



Psychiatric Research Report

The DSM: Gaps & Essences



Future iterations of the APA *Diagnostic and Statistical Manual (DSM)* were the subject, explicitly or implicitly, of several presentations at the 2001 APA Annual Meeting in New Orleans.

In this issue of the *PRR* we have chosen to highlight two events of special import—one, a theoretical framework, the other a practical work in progress. Certainly both aspects will be called upon for years to come as we try to balance and ultimately to fuse the ideal with the real, what is possible now and what will be possible soon and then some day. Both approaches must continue at play lest we await the definitive molecular genetic finding and remain committed to successive revisions of *DSM-IV*. The events presented here were selected not as endorsements but as reflections of this dual approach to current issues in psychiatry and in psychiatric research.

What are the gaps in prior *DSM* editions, and how can we facilitate a research agenda to address those gaps? The report of the Forum on the *DSM-V Research Planning Process*, beginning on page 6, is intended to keep readers up-to-date on the long-term development of this planning process. The Forum at the Annual Meeting not only served as a public progress report but also as a point of departure for revisions to the documents presented, based on the feedback and commentary of Forum participants. We hope that this introduction to the *DSM-V Research Planning Process* will be an enticement to stay involved and informed; future progress will be faithfully followed in the *PRR*.

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"With Paul it is very easy to appreciate complex behaviors and concepts that he with his brilliant and perspicacious mind really whittles down to simple, elegant, and pulchritudinous solutions that you retain for the rest of your life."

Geetha Jayaram, M.D.

The theoretical presentation we highlight in this issue is an *APA Distinguished Psychiatrist Lecture* presented by Paul R. McHugh, M.D., Director and Psychiatrist-in-Chief, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins Medical Institutions. Dr. McHugh graciously agreed to transform his lecture and slides into an article for the *PRR*, and that presentation begins on page 2.

Introduced by three of the over-300 residents he has trained, Paul McHugh was honored as a scientist, a philosopher, teacher, guide, and as a committed friend.

Constantine Lyketsos, M.D., summarized some key aspects of McHugh's career. In basic science, Lyketsos noted, McHugh's studies of feeding behavior led to a new field of research devoted to brain-gut relations. In the clinical area, Dr. McHugh was the idea behind the minimal state exam which he created with the Drs. Folstein. With Victor McKusick, at Hopkins, McHugh anticipated and shaped modern psychiatric genetics, and his are some of the key papers on which modern neuropsychiatry is based. He



Paul R. McHugh, M.D.

created one of the strongest psychiatry departments of our time, and with Phillip Slavney, developed at Hopkins *the* model psychiatry residency program, as cited by *The Oxford International Textbook of Psychiatry*.

"What really is the essence of this distinguished psychiatrist," Lyketsos asked. "Paul McHugh's impact lies in his ideas. The articulation and dissemination of a core set of ideas about what defines the field of psychiatry, about the four different natures of psychiatric disorders presented in his book, with Phillip Slavney, and about how these core concepts forward the clinical teaching and research agenda of psychiatry. It is on these foundations that his department is built and with which his students and colleagues are moving the field forward. A generation from now we will be looking back on this defining impact and appreciating its lasting nature." ■

Beyond DSM-IV: From Appearances to Essences

Paul R. McHugh, M.D.
 Director and Psychiatrist-in-Chief
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The crisis of psychiatry seems to be on everyone's mind and many explanations for it are offered. Tanya Luhmann, an anthropologist, sees a growing disorder as psychoanalysts and biological psychiatrists fight for domination and confuse the students. Others noting the growing influence of the drug industry in our discipline fear that we have lost our way and are committed more to cosmetic therapy than the care of the sick. Managed care seems overly oppressive in our discipline - more than any other medical specialty.

The reason we are in trouble is obvious to any doctor who comes from another specialty - say neurology - and notices how we work. Such a visitor from the Mars of contemporary medicine will note how we labor under a strange classificatory system, one that insists that we define mental disorders by their symptomatic appearance. Also when such a visitor asks us how we explain these mental disorders, we mutter a strange mantra as in "We use the bio-psycho-social approach" even though the visitor will quickly see that this approach presents only the ingredients of explanation rather than offering any explanatory recipe.

At Johns Hopkins Department of Psychiatry we have long held that psychiatry needs a new conceptual structure that ties the mental disorders we treat to mental life as psychological science understands it today. Such a structure would insist on defining mental disorders by their essential natures rather than by their appearances alone. Such definition would generate hypothesis-driven research and ultimately, by establishing valid, essential constructs, promote rational treatments to replace symptomatic ones.

In this talk I plan to present a brief history of psychiatry, document its problems, describe our approach to resolve them, and conclude with the implications of our proposed structure for practice, training, and research.

