



Psychiatric Research Report

2004 APA Annual Meeting



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Psychiatric Research Report

In This Issue

Developing a Research Workforce

The UCSD Model in Geriatric Psychiatry Page 3

The National Psychiatry Training Council

Educating a New Generation of Psychiatrists Page 5

From the Practice Research Network (PRN)

Treatment Management and Outcome
Treatment of First-Episode Psychosis
Personality Disorders Survey Page 8

From the Committee on Research Training

Career Development and K Awards Page 9

Also for Junior Investigators

And Future Junior Investigators Page 11

From the Academy of Psychosomatic Medicine

APM Ventures Into New Era for C-L Research Page 12

New From American Psychiatric Publishing Inc. Page 14

Career Development Institute Page 19

News and Notes Page 20

Research Funding Opportunities Page 22

Addiction Psychiatrist Faculty Position

University of Vermont College of Medicine Page 24

Fellowship and Award Opportunities Page 25

APA Institute for Psychiatric Services Page 27

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Dilip V. Jeste, M.D

Developing a Research Workforce

The UCSD Model in Geriatric Psychiatry

Dilip V. Jeste, M.D., and Maureen Halpain, M.S.

“Learning research in the classroom is like learning sport by lectures. Research is an endeavor best understood by doing.”

(EL-MALLAKH – ACADEMIC PSYCHIATRY, SPRING 2001)

New investigators constitute the lifeblood of any major research enterprise. There are a number of barriers to recruiting and retaining talented young people in psychiatric research. These range from a stigma against mental illness to poor financial incentives for a research career. Despite these problems, there have been several outstanding research training programs in the country that have succeeded in developing new investigators. Important elements of successful programs seem to include a critical mass of devoted mentors, a cadre of trainees with strong research interest, collaboration among investigators from related disciplines, relative freedom from administrative burdens during the training phase, and a culture of learning and teaching in which research is considered fun.

A major issue in research training is deciding what stage of the mentee’s career the program should focus on. Trainees at later (or so-called “differentiated”) stages of career development – e.g., post-doctoral or post-residency research fellows – are likely to become full-time academicians at a relatively high rate; the numbers of such pre-selected candidates, however, are small. Focusing on the so-called “pre-differentiated” trainees such as undergraduate students (or even high-school students) will net a large number of potential candidates, but the chances of their going into psychiatric research careers are probably low.

We believe it is important for psychiatry to have a broad base of research training opportunities available at different points in the career path in order to develop a broad-based research workforce. Research training at any level should provide an understanding of the process and content of research as well as the tools needed to develop the ability to think critically about research findings. By providing ample opportunity to gain exposure to research at different stages of life, we will increase the odds of attracting the greatest number of future investigators to psychiatry. Even if some of these individuals choose not to pursue research careers, one can speculate that at the very least they will be better “academic citizens” over the course of their careers.

Why Geriatric Psychiatry?

The twentieth century witnessed an exponential growth in the number and proportion of Americans over age 65 (from 3 million in 1900 to 35 million in 2000), yet this historical rise will be dwarfed by that which will begin in the year 2011 as the first of the post-war “baby boom” generation (those born between 1946 and 1964) reach the traditionally defined “old” age of 65. The number of persons age 65 and over will double to about 70 million by 2030. We believe that there also will be a disproportionate increase in the population of psychiatrically ill elderly¹ — the numbers nearly quadrupling from 4 million in 1970 to 15 million in 2030 — thus compounding the negative stereotyping that is related to aging with the additional stigma of mental illness. There is, therefore, a critical need to develop a research workforce in geriatric psychiatry in short order².

Dr. Jeste has published six books and over 350 articles on his specific research interests: schizophrenia and other psychotic disorders in late life, movement disorders, dementia, and antipsychotics. Dr. Jeste serves as the Editor-in-Chief of the *American Journal of Geriatric Psychiatry* and is on the Board of Directors of the American Psychiatric Institute for Research and Education (APIRE).

Developing a Research Workforce

(continued from page 3)

Geriatric Psychiatry at UCSD

The Department of Psychiatry, based at the University of California, San Diego (UCSD) and at the VA San Diego Healthcare System, has several superb research training programs. Below we will restrict our discussion to those based in the Division of Geriatric Psychiatry.

The Division of Geriatric Psychiatry is “home” to a broad array of research training programs in geriatric mental health – some of the programs have a local focus while others serve the broader field of geriatric mental health at a national level. Below we describe three federally-funded training programs: a NRSA Institutional Research Training Grant (T32) for predoctoral and medical students as well as for postdoctoral, and post-residency trainees; a Summer Research Institute (SRI) in Geriatric Psychiatry for postdocs and junior faculty; and the Summer Training on Aging Research Topics - Mental Health (START-MH) for undergraduate, graduate, and medical students. The SRI and the START-MH are national-level programs supported through the Mental Health Education Grant (R25) mechanism. Although all the three programs described below pertain to geriatric psychiatry, we believe that similar basic principles would apply to other fields too.

T32 Research Training in Geriatric Mental Health

For the past 10 years, we have received funding from the National Institute of Mental Health (NIMH) for a National Research Service Award (NRSA) Institutional Research Training Grant (T32) program. This research fellowship program has been affiliated with our NIMH-funded Research Center in Geriatric Psychiatry focusing on psychosis in older people. The NRSA grant supports six postdoctoral, three predoctoral and four medical student trainees. The primary goal of the NRSA training program is to provide Fellows with those skills necessary for the conceptualization, planning, and conduct of research in geriatric mental health and for the subsequent presentation and publication of results in a scientific forum on the way to becoming independent investigators. The long-term intent is to help ensure that a diverse and highly skilled workforce is available to assume leadership roles related to the nation’s biomedical and behavioral research agenda in geriatric mental health.

We strive to foster independent research activity by the Fellows with the help of senior faculty members. The trainees learn about assessment and management of psychiatric disorders in older people in a multidisciplinary setting; they gain an understanding of how these behavioral changes interact with underlying neurologic and other medical illnesses as well as with concomitant adult developmental and social changes. The program also allows an opportunity for teaching through direct supervision of medical students, psychology interns, psychiatry residents, and allied health-care professionals, and through formal presentations and lectures both to academic and community audiences.

The support offered through this grant provides protected time and mentorship for junior investigators to develop their research portfolio.

Postdoctoral Training

The overall training program for postdoctoral trainees is based on a combination of individualized mentoring and more structured group training, with an increasing emphasis on independence during the latter part of the training experience. Following selection into the fellowship program, trainees are assigned one principal mentor and two “secondary” mentors. This allows the trainee an opportunity to work directly with one member of the program faculty whose expertise and interests are most closely suited to his or her own. In addition, this structure provides the Fellows with an interdisciplinary team of mentors who can provide valuable input into the training process. One of the “secondary” mentors may be a senior Fellow; this helps in the training of both junior and senior Fellows. All trainees are familiarized with the work of the Division of Geriatric Psychiatry, including its affiliated research projects, in the beginning of the fellowship program. They also meet individually with the program director (Jeste) and with the head of the Division’s Biostatistical Unit.

Following an introduction to the fellowship, trainees spend time focusing on a specific area. They become familiar with the general research interests of their principal mentor, and they are typically asked to: conduct comprehensive literature reviews; observe data collection methods; participate in data collection; and learn to perform appropriate data analyses. Clinical researchers are trained to administer rating instruments in a standardized fashion; basic and translational researchers learn appropriate laboratory techniques from their preceptors. The program is multidisciplinary in nature and trainees have ample opportunity to dialogue with investigators not from their primary discipline.

Structured Training. There are several structured training opportunities within our program.

Research Seminar Series. Weekly research seminars allow Fellows and junior faculty members to present new research proposals as well as pilot data and to focus on topics such as research communication skills and grantsmanship.

Experimental Design and Statistical Analysis Seminar. This course covers basic principles in experimental design; descriptive statistics; data screening; inferential procedures and hypothesis testing.

Ethics Courses. Each Fellow is required to complete a minimum of one course in bioethics and the responsible conduct of research.

Writing for Medical Professionals. This nine-week course focuses on effective writing for journal articles, grants, and abstracts. Each participant is required to complete one potentially publishable manuscript.

Monthly Journal Clubs. The Geriatric Psychiatry Journal Club and the Current Contents Journal Club allow fellows to learn how to critique geriatrics-related articles from a wide variety of journals in diverse scientific fields.

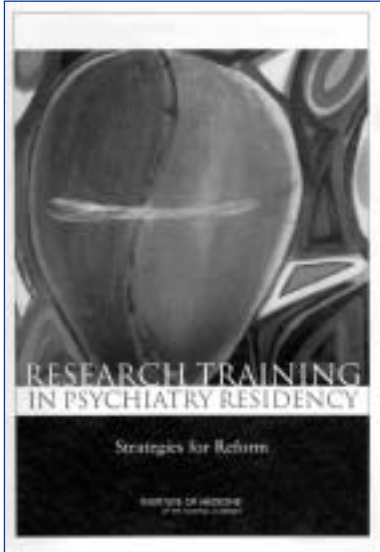
In addition. A number of other optional training opportunities are offered through the University, the School of Medicine and affiliated research units such as the Stein Institute for Research on Aging. Fellows attend these educational offerings if and as their time and interest permit.

(continued on page 16)

The National Psychiatry Training Council

Educating a New Generation of Psychiatrists

More than a decade ago, a scattering of leaders in psychiatry became progressively more concerned about the declining numbers of psychiatrists pursuing research careers. Over time, many began to consider the problem a 'crisis.' Solutions, however, remained elusive.



Spurred, perhaps, by the opportunities of a new millennium, NIMH and APA joined forces three years ago to explore the scope of the problem and to initiate real-life responses.¹ The activities resulting from that collaboration have culminated in a broad-based national approach to address questions that are truly fundamental to the future of psychiatry.

Within a 21st century biomedical environment that incorporates concepts such as evidence-based medicine, alternative treatments, comorbidity, and the biological foundations of psychiatric disorders:

What will psychiatrists need to know?

What will be the building blocks of a new knowledge base?

What skill sets will be needed —

*To translate scientific breakthroughs
into safe treatment applications,*

or,

*To continue the stream of basic and
behavioral science discoveries?*

What levels of research acumen will satisfy both requirements?

And how, within a pervasive culture of clinical demands and declining funds, can residency programs offer the range of training opportunities that enable research literacy as well as research careers?

The IOM Report

Late in 2001, an Institute of Medicine Committee was commissioned by NIMH to wrestle with these issues and to conduct a comprehensive study of research training in psychiatry residency programs. The Committee's report, *Research Training in Psychiatry Residency: Strategies for Reform*, was issued in October 2003, and provides the field with unmistakable goals and mandates.

The in-depth analyses of regulatory, institutional, and personal barriers to research training are addressed by the report's 12 salient and targeted recommendations.² The IOM Committee, however, also anticipated the need for an instrument to actualize these dozen substantive recommendations, and therefore prescribed as an *overarching recommendation* the formation of "A national [coordinating] body...to foster the integration of research training into psychiatry residency and to monitor the outcome of efforts to do so." Coming full circle, the Committee charged NIMH with taking the lead in organizing and funding the national coordinating body, a group to be comprised of representative organizations and major stakeholders capable of undertaking cohesive activities in the interest of moving the field forward.

The National Psychiatry Training Council

As an indication of support and continued commitment to a task begun before he assumed leadership, NIMH Director Tom Insel moved quickly in early 2004 to constitute the National Psychiatry Training Council (NPTC) as the national body prescribed in the report. The appointees to the NPTC — many wearing more than one hat — represented stakeholder groups identified with every dimension of the profession. These organizations and their official representatives are given in Table 1.

