Nashville, TN 37203, fax: (615) 343-0662, e-mail: acnp@acnp.org, web site: www.acnp.org.

■ **SPONSOR:** University of Washington, Department of Psychiatry

■ **POSITION:** Psychiatry/Primary Care Fellowship

DESCRIPTION: This two-year National Research Service Award for research training in the interface of psychiatry and primary care is designed to provide methodological skills acquisition in addition to research experience with an established investigator. Research emphasis includes epidemiology of psychiatric disorders in primary care, somatization, comorbidity of psychiatric and medical disorders, and the effect of psychiatric disorders on health services utilization.

DEADLINE: December 25

CONTACT: Wayne Katon, M.D., Director, Psychiatric Health Services and Epidemiology, Box 356560, Department of Psychiatry, University of Washington, Seattle, WA 98195-6560, (206) 543-7177, fax: (206) 543-9520, e-mail: wkaton@u.washington.edu, web site: http://weber.u.washington.edu/~wkaton.

■ **SPONSOR:** American Philosophical Society

■ **POSITION:** Clinical Investigator Fellowships

DESCRIPTION: Awards are given for patient-oriented research in clinical medicine, including the fields of internal medicine, neurology, and pediatrics. Grants of \$50,000 per year for two years will be given under this program. Preference is given to qualified persons who have held a M.D. or M.D./Ph.D. degree for less than six years and less than two years of postdoctoral training and research.

DEADLINE: September 1

CONTACT: Clinical Investigator Fellowship Committee, American Philosophical Society, 104 South Fifth Street, Philadelphia, PA 19106, web site: www.amphilsoc.org.

■ **SPONSOR:** University of Rochester School of Medicine

■ **POSITION: Fellowship in Severe Mental Disorders**

DESCRIPTION: A two-year post-doctoral fellowship to develop expertise in the design, implementation, and evaluation of health care services for persons with severe and persisting mental disorders. This fellowship will combine in-depth experiences in clinical care, coursework leading to the completion of a Master's in Public Health-Clinical Investigations (MPH-CI) degree, and an intensive, mentored health services research experience.

DEADLINE: Open

CONTACT: J. Steven Lamberti, M.D., Associate Professor of Psychiatry, Director, Strong Ties Community Support Program, 1650 Elmwood Ave., Rochester, NY 14620, e-mail: steve_lamberti@urmc.rochester.edu.

■ **SPONSOR: Yale University**

■ **POSITION: Health Research Scholar Program on Women and Drug Abuse**

DESCRIPTION: The grant will focus on training faculty-level scholars to conduct interdisciplinary research on the etiology of drug abuse in women, and on the development of new sex-specific treatments and prevention strategies. The program will provide slots for five new faculty scholars mentored by faculty from the Yale School of Medicine for each year of the grant.

DEADLINE: Open

CONTACT: Carolyn Mazure, Ph.D., Principal Investigator, e-mail: carolyn.mazure@yale.edu or Bruce Rounsaville, M.D., Program Director, e-mail: bruce.rounsaville@yale.edu, VAMC Connecticut, 950 Campbell Ave., (151D), West Haven, CT 06516, web site: info.med.yale.edu/womenshealth.

■ **POSITION: Mentoring and Education for Mental Health Services Research**

DESCRIPTION: The purpose of the program is to provide junior faculty with the mentoring and technical assistance needed to produce high quality, fundable mental health services research projects. The program is funded to enroll up to 10 talented faculty members in each of two

years and will target junior faculty in institutions with limited or no expertise in mental health services research.

DEADLINE: Open

CONTACT: Sarah Horwitz, Ph.D., Program Director, Yale University School of Medicine, Department of Epidemiology & Public Health, (203) 785-2862, fax: (203) 785-6287, e-mail: patricia.krieger@yale.edu, web site: www.yale.edu.