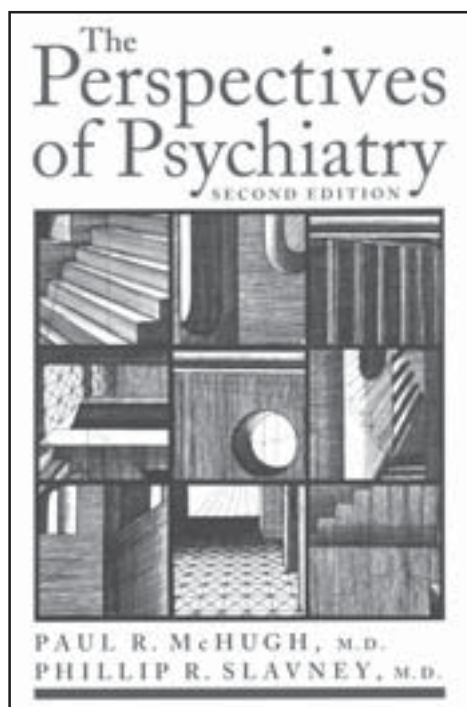
Brief History of 20th Century American Psychiatry

The American history of psychiatry in the 20th century consists of three generation-long (i.e., 30-year) epochs. The first 30 years (1910-1940) was led by Adolf Meyer of Johns Hopkins and thus is properly entitled Meyerian. Psychiatrists of this epoch learned from Meyer how to deploy a complete history and full mental state examination in evaluating and conceptualizing clinical problems. Meyer insisted that they identify every theme that might illuminate a mental disorder. He also emphasized the need to appreciate progress in psychological science and aspired to inform clinical judgements by these sciences. Just as the internists of his time were being taught to anticipate progress in their clinical conceptions from advances in biology, so Meyer believed, psychiatrists should become experts in Psychobiology, a term he coined to identify not biologic psychiatry but (as the term psychobiology is derived) the study of life at the psychological level.

Present day psychiatrists still employ aspects of the Meyerian methods such as the mental status examination but for many his thorough approach to history-taking led to an overload of information that seemed unnecessary for the understanding, care, and treatment of patients. Indeed the random noise of an individual biography seemed to drown out any pertinent message of pathology and pathogenesis.

This sense that crucial matters were obscured by Meyerian detail and that psychiatrists needed to "cut to the chase" gave rise to the second epoch, the psychoanalytic one (1940-1970), where motivational drives, libidinal development, and unconscious psychic conflict were seen as the primary pathogenetic forces provoking and shaping psychiatric disorders. This epoch drew out a belief in the similarity of all human beings to each other and thus enlarged one's sympathy for patients. However, the practices and conceptions of psychoanalysis led to neglecting differential diagnosis and to disregard for the seriously mentally ill unresponsive to psychoanalysis. With the discovery of specific medications such as lithium for mania and with the recognition (particularly emphasized in the US-UK diagnostic study of 1968) that psychiatrists were unable to agree on diagnostic formulations, confidence in psychoanalysis as fundamental to psychiatry waned and the third epoch, the empirical one (1970-2000), came along.

The empirical epoch emphasized a commitment to developing reliability in psychiatric diagnosis, recommitted psychiatrists to the thorough, systematic, structured evaluation methods championed by Meyer, and led to the publications by the APA of the third and subsequent editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III, III-R, IV)*. The appreciation of the utility of operational criteria and the importance of reliability of psychiatric diagnoses to research were clear advances that no one wants to reverse. It is my point, however, that this epoch is in its waning phase as a



commitment to reliability has too long deferred the issue of validity.

Thus the development of operational criteria and formulaic diagnostic practices based on symptomatic appearances led to claims for the existence of dubious conditions such Multiple Personality Disorder and Chronic Post Traumatic Stress Disorder that often seem to exist only in the minds of their champions. Likewise the emphasis on appearances has generated categories beyond measure. *DSM-IV* claims to identify over 2000 subcategories of depression by adding specifiers and subtypes to major and minor depression. Fabulism and ontologic incontinence are predictable consequences of a total commitment to appearance-based reliability at the expense of validity in psychiatric thought.

Internal Medicine gave up appearance-driven diagnoses after a long and unhappy experience a hundred years ago. A telling example was the classification of illnesses around fever patterns as promoted by Carl August Wunderlich in the 1870's. These diagnostic conceptions were quite reliable in that they rested upon a systematic assessment of the fever chart. But they were not valid and following the work of Pasteur and Koch were replaced by diagnoses resting upon the essential provocations of these fevers by infection.

In fact when one leaves the psychiatric wards to talk with medical students about how they grasp diagnostic issues for medical and surgical patients, one learns they are often taught simple, effective, essential, rather than appearance-driven diagnostic concepts. They may refer to their VITAMIN C mnemonic as a way of identifying the primary problems of their patients: V for vascular; I for infectious; T for toxic-traumatic; A for autoimmune; M for metabolic; I for idiopathic-genetic; N for neoplastic; and C for congenital. Such a rubric can only be a beginner's method to address classificatory issues in internal medicine, but it does offer an approach to physical disorders that appreciates them as life under the altered circumstances of some specific process that can produce many different symptom clusters or appearances even as it remains essentially the same from case to case. If most American psychiatric students today are asked similar questions, they cannot respond so pertinently. Their only recourse is to turn to *DSM* even though they are

baffled as to how its distinct categories are tied to more fundamental psychological issues.