The NPTC convened for the first time on April 7 in a conference center on the NIH campus in Bethesda to consider the three-pronged charge outlined by Dr. Insel in his introductory statement.

Charge to the NPTC

- Develop a detailed vision for reform of psychiatric residency training that includes more flexible core training requirements designed to ensure clinical competency while fostering earlier specialization and in-depth training for areas such as patient-oriented research, geriatric and public psychiatry;
- Identify steps to be undertaken by each stakeholder organization independently and by ALL key stakeholders working together in partnership;
- Develop plans and timelines for accomplishing the charge.

While the history and the magnitude of the charge were clear to the newly assembled Council, the barriers associated with the mandate remained profoundly perplexing. The NPTC Co-Chair John Greden began what would turn out to be an intense all-day

(continued on next page)

working session by articulating the question that loomed behind the group's attentive silence: "Where do we go from here?"

The Goals

Cautiously, the group turned to the concrete aspects of the tasks ahead — purpose, scope, and authority. What were to be the products, the timelines, the short-term, mid-term, and long-term goals? Who were the audiences? What were some of the core issues that could be agreed upon and that could be the focus of the group effort?

Without attempting to reinvent the study that the IOM committee had recently completed, the group set upon a heuristic process of thinking through the steps required to move the project ahead.

The most *immediate goal* was a presentation to the Residency Review Committee (RRC) seeking to shape the next revision of training guidelines. The *longer-term goal* was to enable a menu of training options that assured both research literacy and productive paths to research careers. The *ultimate goal* would be to encourage a climate of receptivity that defines research as an equal partner in the training and practice of psychiatry.

Key Tasks

Several key concepts became the center of the discussions: integrated training; flexibility; collaboration; interaction with the RRC; expanded recruitment; extending the pipeline; faculty development; mentorship issues; attention to the artificial boundaries between organizations, specialties, and disciplines. These concepts are reflected in the titles of the task forces designed to become the actual working groups that carry forward the next stage of the Council's agenda.

Each of the NPTC participants agreed to chair, co-chair, or serve on one of the nine task forces (see list of Task Forces and Chairs in Table 2). Although the process of recommending members for each task force was begun during the Council's meeting, the formal call for nominations was issued by NPTC Co-Chairs Greden and Leckman in late spring. Responses from the field were immediate and generous — including many voluntary offers of service.

— Table 1 —
National Psychiatry Training Council

CO-CHAIR		CO-CHAIR	
John F. Greden, M.D. Chair, APA Council on Research Chair, Department of Psychiatry University of Michigan		James F. Leckman, M.D. Director of Research Child Study Center Yale University School of Medicine	
MEMBERS			
Michael Ebert, M.D. Chair, Residency Review Committee VA Connecticut Healthcare System		Michelle B. Riba, M.D., M.S. President, American Psychiatric Association Associate Chair Department of Psychiatry University of Michigan	
Tana A. Grady-Weliky, M.D. Senior Associate Dean for Medical Education University of Rochester Medical Center		Laura Roberts, M.D., M.A. Editor, <i>Academic Psychiatry</i> Association for Academic Psychiatry Chair, Department of Psychiatry & Behavioral Medicine Medical College of Wisconsin	
Jeffrey L. Houpt, M.D. Dean, School of Medicine University of North Carolina		Alan F. Schatzberg, M.D. Chair, Department of Psychiatry Stanford University	
Ranga Krishnan, M.B., CH.B. Professor and Chair Department of Psychiatry & Behavioral Medicine Duke University		James H. Scully, Jr., M.D. Medical Director American Psychiatric Association	
David J. Kupfer, M.D. Chair, Department of Psychiatry University of Pittsburgh School of Medicine		Sandra Sexson, M.D. President American Association of Directors of Psychiatric Residency Training Programs Emory University School of Medicine	
Henrietta Leonard, M.D. American Academy of Child & Adolescent Psychiatry (AACAP)		Joel Silverman, M.D. President, American Association of Chairs of Departments of Psychiatry Chair, Department of Psychiatry Medical College of Virginia Virginia Commonwealth University	
Herbert Pardes, M.D. President & Chief Executive Officer New York-Presbyterian Hospital		Joel Yager, M.D. Vice Chair for Education Department of Psychiatry University of New Mexico	
Michele Pato, M.D. Chair, APA Committee on Research Training VA Medical College, Washington, DC SUNY Upstate Medical University		FEDERAL STAFF Wayne Fenton, M.D. Associate Director for Clinical Affairs National Institute of Mental Health	
Harold A. Pincus, M.D. Professor & Executive Vice Chairman Department of Psychiatry University of Pittsburgh School of Medicine		Regina Smith James, M.D. Developmental Psychopathology & Prevention Research Branch National Institute of Mental Health	
Darrell A. Regier, M.D., M.P.H. Director of Research American Psychiatric Association			

By late June recruitment and the assignment of task force members were completed. Nine task forces were set in motion with a dozen members each, with specific expectations, and with an active listserv to facilitate communication among the several task forces.

While each Task Force received guidelines tailored to its distinct mission, the Co-Chairs asked all the work groups to maintain a difficult balance – to remain *focused* yet *flexible* and to propose *futuristic* yet *feasible* solutions. The groups were instructed to:

Propose recommendations that will define the psychiatrist of 2010 or even 2020, but that are truly feasible within that time frame;

Think boldly, but with both eyes on implementation; and,

Put forth specific, step-by-step action-oriented proposals while emphasizing the necessary integration of activities across task forces.

Next Steps

Over the course of the next several months, each task force will meet via conference calls, e-mails, and/or listservs, to carry out the work defined by the NPTC Co-Chairs in the individualized task force guidelines.

Each task force is scheduled to submit a written report before the end of the year and well before the next in-person meeting of the Council in January 2005, when progress will be reviewed, reports integrated, and the 2005 agenda will be developed.

A shorter timetable was set for the Regulatory Revision Task Force and for the Model Programs Task Force, as the work of these groups will have direct relevance to the Residency Review Committee's consideration of recommendations for the revision of residency training guidelines. The RRC will meet to begin these deliberations in the Fall of this year.

Summing up

The day-long brainstorming session of the NPTC that had begun so tentatively in early April, ended with a group of engaged, expectant, committed, advocates willing to pursue and to lead activities that had been circumscribed if not entirely defined. Dr. Greden summed up the tenor of the initial NPTC meeting by thanking the participants for the role they were about to play in defining necessary skills sets for the "Psychiatrists of 2020."

The *Psychiatric Research Report* will continue to follow the progress of the NPTC and to report on its activities.

Footnotes

¹*Psychiatric Research Report*, Spring 2002, p.3

²Summarized in the Fall 2003 issue of the *Psychiatric Research Report*, p.3 ■

Table 2

TASK FORCE	
MODEL PROGRAMS	
	James Leckman, Chair
	Michael Ebert, Co-Chair
PIPELINE	
	Laura Roberts, Chair
REGULATORY REVISIONS	
	Joel Silverman, Chair
	Joel Yager, Co-Chair
MENTORSHIP	
	David Kupfer, Chair
	Alan Schatzberg, Co-Chair
RESEARCH LITERACY	
	Michele Pato, Chair
	David Mrazek, Co-Chair
RETENTION	
	Regina James, Chair
FINANCE	
	James Scully, Chair
	Stuart Yudofsky, Co-Chair
OUTCOMES	
	Darrel Regier, Chair
	Harold Pincus, Co-Chair
DISSEMINATION	
	John Greden, Chair

From the Practice Research Network (PRN)

Treatment Management and Outcome

The PRN has recently completed a large national study on the management and outcome of treatment for patients with schizophrenia who are treated in routine practice settings. Findings from the study indicate a discrepancy between the treatments most patients received and the types of treatments psychiatrists participating in the study reported to be most effective.

The NIMH-funded study was conducted by APIRE's* Practice Research Network in collaboration with Mark Olfson, M.D., M.P.H., principal investigator, at Columbia University. Primary data was obtained by psychiatrists, randomly selected from the AMA Masterfile of Physicians, who focused on two groups of patients with schizophrenia: medication non-adherent patients and treatment resistant patients.

"We are very impressed by the discrepancies between what psychiatrists know about optimal treatment and what we are able to implement in actual practice. Dr. Olfson's study should provide important guidance on how to reduce barriers to optimal care for patients with schizophrenia."

DARREL A. REGIER, M.D., M.P.H.
EXECUTIVE DIRECTOR, APIRE

Although approximately two-thirds of psychiatrists considered depot or long-acting injectable medications to be somewhat or extremely effective in treating non-adherent patients with schizophrenia, fewer than one in five non-adherent patients were prescribed these preparations. Similarly, although about one-third of psychiatrists reported clozapine to be the most effective treatment for patients with treatment-resistant psychotic symptoms, fewer than one in ten patients were receiving the medication to combat treatment resistant symptoms.

"This study is significant in that it is the largest to collect nationally representative data on these topics, and may provide insights into modifiable factors that affect the quality of medication management decisions," Dr. Olfson said.

Psychiatrists' eligibility for participating in the study was contingent on having seen four or more patients with schizophrenia in the last typical work month. More than 1,000 psychiatrists responded to the study recruitment, and data collection was conducted from September 2003 to January 2004.

While the data are still being analyzed, other early findings indicate that psychiatrists commonly manage treatment-resistant schizophrenia by switching the patient to another antipsychotic medication; this approach was reported by approximately three-quarters of the responding psychiatrists. Nearly one-half the psychiatrists reported adding an additional antipsychotic, while a slightly smaller proportion reported adding another type of psychopharmacologic medication.

Analyses are currently underway to examine factors that influence the management of medication non-adherence and treatment resistance in schizophrenia and to identify strategies that lead to successful outcomes in addressing these challenges. Future analyses also will seek to determine factors, including patient preference, that might account for the discrepancy between treatments believed by psychiatrists to be effective and those actually delivered.

Treatment of First-Episode Psychosis

Insights gained from the treatment management study led Dr. Olfson and PRN Director Joyce West, Ph.D. to conceptualize and initiate a pilot study on the treatment of first-episode psychosis in young adults. The study will follow up on data showing that young adults with psychotic symptoms, and their families, have very limited access to psychosocial treatments. The pilot seeks to inform a larger, national study on the barriers to optimal care that includes both psychopharmacologic and psychosocial treatments.

Whereas the initial study recruited participant psychiatrists from a random sample of the AMA Masterfile, the pilot study will use data from a leading pharmacy benefit management company, AdvancePCS, to identify physicians who are treating first-episode patients. Preliminary analyses of AdvancePCS data indicate that this is an efficient and practical way of identifying these physicians, given the low incidence of first-episode psychosis. Dr. Regier predicted that,

"This innovative new study of first episode psychosis treatment should advance our capacity to intervene even more effectively in the early stages of psychotic disorders." (D.A.R.)

Personality Disorders Survey

The multiaxial diagnostic system, first introduced in DSM-III (1980), classified the Personality Disorders as Axis II disorders, along with Mental Retardation. The original intent was to highlight the importance of personality disorders in psychiatric diagnosis and to increase the likelihood that these disorders would be recognized and diagnosed by clinicians. Over the years, however, critics have contended that this segregation of personality disorders from Axis I disorders is of limited usefulness and may paradoxically contribute to underdiagnosis and stigmatization of patients with these disorders.