■ **SPONSOR: Columbia University**

■ **POSITION: Fellowship in Psychological Sciences**

DESCRIPTION: Research training is offered to Ph.D.s and M.D.s interested in laboratory and/or clinical research on the psychological and biological processes underlying normal and maladaptive behavior related to clinical disease. The program, funded by NIMH, combines laboratory research in animal model systems with clinical research and offers didactic course work as well as supervised research experience. Interests of the 19 faculty include: psychoendocrinology, neurobiology, developmental psychology, perinatology, chronobiology, anxiety, eating disorders, pain, and psychophysiology.

DEADLINE: Open

CONTACT: Myron A. Hofer, M.D., New York State Psychiatric Institute, Unit 40, 1051 Riverside Drive, New York, NY, 10032, (212) 543-5692, fax: (212) 543-5467, e-mail: mah6@columbia.edu

■ **SPONSOR: Emory University School of Medicine**

■ **POSITION: HIV/AIDS Clinical Research Fellowship**

DESCRIPTION: The fellowship will provide broad research training in the HIV/AIDS mental health arena, as well as specialized training along one of three pathways: applied mental health research, behavioral interventions research, and research linking basic science investigations to the clinical arena. Fellows work with primary and secondary mentors representing program faculty from Emory University School of Medicine, Rollins School of Public Health, Yerkes Regional Primate

Research Center, Centers for Disease Control and Prevention, and Georgia State University.

DEADLINE: Open

CONTACT: J. Stephen McDaniel, M.D., Eugene W. Farber, Ph.D., Co Directors, Emory HIV/AIDS Clinical Research Training Program, Grady Infectious Disease Program, 341 Ponce de Leon Avenue, Atlanta, GA 30308, (404) 616-6612, e-mail: cstoll@emory.edu.

■ **SPONSOR: University of Mississippi Medical Center**

■ **POSITION: Research Fellowship in Major Mood Disorders and Psychoses**

DESCRIPTION: The training program consists of exposure to laboratory procedures, brain imaging and clinical studies of depression, schizophrenia and other psychoses. To be eligible, candidates must have completed a psychiatric residency from an approved psychiatric residency training program and must qualify for licensure in Mississippi.

DEADLINE: Open

CONTACT: Angelos Halaris, M.D., Professor and Chairman, Department of Psychiatry, University of Mississippi Medical Center, 2500 North State Street, Jackson, MS 39216-4505, e-mail: demidy@psychiatry.umsmed.edu.

■ **SPONSOR: American Foundation for Suicide Prevention (AFSP)**

■ **SUBJECT: Postdoctoral Research Fellowships**

DESCRIPTION: Awarded for full-time training projects by investigators who have received a Ph.D. degree within the preceding three years and have not had more than three years of fellowship support. Fellows will receive a progressive stipend of \$28,000 to \$32,000 up to a maximum of three years.

DEADLINE: December 15

CONTACT: Jennifer Kyle, (212) 363-3500 x15, fax: (212) 363-6237, e-mail: JKyle@afsp.org, 120 Wall Street, 22nd Floor, New York, NY 10005, web site: www.afsp.org.

Research Funding Opportunities

Psychiatric Research Report is published only four times a year, therefore we will publish notices with short deadlines as well as announcements that allow up to a year for preparation of applications. If two or more opportunities are offered by the same institution, the sponsor is listed only once at the beginning of these entries.

In addition to traditional sources of research funding, we try to include announcements from sponsors that our readers may not intuitively think of as sources of funding for psychiatric research. For timely information on grants and contracts available from the National Institutes of Health (NIH), visit the NIH Guide to Grants and Contracts Web site at www.nih.gov/grants/guide/index.html.

■ **SPONSOR:** The National Alliance for Research on Schizophrenia and Depression (NARSAD)

■ **SUBJECT:** NARSAD Distinguished Investigator Award Program

DESCRIPTION: NARSAD is a private, not-for-profit organization that raises and distributes funds for scientific research into the causes, cures, treatments, and prevention of severe neurobiological disorders. Award opportunities up to \$100,000 for one year are given to established scientists at the rank of full professor (or equivalent) who maintain a laboratory, to encourage the pursuit of innovative projects in diverse areas of schizophrenia, affective disorders, or other serious mental illnesses. Guidelines and accompanying face sheet are available for download as of April 1, 2001, at www.narsad.org.