For these reasons I hold the empirical epoch is coming to an end. Now is the time to propose a structure for psychiatry that identifies disorders according to their distinct and essential natures—a structure that can offer coherent links between mental disorders and psychological life itself as Adolf Meyer at our beginnings tried to encourage. The challenge for leadership in psychiatry today is to offer just such a structure and to demonstrate how it enhances practice, teaching and research. Our book, *The Perspectives of Psychiatry*, is our response, the essentials of which I will briefly summarize.

Our approach was to identify the methods of explanation psychiatrists employ in making sense of mental and behavioral disorders. We held that for many psychiatrists these methods were implicit in their practice and we intended to make them explicit. We thought that a structure for psychiatry, one that took into account the essential natures of mental disorders as well as the basic substrate for them, would emerge as a consequence of making explicit these explanations. These intentions and suppositions led us to four explanatory methods or *perspectives*: the Disease perspective, the Dimensional perspective, the Behavior perspective, and the Life-Story perspective.

As shown in Figure 1, these perspectives can be identified by name, by implication,

and by common sense. The perspective of **disease** works by categories and asks “what the patient has.” The perspective of **dimensions** works by the logic of gradation and quantification and asks “what the patient is.” The perspective of **behavior** works by the logic of teleology and goals and asks “what the patient is doing.” The perspectives of the **life story** works by the logic of narrative and asks “what the patient has encountered.”

Diseases. Psychiatric diseases affect the brain in the same way as cardiac diseases affect the heart and therefore the disruptions, their causes, and the explanations will follow the same pathway of reasoning. Psychiatric diseases represent injuries to fundamental brain faculties: delirium is a disruption of consciousness, dementia of cognition, Korsakoff's syndrome of memory and learning, aphasia of language, bipolar disorder and panic anxiety of affective control, and frontal lobe syndromes and schizophrenia of the executive and psycho-integrative functions of the brain.

As they think along disease lines doctors expect to find some structurally or functionally “broken part” in the body as the essence of the disorder. Psychiatrists also, when employing the disease perspective, expect to find some “broken part” (or better, pathologic entity) in the brain producing symptoms and signs. The etiology, pathology and syndrome connection is diagrammed in Figure 2. Pathogenesis links etiology and pathology, and pathophysiology links pathology and syndrome.

(see *BEYOND DSM-IV*, continued on page 14)

Figure 1

The Perspectives of Psychiatry: Their Logical Approach and Essences

- **The Perspective of Disease**
Logic of Categories:
What the Patient *Has*
- **The Perspective of Dimensions**
Logic of Gradation and Quantification:
What the Patient *Is*
- **The Perspective of Behaviors**
Logic of Teleology and Goals:
What the Patient *Does*
- **The Perspective of the Life Story**
Logic of Narrative:
What the Patient *Encounters*

News from the Council on Research

ACNP Honors Nobel Laureates

John F. Greden, M.D., Council Chairperson

Knowledge Heals

Celebrations of knowledge are important, perhaps even essential. By recognizing the progress of the past, we generate optimism for the future. By honoring those who have made a difference, we provide visible models for subsequent generations. By looking simultaneously backward and forward, we clarify roadmaps for our new generations.

On July 18, 2001, The American College of Neuropsychopharmacology (ACNP) celebrated the remarkable advances in neuroscience knowledge by honoring three members who received the esteemed Nobel Prize for Physiology or Medicine for the year 2000: Arvid Carlsson, Paul Greengard, and Eric Kandel. The 1970 Nobel Laureate, Julius Axelrod, another ACNP member, also graced the meeting. The ACNP targets itself at being a “translational science organization” so translational themes were evident throughout the day.

Psychiatric Research Report is often written with young investigators in mind. For developing scientists, heroes and roadmaps are especially valuable. Knowing that both would be evident during the day, the editors of *Psychiatric Research Report* requested that I briefly summarize the events of the day.

Knowledge Deficiencies Afflict

The first speaker, Kay Redfield Jamison, Professor of Psychiatry at the Johns Hopkins University School of Medicine and well-known author, presented an historical collage that described linkages between manic-depression/depressive illnesses and temperament, mood and creativity. Victims of depression and bipolar illness have made wonderful, stunning contributions throughout history. Where would we be without the works of Isaac Newton, Charles Darwin, Van Gogh, Hemingway, Virginia Woolf, Edwin E. “Buzz” Aldrin, and numerous others? As Dr. Jamison illustrated, however, these creative geniuses paid a huge price. Their illnesses took a severe toll and societal stigma drained even more.

Dr. Jamison’s presentation stimulated perplexing questions: How can neuroscientists better assist the public in understanding the role of brain function and dysfunction in conjunction with creativity? How much creativity is attributable to brain disease? How do we convert or “translate” neuroscience advances into clinical practice, treat earlier, and prevent disease progression while at the same time avoid discouraging the wonderful creativity associated (sometimes accurately, often inaccurately) with “diseased” temperaments? For the next generation to truly make a difference, they must build upon the neuroscience foundations now being laid while simultaneously addressing these perplexing ethical issues. “Knowledge heals,” but only when well understood by society.