Now, in response to an APA Assembly Action Paper, a work group of the APA Committee on Psychiatric Diagnosis and Assessment (CPDA) has been asked to reassess the current classification of Personality Disorders. Recognizing the impact of classification issues on clinical practice, the CPDA work group, with PRN staff, will obtain input from PRN members. The PRN staff have developed a brief survey to assess the opinions of PRN members on the placement of Personality Disorders. The survey is being administered via e-mail, with hard copies sent to a random sample of PRN members who do not report e-mail addresses. Results from the survey will be incorporated into the CPDA's report to the APA Assembly on this issue. ■

* American Psychiatric Institute for Research and Education

From the Committee on Research Training



Career Development and K Awards

The 9th Annual Junior Investigators Colloquium

Michele T. Pato, M.D.

Chair, APA Committee on Research Training
VA Medical College, Washington, D.C.
SUNY Upstate Medical University/Syracuse

For the ninth straight year, the APA Committee on Research Training (CRT) has organized the Junior Investigators Colloquium at the APA Annual meeting. Over the past four years this activity has been supported by a NIH R13 Conference Grant jointly sponsored by NIMH, NIDA, and NIAAA. This year in New York, the host institution for the all-day Colloquium was Mt. Sinai School of Medicine. Many thanks go out to Drs. Jack Gorman, Chair of the Department of Psychiatry at Mt. Sinai, and Jack Hirschowitz, Professor and Associate Dean, and to their staff, for help in organizing the several different events that comprise the Colloquium.

As always, the purpose of the Colloquium was to spend a day encouraging and advising new investigators, at the beginning of their careers, about their current projects and, more importantly, about their career trajectories. This year, the three substantive topics that were the focus of the research presentations were *Alcohol and Drug Abuse*, *Biologic Correlates of Mental Disorders*, and *Mood Disorders*. The format for the day's events followed a familiar pattern with a few exciting innovations, as described below, added to the program. The core of the Colloquium, however, remains the nine small mentoring groups (three for each of the topic areas) into which the forty-five first-time participants and the thirty senior mentors were divided for the presentation and discussion of each participant's research project and career trajectory.

The Agenda

The day's events began with a welcome from Dr. Gorman followed by an enthusiastic overture by Dr. John Greden, Psychiatry Chair at the University of Michigan and Chair of the APA Council on Research. At the heart of Greden's presentation to the plenary opening session were guiding principles for pursuing a research career.

First, Greden cautioned, think of research as a marathon, not as a 50-yard dash; be patient, therefore, and develop a career timetable. He reminded all that there is "no substitute for a good idea," and that one should not be seduced by the newest scientific fad. Consistent, well thought out work, publications in well-respected, peer-reviewed journals, and persistence in writing and re-writing grant submissions and re-submissions are the best foundations for success in research.

Introductions to funding policies of the sponsoring NIH institutes, of NARSAD, and of APIRE were given by the leaders of these organizations. And then, the participants broke out into the small group mentoring sessions - that meet both morning and afternoon - to discuss the research projects that in turn form the basis of the poster presentations featured during the lengthy lunch break.

Advanced Track

Over the course of the Colloquium's eight year history, many of the participants have asked for an opportunity to return to the Colloquium to receive another "dose" of mentoring. Thus, with the gracious support of the three sponsoring NIH institutes, a supplement to the Conference Grant allowed for the funding of an "Advanced Junior Investigator Track" at this and at subsequent APA Annual Meetings.

Eligible candidates for this track were those who had attended a previous Junior Investigators Colloquium, those who already had significant funding (perhaps a K Award, but not an R01), or those who had achieved a significant career advancement such as a Ph.D. in neuroscience. The three Advanced Track mentoring sessions were each limited to three participants (rather than five in the nine groupings of first-time participants) and two mentors, allowing for more consultation time with each mentee. Thus, in addition to the traditional 45 junior investigators who participate in each annual Colloquium, this year there were an additional nine Advanced Track Junior Investigators.

Technical Tips

One of the features that had been added to the program last year during the 2003 Junior Investigators Colloquium was the active participation of statisticians who visited each of the small mentoring groups to provide general as well as specific technical guidance. Given the enthusiasm with which these consultants were received, they were eagerly invited back for the 2004 Colloquium in an expanded role.

Once again, as described in the Summer 2003 issue of this newsletter, the statisticians stressed "knowing your data," but in addition, they stressed the need to focus on the "Specific Aims" section when preparing a research grant application. They emphasized clarity in laying out for the reviewers what will actually be done in the project and what the research will actually

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hope to accomplish. The failure to elaborate a well thought out, compelling research design cannot be masked by sophisticated statistical procedures, they warned. Demonstrate a “true understanding” of the specific ideas and procedures in the proposed research, and the statistics will follow.

Providing enough time for the statisticians to benefit all of the participants in all of the mentoring groups has been the biggest challenge for this portion of the program. The Committee on Research Training will continue to work with these statistician consultants to maximize their participation and their contributions.

Developing a Research Training Plan

At the end of the day, the Colloquium closed with a Plenary Seminar on writing applications for Career Development Awards, K Awards. Dr. Mark Chavez, an Associate Director for Training and Career Development at NIMH, led the tutorial with Drs. Melissa DelBello and John Krystal. Dr. Chavez reminded junior investigators that when writing a K Award application *you and your career are part of the grant product*. He encouraged the participants to use the K Award application as an opportunity to step back and think about *what you want to do for the next five to ten years of your research career*. Five important components of a K Award were summarized in this closing session: *You – Your Career Plan – Your Mentor – Your Project –and– Your Institution*. Support and careful planning of all five parts make the most successful proposals. (See the compilation of articles by Dr. DelBello on preparing K Award applications in the Fall 2003 online issue of this newsletter, pp 4 - 9: http://www.psych.org/research/dor/prr/PRR-Fall_2003.pdf.)

Next Year

At the 2005 APA Annual Meeting in Atlanta, the 10th Junior Investigators Colloquium will be hosted by Emory University on

Sunday, May 22, 2005. Those interested in participating may submit applications between August 15 and November 15 of this year; application forms are available on the APA Web site, www.psych.org/ or by contacting Ernesto Guerra, eguerra@psych.org, 703-907-8622, or 1-800-852-1390.

The three research topics chosen by the Committee for the 2005 meeting reflect current trends and needs in psychiatry and cover a broad range of areas in order to promote the widest possible participation. The topics are: *Genetics and Genomics; Psychiatric Disorders in the Medically Ill Across the Lifespan*, and *Personality Traits and Disorders: Etiology, Diagnosis, Course, and Treatment*.

Followup

While planning for the 10th Colloquium the Committee on Research Training in conjunction with APA's American Psychiatric Institute for Research and Education (APIRE) is applying for five additional years of funding support for the Junior Investigators Colloquium. An important part of the application will be data gathered from the followup survey that has been sent to all former Colloquium participants. We therefore heartily encourage those who have attended prior Colloquia to complete the survey and return the questionnaire as soon as possible. For those former participants who have not received a questionnaire, please contact Ernesto Guerra at APA headquarters (eguerra@psych.org) and indicate that you are willing to provide data for the followup survey.

The Committee on Research Training looks forward to reading the next round of applications and offers sincere thanks to all mentors who have graciously and unselfishly given of their time to make this program possible. ■

Request for Nominations Research Colloquium for Junior Investigators May 22, 2005 - Atlanta, GA

Purpose: The purpose of the Research Colloquium for Junior Investigators is to provide mentorship in the early phases of research training. Junior investigators have an opportunity to obtain feedback about their research interests in small group settings. General information about research career development and grantsmanship is also presented.

Who is eligible: Psychiatrists who are senior residents, fellows, or junior faculty, and who have an interest in and potential for developing research careers focused on *genetics and genomics; psychiatric disorders in the medically ill; personality traits and disorders*. A limited number of medical students may also be selected. Individuals with federal research awards (e.g., RO1 awards) are not eligible.

Stipend: A \$1,000 stipend will be provided to partially defray travel expenses.

Deadline: November 15, 2004

Applications: Each junior investigator, *the nominee*, must be nominated by a faculty member, *the sponsor*. Submission requirements for nominee and sponsor are available at www.psych.org/res_res/index.cfm, or, by emailing eguerra@psych.org.

ALSO for Junior Investigators...and future Junior Investigators...

The APA Committee on Research Training and the American Institute for Research and Education (APIRE) sponsor a number of research training opportunities and awards that have upcoming application deadlines.

We invite applications and requests for further information from mentors, students, and departments of psychiatry. Complete application instructions can be found on the APA Web site (www.psych.org), click on Research Resources in the pull down, site guide menu, then click on APA research awards.

Medical Students

PMRTP: Program for Minority Research Training in Psychiatry
Support for full-time training (\$1,731/mo.) during an elective period (2-6 month rotation) or as a summer experience.
Deadline: 3 months before training begins; April 1 for summer experiences.

Residents (PGY-1, -2, -3)

Janssen Scholars in Research on Severe Mental Illness
Two-year program (\$2,500/yr.) includes mentorship and travel to APA Annual Meetings. **Deadline:** January 15, 2005

Residents (PGY-4)

PMRTP: Program for Minority Research Training in Psychiatry
Support for full-time research training in last year of residency (beginning \$45,048). **Deadline:** December 1, 2004

Residents (All PGYs)

AstraZeneca Minority Fellowship
Two-years of support for travel to APA meetings for minority residents; includes service on APA component of choice.
Deadline: January 31, 2005

Post-Doctoral Fellows

PMRTP Program for Minority Research Training in Psychiatry
Full-time research training fellowship (\$45,048-\$51,036), tuition reimbursement, travel to scientific meetings.
Deadline: December 1, 2004

APIRE/Lilly Psychiatric Research Fellowship

One year of support (\$45,000) and protected research time for a fellow who demonstrates significant research potential and has not had extensive prior research training. Department chairs are asked to nominate eligible residents.
Deadline: October 14, 2004

APIRE/Wyeth M.D./Ph.D. Psychiatric Research Fellowship

One year of support (\$45,000) and protected research time for

a fellow who demonstrates significant research potential and has had research training in conjunction with a Ph.D. Department chairs are asked to nominate eligible residents.
Deadline: October 14, 2004

Junior Faculty/Early Career

APA/GlaxoSmithKline Young Faculty Award for Research Development in Biological Psychiatry

Support (\$45,000) for protected time to carry out research in the biology and psychopharmacology of mood disorders and/or anxiety disorders. Applicants must hold a position as an assistant professor in the psychiatry department of a U.S. medical school. **Deadline:** October 14, 2004

APA/Kempf Fund Award for Research Development in Psychobiological Psychiatry

This award recognizes the mentor-trainee relationship by offering \$20,000 to the trainee and \$1,500 to the mentor for the support of research career development in the physiological, psychological and/or sociological causes and treatment of schizophrenia. **Deadline:** October 14, 2004

Residents, Fellows, and Junior Faculty

APA/Merck & Co., Inc. Early Academic Career Research Award

Two separate awards of \$45,000 will be made to candidates who have completed a psychiatry residency, at least one year of a psychiatry research fellowship, and are seeking to make a commitment to a research career as an independent investigator. **Deadline:** October 14, 2004

APA/AstraZeneca Young Minds in Psychiatry International

Four separate awards of \$45,000 each will be made to young physician researchers (up to five years postresidency) working in core psychiatric areas with an emphasis on Bipolar Disorder or Schizophrenia. Two awards will be made to U.S. based researchers and another two awards will be presented to candidates conducting research outside the U.S. **Deadline:** October 14, 2004

Early Research Career Breakfast at the Annual Meeting

An annual opportunity for young investigators to interact individually and in small groups with distinguished senior researchers around specific research topics and career issues. Trainees are recommended by department chairs, residency training directors, and research training directors. **Timetable:** Chairs and directors invited to submit nominees, first week in January 2005; submissions due by February 28, 2005; formal invitations to trainees mailed, April 18, 2005. ■



Academy of Psychosomatic Medicine

APM Ventures Into New Era For C-L Research

Paula T. Trzepacz, M.D.
President-Elect
Academy of Psychosomatic Medicine

The Academy of Psychosomatic Medicine (APM) just celebrated two key events - its 50th anniversary as an organization for consultation-liaison (C-L) psychiatry and the new American Board of Psychiatry and Neurology (ABPN) subspecialty certification status with the related June 2005 board certification examination in Psychosomatic Medicine.