DEADLINE: May 15 for May 1, 2002

■ **SUBJECT:** NARSAD Young Investigator Award

DESCRIPTION: Award opportunities of up to \$30,000/year for up to two years (maximum of \$60,000) are open to advanced post-doctoral fellows or assistant professors (or equivalent) and are offered to enable promising investigators to either extend their research fellowship training or to begin careers as independent research faculty. Basic and/or clinical investigators are supported, but research must be relevant to schizophrenia, major affective disorders or other serious mental illnesses including research on bipolar disease, borderline disorders with depression or suicide, and research with children.

Predoctoral students are not eligible for this award.

DEADLINE: July 25 for July 1, 2002

CONTACT: Audra Moran, 60 Cutter Mill Road, Suite 404, Great Neck, NY 11021, (516) 829-5576, fax: (516) 487-6930, e-mail: amoran@narsad.org

■ **SPONSOR:** American Foundation for Suicide Prevention (AFSP)

■ **SUBJECT:** Established Investigator Award

DESCRIPTION: Up to \$100,000 over two years are awarded to investigators at the level of Associate Professor or higher with a proven history of research in the area of suicide. The purpose of this funding is not to supplement existing research, but to fund new directions and initiatives in suicidology research.

■ **SUBJECT:** Standard Research Grants

DESCRIPTION: Up to \$60,000 over two years are awarded to individual investigators. An additional \$5,000 per year stipend is available for mentors on Young Investigator Awards (maximum total of \$70,000 over 2 years) in which the investigator is at the level of Assistant Professor or lower.

■ **SUBJECT:** Pilot Grants

DESCRIPTION: Up to \$20,000 over two years, to provide seed money for new projects, are awarded to individual investigators without regard to academic rank or previous experience with suicide research.

DEADLINE: December 15

CONTACT: Jennifer Kyle, (212) 363-3500 x15, fax: (212) 363-6237, e-mail: JKyle@afsp.org, 120 Wall Street, 22nd Floor, New York, NY 10005, web site: www.afsp.org.

■ **SPONSOR:** Robert Wood Johnson Foundation (RWJ)

■ **SUBJECT:** Local Initiative Funding Partners Program

DESCRIPTION: This program is designed to support innovative, community-based projects that focus on underserved and at-risk populations.

DEADLINE: August 5

CONTACT: Pauline M. Seitz or Orrin T. Hardgrove, Health Research and Educational Trust of New Jersey, 760 Alexander Road, P.O. Box 1, Princeton, NJ 08543-0001, (609) 275-4128, web site: www.rwjf.org/grant/jgrant.htm.

■ **SPONSOR:** Burroughs Wellcome Fund

■ **SUBJECT:** Clinical Scientist Awards in Translational Research

DESCRIPTION: These awards are intended to foster the development, productivity, and mentoring capacity of established physician-scientists who will strengthen translational research—the two-way transfer between work at the laboratory bench and clinical medicine. The

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awards provide \$750,000 over five years (\$150,000 per year). It is anticipated that up to 10 awards will be made.

DEADLINE: August 30

CONTACT: Karyn Hede, Communications Manager, Burroughs Wellcome Fund, 21 T. W. Alexander Drive, Research Triangle Park, NC 27709, (919) 991-5119, fax: (919) 991-5160, e-mail: khede@bwfund.org, web site: www.bwfund.org/thera_clinical_awards.htm.

■ **SPONSOR:** National Science Foundation (NSF)

■ **SUBJECT:** Ethics and Values Studies

DESCRIPTION: NSF is accepting proposals to improve the knowledge of ethical and value dimensions of science, engineering, and technology.