Eric Lander, Founder and Director of the Whitehead Institute Center for Genome Research and Professor of Biology at the Massachusetts Institute of Technology (MIT), addressed a different set of translations—those found between the human genome project and the neurosciences. His description of the steps required in assembling the human genome project contained strong messages for young investigators. Science moves forward progressively, often tediously. While there is no substitute for a good idea, good ideas begin to make a difference rapidly when fused with technological advances in bioinformatics, mathematics, chemistry, anatomy, physics, and other scientific applications. The Genome Project dramatically illustrated this as well as the importance of international cooperation, collaboration, and data sharing.

As in Dr. Jamison’s presentation, Dr. Lander made evident the provocative questions that genetic progress has produced over time. For example, the genetic transposition rate has plummeted in hominids for reasons unknown, but the same pattern of genetic drift is not happening in rodents. It is not inconceivable that genetic repeats can be pinpointed in phylogenies, dated and monitored over millions of years, perhaps helping to

eventually explain such nebulous concepts as the strong familial histories apparent throughout the centuries among the most esteemed creative people. Because human genes tend toward alternative splicing, yielding an abundance of proteins, some future young investigators predictably will refer to themselves as Proteomic Psychiatrists.

Dr. Lander also described future genetic neuroscience roadmaps. Identification of all genes involved in the brain is only a first step. Following rapidly will be the recognition of gene families, alternative forms, the ability to monitor global gene expression, comparative genomics, structural genomics, chemical genomics, and medical and population genomics. Only then will we prescribe inhibitors for certain genes, stimulators for others and will therapies truly make a difference. Dr. Lander echoes Dr. Jamison by indicating that as we seek such true translation, we need to discuss, perhaps endlessly, ethical concerns so that the gap between scientific progress and societal apprehensions can be diminished rather than expanded.

The importance of heroes was illustrated when Dr. Lander revealed that his migration from theoretical mathematics into genetics and perhaps even neurosciences was precipitated by an Eric Kandel talk he had heard years earlier at Woods Hole. Lander observed that the intellectual excitement evident in studying the brain induced a twinkle in Dr. Kandel’s eye. There is a lesson therein for all mentors: scientific passion engenders recruitment!

Knowledge Heals, But Passion Is Necessary

Luncheon presentations illustrated that for research to be supported by public policy, those in leadership positions, in political, corporate, and philanthropic worlds, must have “buy-in.” For this to occur passion and supporters are necessary. Five luncheon speakers addressed the invited guests: Morton Kondracke, journalist, author and television panelist, Surgeon General David Satcher, and three leading legislators,

Senators Arlen Specter and Joseph Biden, Jr., and Congressman Patrick Kennedy. Each emphasized the importance of getting out the word about our diseases, their origins in the brain, the stupendous progress being made in neurosciences, and the need for future resources to continue or accelerate the momentum.



J. Axelrod, P. Greengard, Sen. J. Biden, Jr., E. Kandel, A. Carlsson

Knowledge Accumulates Gradually, And Progress Requires Persistence

The three Nobel Laureates spoke in the afternoon session. Arvid Carlsson, the University of Gothenburg, Sweden, began by describing the long search that led to the neuronal localization of norepinephrine, dopamine, and serotonin; to identification of the monoamine-depleting actions of reserpine in brain and other tissues; to the consequences of such depletion and how it could be dramatically reversed with psychopharmacologic agents; to the catecholamine hypothesis of psychiatric disorders; and ultimately to identifying the clinical consequences of dopamine receptor blockade and serotonergic reuptake inhibition. Junior investigators might note that Dr. Carlsson's early work was greeted with skepticism and even ridicule. Yet, the knowledge gained has had life-altering and life-saving implications for literally millions.

Drugs Do Not Respect Diagnostic Boundaries

Dr. Paul Greengard, Rockefeller University, amplified the contributions of Dr. Carlsson, illustrating how we steadily learned that neurotransmission is not simple. There is fast *and* slow synaptic neurotransmission, and there are major

complexities in signal transduction. Dr. Greengard's work helped move us beyond *synaptic* neurotransmission to consider messenger molecules, cyclic nucleotide-dependent protein kinases, ion channels, ion pumps, modulation of neurotransmitter receptors, transcription factors present in the cell nucleus, and the important role of DARPP-32 in the neurotransmission process. Levels of modulation are placed atop other levels of modulation and molecular mechanisms within our brains are evolving, changing over time, and changing in response to multiple stimuli. Why should young clinicians care about such obscure molecular names as DARPP-32? These and other acronym-laden compounds and mechanisms, when functioning normally, are responsible for normal perceptions, moods, cognitions, and behaviors. Dysregulated, they may lead to Parkinson's, Schizophrenia, Attention Deficit Hyperactivity Disorder, Major Depression, Bipolar Disorder, Obsessive-Compulsive Disorder, Eating Disorders, Anxiety Disorders and Drug Abuse (e.g., every drug of abuse involves the DARPP-32 pathway). Commonly used psychopharmacologic medications all depend upon modulation of these and other molecular mechanisms. Indeed, it is

probable that cross-talk among these same molecular mechanisms, metaphorically, mediates the cross-talk that makes cognitive behavioral therapy an effective psychosocial intervention. Future generations of clinicians have little choice but to incorporate the excitement of these advances.