APM has increased its research focus during the past two decades, concentrating on psychiatric disorders that occur in medical and surgical populations. Over the years there has been a significant increase in research of greater scientific rigor presented at APM annual meetings and more investigators with funded research projects have become interested in C-L topics. APM has an active research committee, an annual research workshop, an annual Research Award for mid-career C-L researchers, as well as both a dedicated annual meeting symposium and APM research mentors assigned to our early career Webb Fellow awardees.

Research topics in Psychosomatic Medicine include understanding the relationship between physiological and biochemical perturbations or mechanisms throughout various organ systems of the body with the occurrence of psychiatric symptoms, an important example of so-called "translational research" endeavors. While the endocrine and central nervous systems are of special importance to C-L research, other general medical areas, including the immune system, are key to understanding the complex relationship between brain and the rest of the body in the production of psychiatric morbidity. Intervention studies, where medical comorbidities complicate the interpretation of both efficacy and safety data, are also a significant, but lagging, aspect of the research agenda; "real life" patients are usually excluded from pharmaceutical industry research.

The APM leadership recognizes several barriers to furthering the needed psychosomatic research agenda. This article describes some of these barriers and focuses on the steps we are taking to address these challenges.

Michelle Riba, MD, current President of the American Psychiatric Association (APA), recently stated that we are facing a serious shortage of psychiatrist researchers as well as a variety of challenges in training our next generation of patient-oriented psychiatrist investigators. NIMH and APA, through the APA Council on Research, have been working for several years to address these shortages. The Institute on Medicine was commissioned by NIMH to study the issues, and a report was published in 2003 with proposed solutions. These problems not only exist for C-L research but the shortages may be as severe for C-L as for all other areas of psychiatry. Consequently, a workshop entitled

"Enhancing Research Training in Psychosomatic Medicine" is scheduled for the APM annual meeting in Ft. Myers, FL, November 18-21, 2004, to discuss ways to improve psychosomatic medicine research training. (Pre-registration for the APM annual meeting ends October 29. Please see the APM Web site, www.apm.org, for additional information and preliminary program.

Many C-L topics have great public health impact (delirium, depression with cardiovascular disorder, depression and cancer, obesity, palliative care, etc). By their very nature, however, C-L research topics include comorbidities that address the interface between medical and psychiatric disorders. Determining the best review and funding routes through the NIH, therefore, can be daunting. Traditionally, funding at NIH has been segregated by disease areas into fairly autonomous institutes. This arrangement makes it quite difficult to achieve the necessary collaboration among program officers in different institutes and to carry out the required scientific review with scientists whose expertise straddles more than one specialty area. Current structures and policies, therefore, often result in good proposals that "fall through the cracks" and thereby discourage potential psychosomatic researchers.

In April 2004, Peter Shapiro, MD, Chair of the APM Research Committee, as well as several other representatives from APM, met with NIMH Director Thomas Insel, MD, to discuss ways to promote greater successes for NIH funding of psychosomatic research. Dr. Insel encouraged us to explore the opportunities offered through the NIMH Comorbid Disorders Program, headed by Peter R. Muehrer, PhD. This program supports research on the interactions between general medical illnesses and mental disorders. Emphasis is on assessment, pre-intervention, and early intervention studies to assess the effects of treatment, prevention and rehabilitation on comorbid conditions. APM is grateful for Dr. Insel's support and recommendations.

A variety of issues face investigators seeking to recruit subjects and to carry out C-L research. C-L services are small and clinical consultations are unpredictably timed, thereby offering a limited and fluctuating pool of potential subjects; the consulting psychiatrists do not have primary responsibility for inpatients of interest, adding a layer of coordination to subject recruitment; for residents or junior investigators interested in pursuing research, it is often a difficult task to find a seasoned C-L research mentor; and, as in other areas of care, the teaching burden often leaves limited time to pursue research. These factors have combined to produce a dearth of large-scale, randomized, controlled studies in C-L psychiatry.

Donald Rosenstein, MD, Scientific Program Chair for the 2005 APM annual meeting, and I are working closely together with the APM Research Committee to raise awareness of the need for a new paradigm in psychosomatic medicine research – multicenter research trials. Instead of the current “cottage industry” approach, a better way to address important topics would be to develop a national consortium of C-L research sites across the country to implement protocols written by experienced research subteams. Only by increasing sample sizes and collaborating to share research expertise can psychosomatic medicine jettison itself into the new millennium.

Dr. Rosenstein and I would like to leverage the experience with multicenter trials we have gained at NIMH and in industry, respectively. We therefore encourage the submission of many research training and methods related workshops and symposia for the November 2005 APM annual meeting that will be held in Tucson, Arizona. Researchable topics are broad and include phenomenology, pathophysiology, treatment, ethics, and so on.

The deadline for submission of proposals to the APM Program Committee will be Spring 2005; the APM Web site will post a date for the submission deadline early in 2005.

The American Psychiatric Association has also taken steps to address the unmet needs in C-L psychiatry. Dr. Riba has announced that her theme for the 2005 APA Annual Meeting will be “Psychosomatic Medicine: Integrating Psychiatry and Medicine.” The association has also taken the rare step of forming a new council, the Council on Psychosomatic Medicine, chaired by Philip R. Muskin, MD. Dr. Riba has appointed one of the Council members, Constantine G. Lyketsos, MD, to serve as a liaison to the APA Council on Research, in an effort to link and strengthen the research base of the new Psychosomatic Medicine subspecialty. We at APM anticipate mutual collaborations with both the new Council on Psychosomatic Medicine and with the Council on Research to enable further progress in psychosomatic medicine research. ■

AMERICAN PSYCHIATRIC ASSOCIATION

158TH ANNUAL MEETING

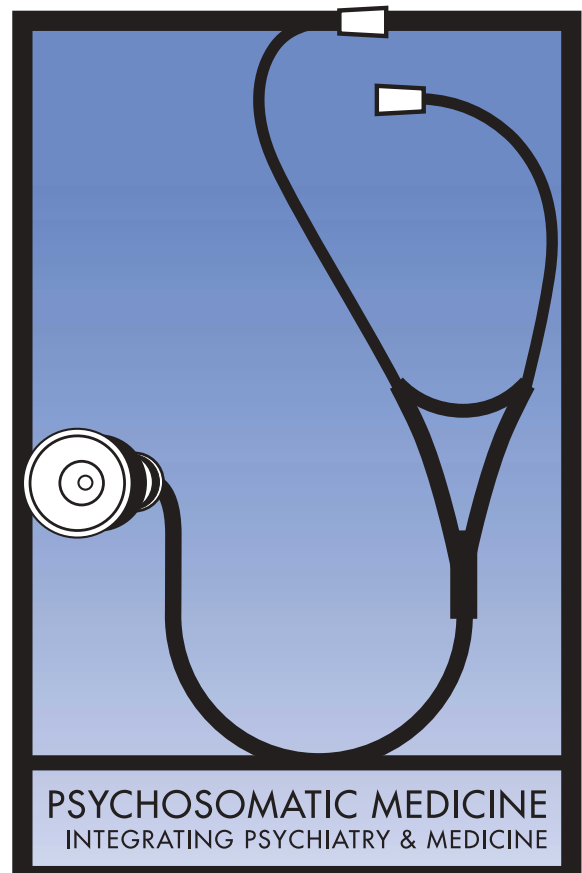
MAY 21-26, 2005 • Atlanta, Georgia

PRESIDENT’S THEME:

Psychosomatic Medicine: Integrating Psychiatry & Medicine

Michelle Riba, M.D.
President

Marian J. Butterfield, M.D., Chairperson
Scientific Program Committee



New From APPI

American Psychiatric Publishing Inc.



Fear & Anxiety *The Benefits of Translational Research* Edited by Jack M. Gorman, M.D.

Psychiatric research is at last in an era in which unprecedented insights can be gained and progress made toward better treatments. The results of the translational research described in this volume suggest both psychosocial and psychopharmacological interventions effective in reversing not only anxiety disorders but even some changes in the brain.

Animals, like people, experience fear and avoidance that can be reliably observed, quantified, and manipulated in almost all species. Remarkably, the neural circuits responsible for the acquisition and expression of fear are conserved throughout phylogeny from rodents through nonhuman primates to humans. Thus, what is discovered about the neuroanatomy and physiology of fear in a mouse can be usefully “translated” to a human with an anxiety disorder.

These breakthroughs in both neuroscience and mental health research are detailed in 14 chapters that cover • **Conditioned fear**, • **Brain structures involved in fear**, • **Stress effects on brain structure**.

Using scientific models of brain function, it is now possible to view psychotherapy and medication as complementary, rather than antagonistic, with each addressing different parts of the same fear circuitry.



Catatonia *From Psychopathology to Neurobiology* Edited by Stanley N. Caroff, M.D., Stephan C. Mann, M.D., Andrew Francis, M.D., Ph.D., and Gregory L. Fricchione, M.D.

During the 20th century, catatonia all but dropped off the agenda of mainstream psychiatric research. However, several dedicated research groups continued to report original data highlighting catatonia as a relevant and ideal subject for clinical study. The editors of this volume have brought together current research as well as evidence-based treatment strategies in a comprehensive, up-to-date review of the clinical and scientific literature.

The book covers in great detail the psychopathology and neurobiology of catatonia, focusing on the history, epidemiology, etiology, diagnosis and treatment of the disorder. A diverse, international group of contributors offer: a wide representation of the many variants of catatonia; studies that have been published previously only in non-English language journals; balanced presentations on areas of controversy; alternative opinions and perspectives.

The contents of this new publication will benefit clinicians managing catatonic phenomena as well as researchers interested in pursuing further investigations.



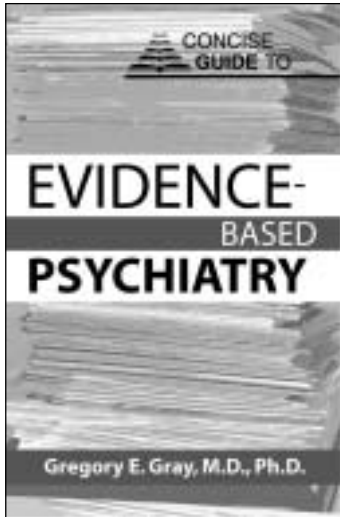
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Concise Guide to Evidence-Based Psychiatry

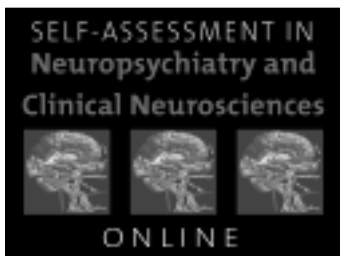
Gregory E. Gray, M.D., Ph.D.