DEADLINE: Target dates February and August

CONTACT: Rachele Hollander, Ph.D., Program Director/Cluster Coordinator, (703) 292-7272, e-mail: rholland@nsf.gov, John Perhoni, Ph.D., Associate Program Director, (703) 292-7279, e-mail: jperhoni@nsf.gov, fax: (703) 292-9068, Division of Social, Behavioral and Economic Sciences, 4201 Wilson Boulevard, Room 995, Arlington, VA 22230, web site: www.nsf.gov.

■ **SUBJECT:** The Children's Research Initiative: Integrative Approaches

DESCRIPTION: To enable scientists to form research partnerships through planning or incubation grants, workshops, and small conferences in the areas of human sciences. It is important to expand research foci so that scientists can work together on problems that require larger-scale science from multiple perspectives. In recognition that some areas of human science need to be pursued on the smaller scale of individual research projects, however, NSF will also support individual investigator projects under this solicitation.

DEADLINE: June 4

CONTACT: Rodney R. Cocking, Ph.D., Program Director, Division of Social, Behavioral, & Economic Sciences, (703) 292-8732, fax: (703) 292-9068, e-mail: rcocking@nsf.gov.

■ **SUBJECT:** Social Psychology Program

DESCRIPTION: NSF supports research studies on human and social behavior including social influences and development over the life span.

DEADLINE: July 15

CONTACT: Steven Breckler (703) 292-9068 or -1742, fax: (703) 306-0485, e-mail: sbreckle@nsf.gov, Division of Social, Behavioral and Economic Sciences, Suite 995, 4201 Wilson Boulevard, Arlington, VA 22230, web site: www.nsf.gov.

■ **SPONSOR:** National Institute on Aging (NIA)

■ **SUBJECT:** Drug Discovery for the Treatment of Alzheimer's Disease

DESCRIPTION: NIA, in conjunction with the National Institute of Mental Health, invites submissions for research grants directed toward the discovery of novel compounds for the treatment of cognitive impairment and behavioral symptoms associated with Alzheimer's disease.

CONTACT: Neil S. Buckholtz, Ph.D., NIA, (301) 496-9350, fax: (301) 496-1494, e-mail: Buckholn@exmur.nia.nih.gov, Linda S. Brady, Ph.D., NIMH, (301) 443-5288, fax: (301) 443-4822, e-mail: LB@helix.nih.gov, web site: www.nih.gov/nia.

■ **SUBJECT:** NIA Pilot Research Grant Program

DESCRIPTION: Support is provided for pilot research that is likely to lead to a subsequent individual research project grant and/or a significant advancement of aging research.

DEADLINE: July 16, November 17

CONTACT: Angie Chon-Lee, (301) 594-5943, fax: (301) 402-0051, e-mail: BSRquery@exmur.nia.nih.gov; Judy Finkelstein, Ph.D., (301) 496-9350, fax: (301) 496-1494, e-mail: NNAquery@exmur.nia.nih.gov; Wanda Solomon, (301) 435-3046, fax: (301) 402-1784, e-mail: GPquery@exmur.nia.nih.gov, 7201 Wisconsin Avenue, Bethesda, MD 20892, web site: www.nih.gov/nia.

■ **SPONSOR:** National Institute on Alcohol Abuse and Alcoholism (NIAAA)

■ **SUBJECT:** NIAAA Small Grant Program

DESCRIPTION: Applications for short-term awards (up to two years) are requested for programs relating to research on alcohol-related problems. Funding of up to \$50,000 per year for direct costs will be provided.

■ **SUBJECT:** Alcohol Research Centers

DESCRIPTION: Grants are provided for alcohol research centers to conduct interdisciplinary research focused on a particular theme related to alcoholism and alcohol abuse.