Eric Kandel, Columbia University, described his body of work on the molecular biology of memory and thereby illustrated the importance of blending neurophysiology, neuroanatomy,

neuropharmacology, biochemistry, modern biology, and molecular strategies. Using *Aplysia* as an elegant model, he demonstrated that the brain's amazing molecular contents are continually being sifted, sorted, and altered by learning experiences. While the mechanisms may be totally new, it will not come as a surprise to clinicians that learning processes play upon the strength of previously existing connections. The time, course, and number of learning trials also influence the magnitude and duration of the learning. Thus, should you learn anything in your reading of *this* summary, that learning is building upon the strength of previously learned information, interacting with your underlying genetic substrates and linked to molecular changes in your brain.

As a humble recommendation, young investigators would be well advised to learn more about the gigantic contributions of these three Laureates. Seek to emulate their methodological perspectives and use them as models; follow the roadmaps they have suggested but still be bold enough to embark upon unique directions when that seems indicated. Above all, be driven by the realization that "knowledge heals, and the best is yet to come." ■

DSM-V Research Planning Process

Natalie Ivanovs and Tina Marshall, PhD

A question frequently asked of the APA's DSM Program Office is "When will *DSM-V* be published?" The answer, that the APA anticipates publishing *DSM-V* in 2010, is often met with surprise and resistance. In light of new and emerging scientific research that continually enhances the knowledge base of psychiatry and impacts the fundamental conceptualization of mental disorders, why is the APA waiting until 2010 to publish *DSM-V*?

The reality is that even with current advances in research, many of the questions that arose during the *DSM-IV* revision process remain unanswered. Because the APA is firmly committed to an empirical base for the *DSM*, the Association has undertaken the *DSM-V Research Planning Process*, an effort to define and stimulate the research that will be needed later in this decade when the actual *DSM-V* Development Work Groups set out to formulate the *Fifth Edition* of the *Diagnostic and Statistical Manual*. It is hoped that the research activities generated through this research planning process will evolve into a more extensive knowledge base with which to address the unresolved issues in *DSM-IV* and to inform the development of *DSM-V*.

The *DSM-V* Research Planning Process was initiated in September 1999, almost two years ago, with a conference jointly sponsored by the APA and NIMH. The goal was to establish a process for identifying key areas of research needed to enhance the validity of the diagnostic system and ultimately to improve patient treatment.

Through a series of forums six major topic areas emerged and six research planning work groups were formed. Each group was assigned the task of jointly developing a white paper elaborating gaps, directions, and research needs in its specific area of focus. Draft versions of the white papers were crafted in the waning months of the year 2000 and readied for presentation early in 2001. At the APA Annual Meeting in May 2001, the APA's Committee on Psychiatric Diagnosis and Assessment

sponsored a Forum, chaired by David J. Kupfer, M.D., at which the draft white papers were presented to a broad audience of attendees. The purpose of the Forum was to obtain feedback for the final version of the white papers prior to publication. As a result of the critiques offered at the Annual Meeting, the white papers are currently undergoing revision; publication is now scheduled for early 2002.

Next Steps

Publication of the white papers is only the beginning of the work ahead in preparation for *DSM-V*. The APA anticipates that research proposals emanating from the efforts of the six research planning groups will stimulate a broad base of support from national and international research funding agencies. The resulting research agendas will undoubtedly have both short- and long-term timeframes, bearing fruit over the next 10 to 20 years. Thus the research will lay the groundwork for the empiri-

cally-based decisions to be found in *DSM-V* but will impact the development of *DSM-VI* or *DSM-VII* as well.

Research Recommendations

Featured on the following two pages are highlights of the key issues addressed in the white papers and presented at the Annual Meeting Forum by spokespersons for each of the six research planning work groups: Nomenclature, Disability and Impairment, Gaps in the Current System, Developmental Disorders, Neurosciences, and Cross-Cultural Issues. It must be noted that the Cross-Cultural Issues group was charged with two distinct tasks. First, to develop a white paper that focuses on the core cultural issues impacting the overall diagnostic system, and second to contribute recommendations on cross-cultural issues as specifically related to each of the other five topic areas. Gender-specific research recommendations were similarly composed.

Research Planning Work Groups

❖ *Nomenclature*

❖ *Disability & Impairment*

❖ *Gaps in Current System*

❖ *Developmental Disorders*

❖ *Neurosciences*

❖ *Cross-Cultural Issues*

DSM-V Research Planning Work Group Summaries

Natalie Ivanovs and Tina Marshall, Ph.D.