This practical handbook is a one-stop reference for using the literature to improve patient outcomes. It will enable practitioners to find answers to clinical questions, critically appraise articles, and apply the results of their findings to patients. The concise guide is both didactic and practical; it introduces the principles of evidence-based psychiatry, the basics of statistics and epidemiology in a readable, non-intimidating manner.

The timely publication of this guide fills an important role as the first evidence-based medicine text for teaching residents, who are now required to develop such skills to meet the ACGME “practice-based learning and improvement” core competency. Special features for pedagogical use include suggestions for teaching evidence-based psychiatry in residency programs, examples from the psychiatric literature, and worksheets for the critical appraisal of clinical trials, diagnostic tests, epidemiologic studies, and studies of prognosis.

Whether for self-study or use in residency programs, the handbook is an innovative tool for the application of current research findings to work with patients.

Contents: Introduction to evidence-based medicine. The 5-step evidence-based medicine model. Asking answerable questions. Searching for Answers. Clinical trials. Systematic reviews and meta-analyses. Clinical practice guidelines. Diagnostic tests. Surveys of disease frequency. Studies of risk or harm. Studies of prognosis. Evaluating your performance. Learning and practicing evidence-based psychiatry. Teaching evidence-based medicine to psychiatry residents. Appendix A-glossary. Appendix B-statistical formulas and tables.



Self-Assessment in Neuropsychiatry and Clinical Neurosciences

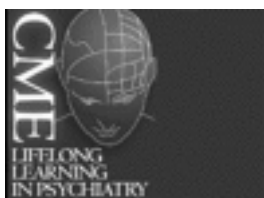
A CME Companion to the Textbook of Neuropsychiatry and Clinical Neurosciences

James A. Bourgeois, O.D., M.D., Narriman C. Shahrokh, Robert E. Hales, M.D., M.B.A., and Stuart C. Yudofsky, M.D.

The Self-Assessments are self-paced, online examinations that allow you to evaluate your mastery of the subject matter as you progress through the companion *American Psychiatric Publishing Textbook*.

The program provides an easy-to-access and individualized opportunity for psychiatrists and residents to undertake a comprehensive lifelong learning program in psychiatry. It provides a specific educational opportunity for candidates preparing for certification and recertification examinations. Each Self-Assessment offers the opportunity to earn up to 20 CME Category 1 credits.

The Self-Assessment furthers clinical knowledge by reviewing the rationale for correct answers, with references to the *Textbook*. Each answer is accompanied by a discussion that addresses not only the correct response but also explains why other responses are not correct.



**Self-Assessment
ONLINE EXAMS**



Developing a Research Workforce

(continued from page 4)

Predoctoral Trainees

Predoctoral trainees on the T32 grant are typically those who are enrolled in the Joint Doctoral Program conducted by UCSD and San Diego State University (SDSU). The primary mentors in this program are affiliated with the UCSD Geriatric Psychiatry Division. The predoctoral trainees choose research projects that are relevant to work going on in the Division (for example, projects on neurocognitive functioning in older people with schizophrenia). As these larger studies are conducted by the Research Center faculty and staff, the trainees do not have to concern themselves with recruitment, assessment and diagnosis, data management, etc. They can concentrate on literature reviews, and on the collection and analysis of data for their own specific projects. Thus, they are freed up from a need to spend time on administrative tasks, and they are able instead to focus primarily on scientific issues. To date, all of our eligible predoctoral trainees have completed training, and a number of them have continued in the postdoctoral programs at UCSD.

Summer Training of Medical Students

An important component of our program is short-term (summer) research training for medical students. We have up to four medical students receiving summer training in research. The UCSD requires every medical student to complete an Independent Study Project (ISP) prior to graduation. The T32 summer research project with us helps these students meet this UCSD requirement while also benefiting from a small stipend and having an NIH-funded fellowship on their CVs. Our medical student research training program has become increasingly popular within the medical school, so that we now receive requests from several outstanding applicants. Some of the student participants have returned to us during subsequent years to take on additional research projects. Three of these T32-supported medical student trainees, along with two other medical students who did their ISPs in our Division, have subsequently gone into psychiatry residency. Thus we are proud of training physicians (with a relatively high proportion of those coming from ethnic minorities) at an early stage of their medical careers, and interesting them in research careers in geriatric mental health.

The program director (Jeste) meets with every student individually prior to, during, and after the research training. He is often a primary or secondary mentor for these students, and he handpicks other appropriate preceptors for each of these trainees. The students are encouraged to make use of all the available resources in the Geriatric Psychiatry Division including secretarial and administrative support; consultations on methodological, biostatistical, data management issues; and assistance with IRB applications. The students also interact with both junior and senior physician researchers in the Division who serve as role models.

This type of "TLC" has helped to foster a sense of being a part of the Geriatric Psychiatry family and has led to growing interest among other medical students in approaching us for their ISPs. Such word-of-mouth advertising has resulted in more medical students with outstanding credentials opting for ISPs in geriatric psychiatry than in many other areas within the medical school. For the students who complete their projects optimally, we help

them prepare an abstract for poster presentation and a manuscript for possible publication, with the student as first author. We cover at least part of the costs for the students to attend the meetings where they will present the posters. We also keep in contact with these students in later years – commonly, the students contact us for letters of recommendation.

The training of medical students has also had a noticeable impact on the rest of our training program. The postdoctoral research Fellows, as well as the clinical geriatric psychiatry Fellows, enjoy the opportunity of teaching the students clinical or research skills. The medical students often bring new ideas and fresh energy to the program. As several of these students have taken up psychiatry residency (and at least some of them will go into academic geriatric psychiatry), there is a pride that many faculty members feel in helping launch successful careers from an early stage.

Overall Training Record

Over the last 10 years, the T32 program has recruited a total of 50 trainees, 16 of whom are still in training. Twenty-eight of the remaining 34 trainees (82 percent), who are no longer in this training program, are continuing full-time academic activities. Most trainees have published multiple peer-reviewed manuscripts. Fifty-six percent of all the trainees have been women and 30 percent have come from ethnic minority groups.

The Geriatric Psychiatry research trainees have obtained eight NIMH Career Development (K) Awards, nine NARSAD Young Investigator Awards, six NIMH Postdoctoral Minority or Disability Supplements, four NIMH Minority Predoctoral Awards, and several other peer-reviewed competitive grants.

Summer Research Institute (SRI) in Geriatric Psychiatry

The Summer Research Institute (SRI) in Geriatric Psychiatry is an NIMH-funded training program.³ Although based at UCSD, it is held annually during the last full week of July at different universities. SRIs have been held at the University of Pennsylvania, the University of California, Los Angeles, the University of Pittsburgh, the University of Washington, Cornell University, and Duke University, in addition to UCSD.

Trainees

The SRI program is intended for promising postdoctoral (M.D. and Ph.D.) fellows as well as for junior faculty from across the country interested in research careers in geriatric mental health. Between 25 and 30 trainees are selected each year from over 70 applicants. The selection is based on evidence of interest in and potential for a research career in geriatric mental health. However, those selected cannot have had prior funding as a Principal Investigator on a federal grant. The SRI focuses on the tools needed to begin, maintain, and succeed on that career path, and it is followed by continued communication between trainees and faculty.

Faculty

The SRI faculty consists of program staff from NIMH and nationally renowned senior researchers in geriatric psychiatry. Topics covered at the SRI include: surviving in academics, various grant mechanisms, writing publishable papers, balancing family

life and career, scientific autobiographies, and responsible conduct of research; mock study sections are also a part of the curriculum. Importantly, senior members of the SRI faculty spend time with every trainee on a one-on-one basis. The one-week SRI is followed by continued long-distance mentorship from appropriate faculty. Yearly surveys on the progress of past attendees are conducted, and a reception for the SRI alumni is held at the annual meeting of the American Association for Geriatric Psychiatry. These activities help to foster a sense of community among peers.

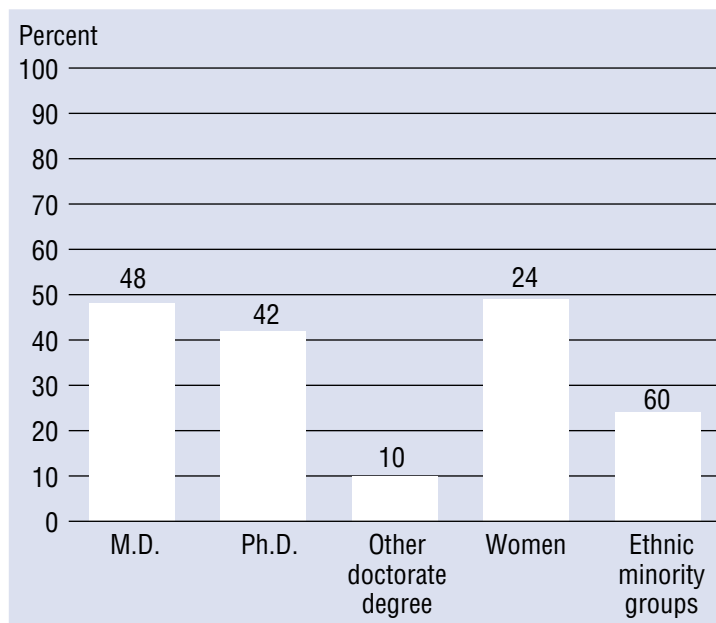
Overall Record

Since 1995, 229 trainees have attended the SRIs. Figure 1 shows characteristics of the SRI participants. Almost half of the participants in the SRI have been women and nearly a quarter have been members of ethnic minority groups. Forty-eight percent of the trainees have been M.D.s, 42 percent Ph.D.s, with the rest having other doctorate degrees. The trainees have come from 41 different states in the US.

In terms of the “success” of the SRI, the cumulative “survival rate” in full-time academics over a three and a half year followup period has been 75 percent. Of the SRI alumni followed, more than one-half have received federal grants as Principal Investigator, with a total of 126 grants (mostly K Awards, R03s, and R01s); 28 percent obtained other competitive national-level peer-reviewed grants (e.g., NARSAD, Stanley Foundation, Alzheimer’s Association, Greenwall Foundation) for a total of 65 grants as Principal Investigator. Almost every SRI alumnus has published peer-reviewed papers. Many of those who initially attended the SRI as trainees have, in recent SRIs, served as faculty members. Several of the alumni have become leaders in the field nationally, holding major offices in organizations such as the American Association for Geriatric Psychiatry.

The SRI provides a useful model for an approach to bridging and shortening the transition period from fellowship to first research

Figure 1 – Participant Demographics



funding, and to assuring a continued flow of new investigators in geriatric psychiatry.

Summer Training on Aging Research Topics – Mental Health (START-MH)

Buoyed by the success of the SRI, we have recently extended our research training program to undergraduate, graduate, and medical students at the national level. Early positive experience is needed to stimulate interest in a field such as geriatric psychiatry. It is essential to identify future scientists as early as possible in the career pipeline, and to offer them opportunities for exposure to the field. To address this need, a new program was initiated — Summer Training on Aging Research Topics – Mental Health (START-MH).⁴ The program is funded by an NIMH Mental Health Education Grant (R25).

The START-MH Program, established in 2003, competitively selects 25-30 students (undergraduate, graduate, and medical) per year from across the country to work in the research labs of established investigators in geriatric mental health for 10 weeks during summer. All the selected trainees are paid a stipend so that they do not have to find summer jobs to support themselves. The trainees can apply with a mentor in mind or be matched with a mentor by the START-MH program staff. Mentors are required to have an established track record in training students as well as in geriatric mental health research, as demonstrated by independent peer-reviewed grants and by published peer-reviewed papers in areas relevant to geriatric mental health. At the end of the summer experience, all the students are brought to the UCSD for a weekend workshop. There they present their work in the form of research posters, and in conjunction with their mentors, they are encouraged to submit the results of their research as an abstract to a professional meeting or to consider submitting the results for publication in peer-reviewed journals.