DEADLINE: Letter of intent: November 30; application: December 28

CONTACT: Ernestine Vanderveen, Ph.D., (301) 443-2531, fax: (301) 480-2358, e-mail: tvanderv@willco.niaaa.nih.gov, 6000 Executive Boulevard, Willco Building, Bethesda, Maryland 20892-7003, web site: www.niaaa.nih.gov.

■ **SUBJECT:** Adoption of Alcohol Research Findings in Clinical Practice

DESCRIPTION: Specific areas of research encouraged herein include: studies that prepare findings from efficacy trials for real-world clinical adoption, studies of communication channels between the scientific community and the provider community, studies of adoption trials, naturalistic studies of knowledge adoption, contributions toward the theory of the adoption process, studies of organizational change, and studies of the resources required for the adoption of treatment improvements.

DEADLINE: June 1, October 1, and February 1

CONTACT: Mike Hilton, Ph.D., Division of Clinical and Prevention Research, National Institute on Alcohol Abuse and Alcoholism, Willco Building, Suite 505, 6000 Executive Blvd., MSC 7003 Bethesda, MD 20892-7003, (301) 443-8753, fax: (301) 443-8774, e-mail: mhilton@willco.niaaa.nih.gov.

■ **SUBJECT:** Behavioral Science Track Awards for Rapid Transition (B/START)

DESCRIPTION: NIAAA is requesting applications from newly independent investigators for pilot research projects related to the behavioral factors in alcohol abuse, including neurocognitive, cognitive, and perceptual processes and psychosocial influences such as motivational, social, and community factors.

CONTACT: Vivian Faden, Ph.D. (301) 443-4898, e-mail: vfaaden@willco.niaaa.nih.gov; Joanne Fertig, Ph.D., (301) 443-0635, e-mail: jfertig@willco.niaaa.nih.gov; Ellen Witt, Ph.D., (301) 443-6545, e-mail: ewitt@willco.niaaa.nih.gov, 6000 Executive Boulevard, Willco Building, Bethesda, Maryland 20892-7003, web site: www.niaaa.nih.gov.

■ **SPONSOR:** National Heart, Lung, and Blood Institute (NHLBI)

■ **POSITION:** Minority Institution Research Scientist Development Award

DESCRIPTION: This program provides research support to faculty members at minority institutions who have the interest and potential to conduct high quality research in various subject areas including sleep disorders research. Important program goals are to enhance the institution's science infrastructure and to provide "hands on" research opportunities.

DEADLINE: To be announced

CONTACT: Joyce I. Creamer, M.B.A., Division of Blood Diseases and Resources, (301) 435-0064, fax: (301) 480-0867, e-mail: CreamerJ@gwgate.nhlbi.nih.gov, 6701 Rockledge Drive, Bethesda, MD 20892-7952, web site: www.nhlbi.nih.gov/nhlbi/nhlbi.htm.

■ **SPONSOR:** NIH, Administration for Children, Youth and Families, Department of Justice and Department of Education.

■ **SUBJECT:** Child Neglect

DESCRIPTION: This broad initiative will fund large scale research grants; exploratory and preliminary research that could lead to larger projects; short-term studies conducted by less experienced investigators; and feasibility studies that test methods and techniques new to child neglect research. While increasing attention is being paid to the issue of child abuse, little systematic research has yet addressed the equally significant problem of child neglect. Yet child neglect may relate to profound health consequences, including premature birth and perinatal complications, physical injuries (such as central nervous system and craniofacial injuries, fractures, and severe burns), and mental and behavior problems (e.g., suicide, lowered IQ, depression, anxiety, post-traumatic stress disorder, delinquency and later adult criminal behavior, drug and alcohol abuse, and a greater likelihood of growing up to repeat the cycle of negative behaviors as a parent).

DEADLINE: June 1, October 1, and February 1

CONTACT: Cheryl A. Boyce, Ph.D. National Institute of Mental Health, 6001 Executive Blvd., Rm. 6200, MSC 9617 Bethesda, MD 20892-9617, (301) 443-0848, fax: (301) 480-4415, e-mail: cboyce@nih.gov.

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