Nomenclature

The Nomenclature work group tackled one of the fundamental limitations of the current diagnostic system: the definition of mental disorder. The work group acknowledged the difficulties in defining mental disorder, particularly the dilemma in setting a clear boundary between normal behavior and pathology. However, the work group also emphasized the importance of future research to help elucidate this boundary for *DSM-V*. Various models for defining illness and disorder were presented in the white paper, and research recommendations were proposed to clarify the implications of each model.

Increased compatibility between *DSM-V* and *ICD-11* was set forth as a continuing goal and as another area that would benefit from research. Although the *DSM* and *ICD* parallel each other, the distinct classification systems cause problems in research outcomes, the recording of health statistics, and the identification of diagnostic criteria that can be applied cross-culturally. While the *DSM-IV* and *ICD-10* development processes improved the compatibility between the systems, many differences remain. The work group recommended a research agenda to resolve minor differences, for example the replication of present *ICD/DSM* dissonance estimates. For major differences, the work group suggested developing a strategy to compare the validity and reliability of the constructs within the two classification systems.

Another issue targeted by this work group is the use of the *DSM* in non-psychiatric settings. The work group acknowledged that the proper use of the *DSM-IV* requires extensive clinical training and diagnostic experience, which often translates into limited value for non-psychiatric treatment settings. Detection and early intervention for mental disorders increasingly occurs outside of traditional psychiatric settings, so the diagnostic criteria in *DSM-V* should reduce the reliance on clinical training to facilitate the diagnostic process in non-psychiatric settings. The work group recommended investigating the reliability and validity of self-report questionnaires to

rate diagnostic criteria as well as exploring the viability of medical laboratory procedures or psychometric scales to enhance or substitute for current criteria.

Disability and Impairment

The Disability and Impairment work group cited the significant advances made in *DSM-IV* by the inclusion of distress and impairment in the definition of mental disorder and by the addition of two axes related to disability and impairment in the multiaxial approach. While the diagnostic process was enhanced by this broadened clinical definition, the coupling of disability and diagnosis also poses many new problems for nosology and treatment. For example, early intervention may be hindered because a diagnosis cannot be rendered unless the disorder produces clinically significant distress or impairment. Furthermore, disability and symptoms may necessitate different treatments. The work group recommended uncoupling disorder and disability in order to allow for research that separately explores the etiology, nature, course, and treatment of both mental disorders and disability. The research agenda also proposed studying the inclusion of contextual, environmental, lifespan, and cultural considerations in the assessment of disability and impairment. The work group stressed the importance of conducting research to examine the validity of measures that assess disability and disease.

Gaps in the Current System

Three areas were identified as significant gaps in the *DSM-IV* and consequently were addressed by this work group: Personality Disorders and their relationship with Axis I disorders, Relational Disorders, and a failure to include racism within the diagnostic system.

The work group stressed the continued need for a separate Personality Disorders section in the *DSM* due to both the potential of these disorders to cause clinically significant distress or impairment and the impact on other mental disorders and medical conditions. However, there is a clear need for research to elucidate the relationship between Axis I and Axis II

disorders, to examine alternative approaches to diagnosing and understanding personality disorders, and to explore how cultural factors influence the use of the diagnostic criteria for personality disorders. In order to better understand the relationship between Axis I and Axis II disorders, the work group proposed more biogenetic and heritability research with a view towards clarifying the etiology and pathophysiology of personality disorders. Research was also proposed on the reliability and clinical utility of dimensional models to diagnose and treat personality disorders as alternatives to the categorical structure of *DSM-IV*. The research agenda addressing cross-cultural factors included a recommendation to determine a core group of personality disorders that occur across diverse ethnic groups.

The work group also set forth a research strategy to examine the definition of specific relational disorders and to determine the clinical utility of adding relational disorders as a classification. For example, a suggestion was made to develop assessment modules for relationship disorders that are adaptable to different types of relationships. The necessity of ensuring that these modules are equally valid and reliable was emphasized. The modules could then be used to investigate various issues surrounding relational disorders, such as clarifying the overlap between individual diagnoses and relational disorders.

Racism is likened to violence in that it may be motivated by a variety of causes; however, the work group noted a crucial difference: violence is included in the *DSM-IV* as either a symptom or manifestation of specific disorder, while racism is virtually absent. The work group recommended undertaking research to investigate whether racism should be integrated into the diagnostic system and, if so, how. Proposals for integration included categorizing racism as a symptom of individual psychopathology, as a subset of Narcissistic Personality Disorder, or as a relational disorder. The work group also emphasized the need to develop valid assessment methods for determining the classification of racism.

(Continued on next page)

Developmental Disorders

The Developmental work group focused on the first two decades of life and on research advances that have increased the knowledge base necessary to enhance and refine psychiatric nosology as it relates to developmental issues. The specific areas highlighted include neuroscience, genetics, psychology and psychopathology, and epidemiology and services research. The advances in these specialties were then used as a framework to introduce a research agenda to further improve the classification of developmental psychopathology.