In 2003, we created a new Web site for the START-MH program and sent announcement letters to the heads of undergraduate, graduate, and medical schools. We received 85 applications within a period of two months; the number of medical student applicants, however, was only six. In 2004, we started the process of announcements earlier, and reached out to more schools than we had in 2003. The result was a near doubling of the applications (see Table 2). Our most dramatic changes were a 617% increase in the number of medical student applicants and a 123% increase in the number of minority applicants. The quality of the applicants was also high, making the selection process a difficult task.

The initial evaluation of the program by the first class of START-MH participants was very positive. One hundred percent of the participants stated that the START-MH program positively affected their attitude toward a career in geriatric mental health research. All participants also stated that they believed geriatric mental health research to be an excellent career choice, and 93 percent reported they were “highly likely” or “likely” to pursue a career in geriatric mental health research. A number of trainees from the 2003 cohort have been co-authors on abstracts and papers (submitted or accepted) based on research performed during the summer. It will, of course, take several years of followup to measure the lasting impact of an early pipeline program of this type.

(continued on next page)

Table 2 – START-MH Participant Statistics

	2003 Number of Applications	2004 Number of Applications	Percent Increase from 2003
(A) LEVEL			
UNDERGRADUATE STUDENTS	43	58	35%
GRADUATES STUDENTS	36	58	61%
MEDICAL STUDENTS	6	43	617%
(B) GENDER			
WOMEN	75	122	63%
MEN	10	37	270%
(C) ETHNICITY			
ETHNIC MINORITIES	26	58	123%
CAUCASIANS	58	99	71%
(D) APPLIED WITH OR WITHOUT MENTOR			
WITH MENTOR	55	50	-9.1%
WITHOUT MENTOR	30	109	263%
TOTAL	85	159	87%

SUMMARY

Each of the three research training programs described above has been designed to capitalize on the strengths of the affiliated research mentors and on the multidisciplinary collaborative nature that is a characteristic feature of geriatric psychiatry. Indeed, one of the important reasons for the success of our national-level programs is the strong camaraderie among senior investigators in the field at various centers and universities. This type of collegiality serves as an excellent model for junior investigators to follow.

The UCSD programs were intended for mentees ranging from undergraduate students to junior faculty. These efforts appear to have been useful in developing a cadre of young investigators with interest in geriatric mental health. We would caution, however, that the success of such endeavors should not be measured merely in terms of the number of papers or grants generated. Rather, success lies in the development of the next generation of independent but collegial investigators who will seek to further the field through their own research and through the training of new mentees.

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The Fourth Annual Career Development Institute

*A workshop on Launching and Maintaining a
Career in Mental Health Research*

**April 2 – 5, 2005
Stanford University • Palo Alto, California**

The Fourth Annual Career Development Institute, a workshop on launching and maintaining a career in mental health research, jointly sponsored by the University of Pittsburgh and Stanford University, will be held at Stanford University in Palo Alto, California April 2 – 5, 2005

The aims of the CDI are to offer a broad-based group of young investigators an increased general knowledge of what a research career involves in academic psychiatry; provide an update on new methods in psychiatric research; discuss strategies for shortening the time interval between the end the research training period and the receipt of the first extramural grant support; and to foster relationships with established investigators, who could work over the long term as mentors or consultants and with other developing investigators in order to facilitate peer support and collaborative research. Presenters at the Institute will range from officials from the National Institute of Mental Health, senior research investigators, and junior faculty scholars.

Some of the topics that will be covered at the CDI are;

- **Longitudinal view of research training and professional development**
- **Relationship Building (mentoring, national and international collaboration/ consulting, and funding agencies)**
- **Scientific Autobiographies**
- **Project Management (IRB issues, recruitment issues, data management and analysis, and budgeting)**
- **Mock Reviews**
- **Balancing Your Personal and Professional Life**
- **Policy Issues**

Applicants accepted to participate in the Institute will receive an expense-paid trip to Palo Alto, which is being sponsored in part by a grant from the National Institute of Mental Health (R13MH069748; Research Career Development Institute in Psychiatry) and by the Department of Psychiatry, University of Pittsburgh and the Western Psychiatric Institute and Clinic and the Department of Psychiatry and Behavioral Sciences, Stanford University.

Applicants to the program should be an M.D. and/or Ph.D. at the final year of residency, advance post-doc or junior faculty level of their career trajectory with less than five years as faculty. Applicants should also possess an interest in mental health research. For consideration to participate in the Fourth Annual Career Development Institute, please submit, via US or Express mail, a curriculum vitae (CV), one letter of support and a brief abstract outlining your interest in mental health research as well as your research career goals.

Please send your application to:

Neil DeWeese
CDI Coordinator
Western Psychiatric Institute & Clinic
3811 O'Hara Street; Suite E-1130
Pittsburgh, PA 15213

Inquiries about the Institute can be sent to: deweese@upmc.edu. This application information must be received no later than January 17, 2005. You will be informed of your selection status by February 4, 2005.

News and Notes

New NIH Research Grant Award

The new "High Priority, Short-Term Project Award (R56) will go into effect at NIH beginning with the new fiscal year on October 1. The award will fund meritorious research project proposals that just miss an institute's funding cutoff. Under this new grant mechanism, RO1 regular research project grant applications that receive scores and percentile rankings just outside of the funding limits may receive one or two years of funding to tide over investigators while they pursue traditional funding. Investigators may not apply for the grant. Institute program administrators will nominate meritorious applications that have undergone initial peer review and received a priority score but were edged out of funding.

The grant will buy investigators time to gather more data or otherwise fix their original applications and try again. The award is meant for junior scientists as well as for more experienced scientists. Not all NIH institutes participate in the award, but alcohol, drug abuse, aging, and alternative medicine have signed on.

NIH Chemical Genomics Center

The NIMH has committed to "providing leadership" for the NIH Chemical Genomics Center. The Center is based in the National Human Genome Research Institute (NHGRI) and was recently launched as part of the NIH Molecular Libraries and Imaging Roadmap Initiative. NIMH Director Tom Insel, M.D., is a co-chair of the Molecular Libraries and Imaging Working Group, and Linda Brady, Ph.D., Chief of the NIMH Molecular, Cellular, and Genomic Neuroscience Research Branch, heads up significant portions of the initiative.

In its first year of operation, the Chemical Genomics Center plans to screen more than 100,000 small molecule compounds for use as "innovative chemical tools" in biological and drug research and development. The ultimate goal is to accelerate the drug development pipeline by identifying and studying new therapeutic targets.

Planned for FY2005 is a pilot network of up to 10 coordinated academic research centers. Supporting the network will be a *repository* of chemical compounds allowing public sector biomedical researchers access to small organic molecules that can be used as chemical probes to study cellular pathways to explore the functions of major components of the cell in health and disease. Data collected through the network will be deposited in PubChem, a central database that is a component of the Roadmaps small molecule initiative.

Fixing NIH Grants Management

NIH has created a new Division of Extramural Activities Support (DEAS) in an effort to correct two glaring deficiencies in the NIH grants management system: *late grant awards* and *late grant closeouts*.

Late awards. Noncompeting continuation grant awards (Type 5 Awards) have been consistently cited as a weak link in the grant management process. Failure to award Type 5 funds to grantees in a timely manner occurred in 75% of U01 (cooperative agreement) awards, 61% of PO1 continuation awards, and in 33% of RO1 continuation awards between FY2000 and FY2002; awards were issued an average of 24 days after the start date of the budget period. Noncompeting continuation awards (Type 5 awards) comprise 70% of the NIH extramural research budget in any given fiscal year.

Late closeouts. An even more widespread failure in grants management was found to be the delay in "closing out" the records of grants at the end of the grant award period—85% of all awards irrespective of funding mechanism were found to be at least two years late according to a review conducted by the Department of Health and Human Services, the NIH parent body.

Progress reports. NIH is centralizing receipt and initial processing of all NIH non-competing progress reports. The new system will become effective with non-competing progress reports that are due on or after October 1, 2004; the new mailing address for all NIH Institutes and Centers

will be announced after September 1. Progress reports that are due before October 1, should continue to be mailed directly to the awarding Institute or Center. Enabled by this centralized activity, all progress reports will be scanned and stored in the NIH electronic research administration system (eRA). As a result, the scanned images will also be available to grantee institutions through the eRA Commons.

Child Research Report

The Ethical Conduct of Clinical Research Involving Children has been published (March 2004) by the Institute of Medicine (IOM) and is available for reading online or for purchase through the National Academies Press (www.nap.edu). The book reviews the ethical and legal standards for conducting research with children and addresses problems with the interpretation and application of existing standards. Individual chapters cover a wide range of topics specific to research with children, including regulatory framework, risk and benefit, payments, and state regulation of medical research with children and adolescents. Among the recommendations offered is the general recommendation that federal rules to protect children from risky or unethical clinical research should be extended to cover all pediatric research in the public and private sectors. Currently, the rules apply primarily to studies that are supported by the U.S. Department of Health and Human Services or regulated by the Food and Drug Administration.

NIMH Funding Priorities

NIMH will adjust its payline for unsolicited research proposals to below the 15th percentile so that it can support "special interest" grants in the 15th to 25th percentile range, according to "Strategic Plans and Priorities" announced by the institute on July 13. NIMH will place redefined priorities on its Web site shortly, implementing these by way of: changed referral guidelines; adjusted payline; and use of targeted requests for applications. Key criteria for funding: relevance, traction, and innovation. See www.nimh.nih.gov/strategic/strategicplanmenu.cfm.

AAMC Issues Clinical Trials Guide

The Association of American Medical Colleges has issued a 24-page guide to negotiating clinical trial contracts with pharmaceutical companies. *Clinical Trial Contracts: A Discussion of Four Selected Provisions* covers intellectual property, publication rights, medical care for research participants, and indemnification provisions. The pamphlet considers each of the provisions from an “academic perspective” and from an “industry perspective,” while offering both “General Comments” and “Suggestions.” Psychiatrist and APA member Roger Meyer played an important role in the discussion documented in this publication. The pamphlet is available in PDF format on the AAMC Web site (www.aamc.org); click on publications, and then on the link to *research*.

Pipeline Innovations

At a time when much of psychiatry is focused on defining and optimizing conditions that produce increased numbers of medical students versed in and entering research, attending to the pipeline is a central issue. Ten institutions are noted for addressing the pipeline even at the undergraduate level: CalTech, Cornell, Dartmouth, MIT, Rochester, Stanford, UC-Berkeley, UC-Irvine, UT-Austin, and U.Michigan.

One form of socializing undergraduate researchers at these academic institutions is through the publication of undergraduate research journals. At Michigan, for example, the student-run *Undergraduate Research Forum (URF)* is a peer- and faculty-reviewed journal that reports on research conducted by students with faculty mentors. All fields of research in the natural sciences, engineering, social sciences and the humanities are included. Manuscripts are submitted electronically and must be accompanied by author and mentor agreement forms that certify the originality of the work. Manuscripts must be accepted by both student and faculty review boards. Copies of the *URF* are distributed on campus to residence hall, libraries, academic departments, and the commons. Copies can also be sent to

libraries on other campuses upon request, and to local high schools - extending the pipeline ever further.