The work group focused on five key areas of research: neuroscience and genetics, prevention and early intervention, infancy and early childhood, the multi-axial approach, and psychiatric assessment. The work group asserted the significance of continuing studies on familial and genetic aspects of developmental psychopathology, particularly efforts to map gene-to-behavior pathways. The agenda also included a recommendation to analyze the costs and benefits of incorporating routine surveillance of and early intervention for children's emotional and behavioral health into the practice of pediatric primary care. In discussing the multi-axial system as it pertains specifically to children and adolescents, the work group concentrated on the relative lack of development and questionable clinical utility in *DSM-IV* of axes other than Axis I. The work group targeted specific problem areas that would benefit most from future research. Mental retardation and antisocial personality disorder on Axis II, for example, are featured as presenting rich opportunities for research advances in developmental psychopathology. Finally, the work group purported that the key issue in need of attention for psychiatric assessment is how to effectively and optimally implement assessment methods and tools in the clinical treatment of children and adolescents.

Neurosciences

Many theories about the neurobiological basis of psychiatric disorders exist, but to date research in basic and clinical neuroscience has not identified neurobiological phenotypic markers or genes that aid diagnosis or predict treatment response. Nevertheless, the Neuroscience work group asserted that the goal should be to execute research that will assist in developing an etiologically- and pathophysiologically-based diagnostic system. To this end, the

work group's review identified five areas that are poised to enhance the knowledge base about the etiology and pathophysiology of psychiatric disorders: animal models, genetics, post-mortem investigations, brain imaging, and pharmacogenetics.

New resources in information and technology, including faster and less expensive sequencing methods and high throughput genotyping via mass spectrometry, are allowing advances in molecular psychiatry that have the potential to stimulate the development of an enhanced psychiatric nosology. The work group looked to future genetic research to determine biologically meaningful diagnostic subtypes. Studies on pharmacogenetic differences also are posed as a way to define new disease subtypes and assist in the development of individualized treatment plans.

The work group outlined various technological advances including Positron Emission Tomography (PET), functional Magnetic Resonance Imaging (fMRI), and Transcranial Magnetic Stimulation (TMS). The work group then discussed the potential of ongoing developments in these methods of data acquisition and analysis to refine the taxonomy and improve understanding about the mechanisms involved in psychiatric disorders. As an example, the development of Tensor Diffusion Imaging (TDI) in MRI will allow the field to move from brain structure analyses to studies of structural connectivity, advancing the ability to identify subtle abnormalities of connectivity that may be present in psychiatric disorders.

Finally, the work group presented a speculative outline for the future diagnostic system. The outline included a revision of the Axial system to incorporate such areas as genotype, neurobiological and behavioral phenotype, environmental modifiers, and therapeutics. It is acknowledged that the integration of advances in biological and clinical neuroscience into the diagnostic system will prove to be a significant challenge for *DSM-V*.

Cultural Issues

Culture is increasingly considered integral to all aspects of health care. Since culture pervades all aspects of human behavior, it has particular implications for the field of psychiatry. The Cultural Issues work group asserted the need to refine the current diagnostic system to ensure its applicability across cultures. While some progress was

made in *DSM-IV* in relation to cross-cultural issues, the Cultural Issues work group noted that this progress was limited by not acknowledging the dynamic nature of culture. The work group posed a research agenda that explores how to develop a diagnostic system that incorporates cultural considerations in a clinically useful way. The research recommendations were organized according to five main topics: methodological issues, epidemiology, clinical and health services/outcomes, culture and neurobiology, and special topics.

The work group proposed that clinical description, ethnographic research, epidemiological methods, and experimental methods be combined into any research program. The work group also emphasized the importance of developing reliable and valid culturally standardized assessment instruments. Furthermore, the failure to include context, meaning, and interpretation in the current diagnostic system may lead to inaccurate psychiatric diagnosis by the over or under pathologization of behaviors. In order to prevent this type of misdiagnosis, the work group suggested studying individuals victimized by torture and human rights violations in order to explore context and meaning within internal and external systems.

Cultural Formulation guidelines were incorporated into *DSM-IV* as a way to better inform the diagnostic process by helping clinicians obtain knowledge about a patient's cultural background. The work group proposed research to investigate the clinical utility of Cultural Formulation as well as research that examines other ways to incorporate cultural information into the diagnostic and treatment process.

The research agenda called for including participants with multi-ethnic and multicultural backgrounds in neurobiological research in an effort to understand the role of ethnicity and culture in the biological processes of psychiatric disorders. The work group also emphasized the need for research to elucidate the mechanisms responsible for the documented ethnic variations in response to different psychotropics. It is hoped that ethno-psychopharmacological research will enable clinicians to more accurately identify symptoms and syndromes and also strengthen the consistency of the diagnostic and therapeutic process. ■

From APIRE

Bipolar Disorder: Current Treatment Guidelines, Practices and Effectiveness Research

Victoria Cosgrove

Hundreds of psychiatrists gathered on the 3rd floor of the massive New Orleans Convention Center on Tuesday, May 8th, during the 154th Annual Meeting of the APA, for Symposium #41, titled "Bipolar Disorder: Current Treatment Guidelines, Practices and Effectiveness Research.