ED Department Research Agenda

The Department of Education is seeking to fill critical gaps in its science portfolio. The Department’s Institute of Education Sciences (IES) is “hungry” for proposals that “take research from basic science to practice and to scale.” The IES is pushing for increased rigor in research design and execution, for example, the use of randomized controlled trials, on par with clinical research.

The IES roster of upcoming grant competitions for fiscal 2005 underscores the need for (a) studies on bringing research to scale and (b) institutional funds to train scientists to conduct rigorous scientific research. The IES also welcomes unsolicited proposals. Announcements and instructions for submitting prospectuses for uninvented projects are on the IES Web site (ed.gov/programs/edresearch/).

President’s Commission

A work group of relevant federal agencies, headed by SAMHSA’s Center for Mental Health Services (CMHS), will soon issue an action plan to implement the President’s New Freedom Commission on Mental Health. The report of the President’s Commission set forth six goals, each with multiple recommendations intended to be the ground rules for a transformed system of mental health care. The report, however, was short on specifics, which were left to the CMHS-led work group. The issuance of the action plan is only the start of a continuous, long-term process of change, according to Kathryn Power, director of CMHS. The action plan does not call for new programs or new funding. Instead, relevant federal programs will re-align and shift programs and funds to better meet consumer needs. However, it is anticipated that the plan will call for an increased emphasis on *services intervention research*.

Oregon EBP Treatment Required

In what is believed to be an unprecedented state directive, Oregon legislators have

adopted a law requiring the state office of Mental Health and Addiction Services, and four other state agencies, to demonstrate that an increasing amount of their program dollars support evidence-based practice (EBP) treatment approaches. In the fiscal year that began July 1, 2004, state behavioral health providers will have to demonstrate that at least 25 percent of funded programs have scientific support. By 2007, the required percentage will rise to 50 percent, and rise again to 75 percent in 2009. The legislation offers only a broad, two-part definition of an evidence-based practice program: (a) “incorporates significant and relevant practices based on scientifically based research,” and (b) “is cost-effective.”

New Neuroscience Award

In 2004, the Peter Gruber Foundation established a new international award, the Neuroscience Prize. The Prize consists of an unrestricted cash award of \$200,000, a gold medal, and a citation describing the achievement for which the recipient is being honored. The prize will be awarded each year to a person or persons chosen by a distinguished advisory board of neuroscientists. Recipient of the inaugural 2004 Neuroscience Prize is Seymour Benzer, Ph.D., professor Emeritus at the California Institute of Technology. The prize will be presented to Dr. Benzer October 23 at the annual meeting of the Society for Neuroscience in San Diego.

World Congress in Egypt

The World Psychiatric Association in conjunction with the Egyptian Psychiatric Association will host the XIII World congress of psychiatry in Cairo, September 10 – 15, 2005. This meeting will be the first Congress to be held on the African continent and will stress the translational theme “5,000 Years of Science and Care.” Submission and registration deadlines are as follows: **October 31, 2004** for symposia, workshops, courses, lectures, and posters; **December 31** for fellowship program and award applications; **March 31, 2005** for New Research proposals and for reduced registration fee. ■

Research Funding Opportunities

■ **SPONSOR:** Office of Research Integrity (ORI)

■ **SUBJECT:** Research on Research Integrity

DESCRIPTION: A new Request for Applications (RFA) will be issued in mid-August on the Web site of the Office of Research Integrity, Department of Health and Human Services. The RFA will focus on three areas of interest: standards for responsible conduct of research; self-regulation of the research community; and factors that enhance or undermine research integrity.

DEADLINE: November 19, 2004

CONTACT: Mary D. Scheetz, Ph.D., (301) 443-5300; mscheetz@osophs.dhhs.gov

■ **SPONSOR:** National Institute on Alcohol Abuse and Alcoholism

■ **SUBJECT:** Research Dissemination

DESCRIPTION: A part of the NIAAA mission is the dissemination of new knowledge acquired from alcohol research to diverse audiences including scientists, educators, clinicians, as well as patients and their families. This program announcement identifies health education activities that NIAAA will consider for award through the NIH Education Project (R25) mechanism. Broad ranges of educational approaches are included within the context of this announcement: K-12 education; Health Professionals; Public Health. For details about requests at each of these levels, see Program Announcement PAR-04-129 in the online NIH Guide to Grants and Contracts.

CONTACT: Jason Lazarow, M.Ed., Science Education Coordinator, Office of Research Translation and Communications, NIAAA; (301) 443-8771; jlazarow@mail.nih.gov; or Margaret M. Murray, M.S.W., Chief, Health Sciences Education Branch, NIAAA; (301) 443-2594; pmurray@mail.nih.gov.

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

■ **SUBJECT:** Integrative Biology

DESCRIPTION: The NSF invites integrative research applications to address major questions in the biological sciences. Proposals focused on the biological significance of a question should be based on a research plan that is at the intersection of multiple disciplines, not limited by conceptual, disciplinary or organizational boundaries. NSF asks applicants to integrate scientific concepts and tools from across disciplines including biology, social and information sciences, math and physical sciences. NSF also encourages inclusion of young scientists and partnerships with underrepresented minority-serving institutions.

DEADLINE: October 4 for letters of intent; February 16 for preliminary proposals.

CONTACT: Chris Greer (703) 292-8470; fax, (703) 292-9063; e-mail, biofibr@nsf.gov.

■ **SPONSOR:** National Institutes of Health (NIH)

■ **SUBJECT:** Child & Adolescent Risk Behaviors

DESCRIPTION: The NIH invites applications to deepen understanding of the factors and mechanisms that determine changes in health risk behaviors during childhood and adolescence. Risk areas range from drug, tobacco, and alcohol use to unhealthy eating and physical inactivity. Funding mechanisms will be the regular research grant (RO1) and the exploratory developmental grant (R21).

DEADLINES: October 1, February 1, and June 1

CONTACTS: NICHD and seven other institutes and offices sponsor this announcement (PA-04-121). At NICHD contact Lynne Haverkos, M.D., M.P.H., (301) 435-6881; fax, (301) 480-0230; e-mail, haverko1@mail.nih.gov.

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

■ **SUBJECT:** Sociobehavioral Data

DESCRIPTION: The NIA seeks small grant applications (RO3) to stimulate and facilitate data archiving and secondary

analysis of data related to social and behavioral issues in aging research. Areas of interest include caregiving, cognition, demography, economics, epidemiology, behavioral genetics and other behavioral research on aging; preliminary projects using secondary analysis that could lead to full-scale research projects; rapid analyses of new databases and experimental modules to inform the design and content of future studies; assembly of new databases from existing data; and pilot research on underutilized databases.

DEADLINES: October 1, February 1, and June 1

CONTACT: Elayne Heisler, Ph.D., (301) 496-3138; fax, (301) 402-0051; e-mail, eh164f@nih.gov.

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

■ **SUBJECT:** Drug Abuse Clinical Trials

DESCRIPTION: NIDA invites applications to participate in the National Drug Abuse Treatment Clinical Trials Network – especially from geographic areas currently not well represented. The network represents a nationwide partnership among drug abuse treatment providers, researchers and NIDA staff focused on conducting studies of behavioral, pharmacological and integrated treatment interventions in rigorous, multi-site clinical trials aimed at determining effectiveness of interventions across settings and patient populations. The NIH cooperative agreement mechanisms (U10) will be used for this award.

DEADLINES: September 14 for letters of intent; October 14 for applications.

CONTACT: Betty Tai, Ph.D., Center for the Clinical Trials Network, (301) 443-6697; fax, (301) 443-2317; e-mail, btai@nida.nih.gov.

■ **SPONSOR:** Department of Education

■ **SUBJECT:** Cognition and Student Learning

DESCRIPTION: The Department of Education solicits applications for studies that will investigate methods of bringing recent advances in cognitive science to bear

on significant problems in education. The goal is to develop research-based approaches to education that draw upon advances in cognitive science and learning research. (Please see item in "News and Notes" section on Education Department's quest to fill critical gaps in the agency's science portfolio.)

DEADLINE: Applications available in early August; submissions due December 16.

CONTACT: Elizabeth Albro (202) 219-2148; e-mail, Elizabeth.albro@ed.gov; www.ed.gov/news/fedregister (CFDA #84.305.H.)

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

■ **SUBJECT:** Stigma and Discrimination

DESCRIPTION: The NIMH seeks grant applications for research on ways to reduce mental illness stigma and discrimination in cooperation with the "Elimination of Barriers Initiative" under way at SAMHSA's Center for Mental Health Services (CMHS). Partnerships will undertake studies to: assess the effectiveness of existing stigma and discrimination reduction programs and approaches, including media campaigns; examine features involved in successful strategies; develop new programs and approaches; and improve knowledge about how media affect positive and negative attitudes about mental illness.

DEADLINES: October 1, February 1, June 1

CONTACT: At NIMH contact Emeline Otey, Ph.D., (301) 443-1636; fax, (301) 443-4611; e-mail, eotey@mail.nih.gov. At CMHS contact Paolo DelVecchio (301) 443-2619; fax, (301) 443-5163; e-mail, pdelvedd@samhsa.gov.

■ **SPONSOR:** National Institute of Child Health and Human Development and National Institute on Drug Abuse

■ **SUBJECT:** Science and Ecology of Early Development

DESCRIPTION: NICHD and NIDA solicit research applications to develop a comprehensive program of research that focuses on the mechanisms by which social, economic, cultural and community influences and their interactions affect early childhood development. The research should take into account children's cognitive, social, emotional and physical development

in relation to such factors as family income and resources, community-level issues, and contexts such as ethnic and cultural attitudes, norms and expectations. The goal of the initiative is to develop knowledge that informs policies and programs.

DEADLINES: October 1, February 1, June 1

CONTACT: At NICHD contact Rosalind King, Ph.D., Demographic and Behavioral Sciences Branch, (301) 435-6986; fax, (301) 496-0962; e-mail, kingros@mail.nih.gov; or Kyle Snow, Ph.D., Child Development and Behavior Branch, (301) 435-2307; fax, (301) 480-0230, e-mail, snowk@mail.nih.gov. At NIDA contact Jessica Campbell, Ph.D., Division of Epidemiology, Services and Prevention, (301) 402-1850; fax, (301) 480-2543; e-mail, jcampbel@mail.nih.gov.

■ **SPONSOR:** National Institute on Drug Abuse

■ **SUBJECT:** Prescription Drug Abuse

DESCRIPTION: NIDA seeks research proposals on factors leading to prescription drug abuse; adverse consequences of abuse; and preventive approaches. Basic, clinical, epidemiological, prevention and treatment studies are all subsumed under this announcement. Three grant mechanisms will be used: RO1 regular research project grants; RO3 small research grants; and R21 exploratory developmental grants.

DEADLINES: October 1, February 1, June 1

CONTACT: Dorynne Czechowicz, M.D., Division of Clinical Neurobiology, Development and Behavioral Treatment, (301) 443-2237; fax, (301) 443-8674; e-mail, dc97d@nih.gov; or, Lynda Erinoff, Ph.D., Division of Epidemiology, Services, and Prevention, (301) 402-1972; fax, (301) 480-2543; e-mail, le30q@nih.gov.

■ **SPONSOR:** NIMH and SAMHSA

■ **SUBJECT:** Bridging Science and Service

DESCRIPTION: The National Institute of Mental Health and the Substance Abuse and Mental Health Administration solicit applications for activities focused on helping states build a research capacity that will increase the use of evidence-based mental health services and practices at the state and local level.

This announcement will be supported by two grant mechanisms: The NIH Resource-Related Research Project Grant (R24) will support 12- 18-month planning grants leading toward development of a science-to-service agenda that will implement evidence-based mental health services in local practice settings. The NIMH Interventions Development Grant (R34) will support exploratory developmental grants for state-led implementation studies on the effective adoption of evidence-based practices in state-run mental health settings. (RFA-MH-05-004)

DEADLINES: September 14 for letters of intent; October 14 for applications.

CONTACTS: At NIMH contact David Chambers, (301) 443-3747; e-mail, dchamber@mail.nih.gov. At SAMHSA contact Crystal Blyler, Center for Mental Health Services, (301) 443-3653; e-mail, cblyler@samhsa.gov.

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

■ **SUBJECT:** Cross-Discipline Translational Research

DESCRIPTION: NIDA and NCI seek applications for interdisciplinary studies that will advance the translation of existing knowledge into clinical research or clinical practice. The program primarily seeks laboratory studies with human subjects, but projects may include a relevant animal research component. Examples of potential studies are research projects that: develop and evaluate new assessment or measurement tools for various aspects of addiction; develop models of longitudinal care that may encompass a variety of approaches; and focus on non-drug interventions that specifically address the role of conditioned reinforcement, craving and relapse.

DEADLINES: October 1, February 1, June 1

CONTACTS: At NIDA contact Allison Chausmer, (301) 402-5088; fax, (301) 594-6043; e-mail, achausme@nida.nih.gov. At NCI contact Jacqueline Stoddard, (301) 496-0274; fax, (301) 496-8675; e-mail, stoddaja@mail.nih.gov.

Addiction Psychiatrist

Faculty Position

University of Vermont College of Medicine

The University of Vermont is an Equal Opportunity and Affirmative Action Employer. Applications from women and individuals from diverse racial, ethnic, and cultural backgrounds are encouraged.

The University of Vermont (UVM) College of Medicine is seeking an Addiction Psychiatrist for the full-time faculty. This position is being offered at the Assistant or Associate Professor level on a clinical non-tenure track. The psychiatrist in this position will:

- ◆ Join a nationally recognized substance abuse research program;
- ◆ Further develop empirically-based substance abuse treatment programs offered by our affiliated health care system, Fletcher Allen Health Care (FAHC), located on the university campus;
- ◆ Serve as Medical Director of the first methadone treatment program in Vermont located at the FAHC/UVM campus;
- ◆ Be responsible for strengthening training programs and providing direct teaching to medical students, residents, and other FAHC/UVM trainees in substance abuse treatment;
- ◆ Be strongly encouraged to participate in ongoing NIH-funded research and scholarly activities within the Department of Psychiatry;
- ◆ Have the opportunity to develop his/her own research agenda.

Applicants must have a medical degree and be board certified or board qualified in Psychiatry. Applicants must have either completed or be enrolled in specialty training or have extensive experience in Addiction Psychiatry. The University of Vermont is located in a beautiful area, with recreational and cultural opportunities in the Lake Champlain region of Vermont and upstate New York, the Burlington metropolitan area and nearby Boston and Montreal. Interested applicants should send a curriculum vitae and contact information for three references to:

Stacey C. Sigmon, Ph.D.
Search Committee Chair
UVM Department of Psychiatry
1 South Prospect St.; Room 1415
Burlington, VT 05401

Applications will be accepted until this position is filled but we strongly encourage submission of required materials as soon as possible, with an anticipated start date of Fall 2004.

Fellowship and Award Opportunities

■ **SPONSOR:** American Psychiatric Foundation

■ **POSITION:** Award for Research in Schizophrenia

DESCRIPTION: The American Psychiatric Foundation, the charitable affiliate of the American Psychiatric Association, invites submission for The Alexander Gralnick Award for Research in Schizophrenia. The award includes a prize of \$4,000, a lecture to be delivered at the October 2005 Institute on Psychiatric Services (IPS), and a plaque. The award annually acknowledges research achievements in the treatment of schizophrenia, emphasizing early diagnosis and treatment, and the psychosocial aspects of the disease process. Additional preference will be given to researchers working in a psychiatric facility. Applicants should submit: a statement summarizing relevant research, emphasizing internal consistency and scientific implications; a list of publications (or accepted for publication) relevant to the award; an up-to-date CV; and, an up-to-date bibliography. The original application and four copies in collated sets should be sent to the contact listed below.

DEADLINE: November 1, 2004

CONTACT: Thomas H. McGlashan, M.D., Chair, Alexander Gralnick Award for Research in Schizophrenia, American Psychiatric Foundation, 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209. Questions about the application process can be sent to bmatos@psych.org.

■ **SPONSOR:** American Psychiatric Association

■ **POSITION:** APA/Lilly Resident Research Award

DESCRIPTION: This award provides an honorarium of \$1,500 to five psychiatry residents who submit the best, original, unpublished scientific paper. In addition, a \$1,000 award is given to the residency program in which the resident was in training at the time the work was completed. The award will be presented to the recipients during the 2005 APA Annual

Meeting in Atlanta. Each resident may submit one document that outlines the scope and results of the research conducted. The research study may be in the form of a finished paper suitable for publication. There should be sufficient information to assist the Award Board in making its determinations. In order to ensure a fair and impartial review, the Award Board reviews each submission anonymously with no identifying information on the resident or the affiliated training program. It would therefore be helpful if the resident's name is not imprinted on each page of the submitted document. Residents may receive the award only once.

DEADLINE: December 15, 2005

CONTACT: Caroline Cope, Staff Liaison, Resident Research Award Committee, (703) 907-8663; ccope@psych.org.

■ **SPONSOR:** Association for Academic Psychiatry

■ **POSITION:** AAP/Bristol-Myers Squibb Fellowship

DESCRIPTION: This program honors psychiatry residents who demonstrate particular promise as educators and scholars in the field of academic psychiatry. The Fellowship awardees will attend two annual meetings of the Association for Academic Psychiatry, receive mentoring through the AAP faculty, meet and collaborate with other AAP Fellows, and present scholarly work at the Fellows' poster session during the two annual meetings they attend. Fellows will also receive membership in the AAP and the journal *Academic Psychiatry*. Residents may be nominated by a department chair, vice-chair for education, or director of residency training. Nominated residents must be PGY3, 4 or 5 by the time of the AAP annual meeting in October 2005.

DEADLINE: February 18, 2005

CONTACT: Carole Berney, AAP Executive Office, c/o Fellowship Award Committee, 725 Concord Avenue, Suite 4200, Cambridge, MA 02138; cberney@caregroup.harvard.edu.

■ **SPONSOR:** American College of Psychiatrists

■ **POSITION:** 2005 PRITE Fellowship

DESCRIPTION: In order to increase the educational value and scope of the Psychiatry Resident In-Training Examination (PRITE), the PRITE Editorial Board includes in its membership a wide range of experts in the field of psychiatry. The Editorial Board also includes one psychiatry resident and one child fellow so that the views of psychiatric residents can influence the construction of the PRITE examination. Nominations are now being accepted for the 2005 PRITE Fellowship awardees.

Although selection as a PRITE fellow is an honor, it also involves a great deal of work. The duties of a fellow include attending the annual meeting of the Editorial Board in June. In addition, each fellow provides 40 candidate questions each year prior to the June meeting. Candidates who get the most out of the fellowship and contribute the most to the process are those who are interested in psychiatric education, who have a strong fund of knowledge in the field, and who enjoy hard work in good company.

DEADLINE: October 1, 2004

CONTACT: Send nomination packages to Chair, PRITE Fellowship Selection Committee, American College of Psychiatrists Central Office, 732 Addison Street, Suite C, Berkeley, CA 94710, (510) 704-8020; see www.acpsych.org/prite for information on nomination packages. Nominations may *not* be sent by FAX.

■ **SPONSOR:** National Institutes of Health

■ **POSITION:** Mid-Career Investigator Award in Patient-Oriented Research (K24)

DESCRIPTION: Nineteen NIH components invite applications for this mid-career investigator award designed to give investigators protected time to devote to patient-oriented research and mentoring of

clinical residents, fellows and junior faculty. The award provides three to five years of support, which includes salary for 25 percent to 50 percent of full-time professional effort and up to \$50,000 a year for research development costs.

Applicants must have a health professional doctorate; be in mid-career and have a record of supervising and mentoring patient-oriented researchers; demonstrate the need for a period of intensive research and protected time to enhance their clinical research careers and mentoring activities; be at or functioning at the associate professor level; and have an established record of independent, peer-reviewed patient-oriented funded research grants and record of publications.

Patient-oriented research is conducted with human subjects – or on material of human origin such as tissues, specimens and cognitive phenomena – for which an investigator directly interacts with human subjects. Research areas included in this solicitation are: mechanisms of human disease; therapeutic interventions; and clinical trials.

DEADLINES: October 1, February, and June 1

CONTACTS: Contacts for each participating NIH component (including NIA, NIAAA, NICHD, NIDA, NIMH, and NINDS) are listed in the program announcement (PA-04-107), which can be accessed on the NIH Web site.

■ **SPONSOR:** National Institute on Aging
John A. Hartford Foundation
Federation for Aging Research

■ **POSITION:** Summer Research Training in Aging for Medical Students

DESCRIPTION: The collaborating organizations invite applications for a new coordinated national program to provide short-term research training for medical students. The key building blocks of the program will be a series of related institutional National Research Service Award (NRSA) Short-Term Training grants (T35). Each will provide support for training experiences of eight to twelve consecutive weeks under the supervision of experienced researchers. The program

should contain a mix of didactic activities and research experiences appropriate to the level and interests of the participating student class. The program is intended to encourage medical students from diverse backgrounds to consider pursuing a basic science, health services, or clinical research career. The anticipated award date is June 1, 2005.

DEADLINES: Letter of intent, October 18, 2004; Application: November 18, 2004.

CONTACT: Robin A. Barr, D.Phil., Office of Extramural Affairs, National Institute on Aging; (301) 496-9322, Fax, (301) 402-2945; E-mail: BarrR@nia.nih.gov.

■ **SPONSOR:** National Institute on Aging
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■ **POSITION:** Paul B. Beeson Career Development Awards in Aging

DESCRIPTION: The purpose of this collaborative initiative is to sustain and promote the research careers of clinically trained (primarily physician) faculty members early in their careers by helping them to gain additional research training and thereby establish independent research careers in aging. The program is named after Dr. Paul B. Beeson who has profoundly influenced the career paths of many young physicians, including several who now form the core leadership in geriatric medicine. This program provides support to junior to mid-career clinically-trained faculty members in strong research environments enabling them to gain skills and experience in clinical aging research and to establish and to establish an independent program of research in this field. Applicants must identify a mentor or mentors who are senior researchers in aging and/or geriatrics who agree to commit time to supervising and guiding the application during the period of the award. The mentor(s) may request limited support from the career development award to reflect their commitment. This announcement will use the NIH Patient-Oriented Research Career Development Award mechanism (K23), and the NIH Mentored Clinical Scientist Development Award mechanism (K08).

DEADLINES: Letter of Intent, October 22; Application, November 22, 2004

CONTACT: Letter of intent should be submitted to Mary Nekola, Ph.D., Chief, Scientific Review Office, NIA, (301) 496-9666; Fax, (301) 402-0066; E-mail, nekolam@nia.nih.gov. Questions about scientific issues may be directed to Robin A. Barr, D.Phil., Office of Extramural Affairs, NIA, (301) 496-9322; Fax, (301) 402-2945; E-mail, BarrR@nih.nih.gov.



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