The objective of the well-attended symposium was to present several examples of ongoing activities related to treatment guidelines and clinical effectiveness research for this complex, chronic illness and to examine the extent to which routine psychiatric practice is consistent with existing guideline recommendations.

Two sets of guidelines were introduced by Robert Hirschfeld, M.D., Chair of the Department of Psychiatry at University of Texas Medical Branch, Galveston: *The APA Practice Guideline for the Treatment of Patients with Bipolar Disorder* (1995, www.psych.org) and *The Expert Consensus Guideline on the Medication Treatment of Bipolar Disorder* 2000, developed as part of The Expert Consensus Guidelines Series (www.psychguides.com). Dr. Hirschfeld compared and contrasted the different approaches used to develop the APA Practice Guideline and the Expert Consensus Guideline. He also provided the audience with a review of key treatment recommendations and their utility in routine psychiatric practice. Issues examined for the APA Guideline included the formulation of a treatment plan, clinical features influencing treatment, and recommendations regarding the maintenance and discontinuation phases of treatment. For the Expert Consensus Guideline, Hirschfeld reviewed the recommendations and key issues for psychopharmacologic treatments. Strategies for initial and subsequent treatments of non-responders as well as the recommendations for maintenance treatments were discussed. Both documents highlight the fundamental tenets of treatment for bipolar disorder and are seen as useful tools for clinical practice.

A presentation by Joyce West, Ph.D., Director of the Practice Research Network (PRN) at the American Institute for Research and Education (APIRE), and by Amar Das, M.D., of Columbia University, featured data from a PRN study that measured *conformance* with key recommendations of the APA Guideline and the Expert Consensus Guideline. The study presented was based on data captured in 1999 from the PRN Study of Psychiatric Patients and Treatments (SPPT) using a national patient sample representative of routine psychiatric practices across the nation. The study examined patterns of psychosocial and psychopharmacologic treatment for 192 bipolar patients in the acute phase of their illness and evaluated the degree of conformance with key recommendations in the two sets of guidelines.

Two presentations at the symposium described efforts that are underway to evaluate the effectiveness of treatment algorithms implemented systematically across a range of treatment settings. In the State of Texas, the legislature has mandated treatment guidelines for serious mental illnesses as a means of ensuring uniform treatment of these illnesses within the public mental health system. Significant state funding for newer classes of medications (atypical antipsychotics, for example), is linked to this mandate, implemented as the Texas Implementation of Medication Algorithms (TIMA) project. An additional project, the Texas Medication Algorithm Project, or TMAP, has been funded to evaluate the clinical and economic impacts of TIMA in more than 400 patients with Bipolar I or schizoaffective, bipolar type diagnoses. The Director of the TMAP Workgroup, Trisha Suppes, M.D., presented descriptions of ongoing efforts in both TIMA and TMAP to the symposium audience. Of particular interest was a recent effort by a consensus conference to modify and expand the original TMAP algorithms. Information regarding the Texas initiatives can be found on the project Web site, www.mhmr.state.tx.us.

At the national level, a NIMH-funded study will evaluate the effectiveness of a common set of model practice procedures for treating bipolar patients. The model algorithms incorporate recommendations from the Expert Consensus Guideline. Twenty treatment centers have agreed to the conditions for participating in this large-scale, 5,000 patient, multi-site, evaluation project. The Systematic Treatment Enhancement Program for Bipolar Disorder, known as STEP-BD, is headed by Gary S. Sachs, M.D., Director of the Partners Bipolar Treatment Center at Massachusetts General Hospital. Dr. Sachs presented the overall study design, demographic and baseline clinical data, including comorbid diagnoses, for the 500 patients entering STEP-BD during the first year of enrollment. In contrast to the restrictive entry criteria traditionally used in clinical trials, STEP-BD is designed to access a sample of bipolar patients representative of those treated in routine clinical practice. Thus broad inclusion and minimal exclusion criteria are used to maximize the generalizability of the findings from this study. A hybrid study design includes randomized and nonrandomized treatment pathways for the four psychosocial interventions and the somatic treatments evaluated in STEP-BD. (Web site of the STEP-BD is www.stepbd.org).

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- Sachs GS, Printz DJ, Kahn DA, Carpenter D, Docherty JP. The Expert Consensus Guideline Series: Medication Treatment of Bipolar Disorder 2000. *Postgraduate Medicine Special Report*. 2000 (April):1-104. Minneapolis, McGraw Hill Healthcare Information Group. ■

Legislative Forum

Lizbet Boroughs, M.S.P.H., Associate Director,
Division of Government Relations

❖ *Academic Consortium Presses Research Message*

Leading psychiatric researchers lobbied for continued growth in federal funding of research on mental illnesses, alcoholism and substance abuse for the National Institutes of Health (NIH) and the Veterans Administration (VA) during more than 100 face-to-face meetings with Members of Congress as part of APA's 18th Annual Academic Consortium held in Washington on April 3-4.

Representative Ralph Regula (R-OH), the Chair of the House Appropriations



Senator Arlen Specter (Center) receiving the APA "Doubling Award" from APA representatives Michael Vergare, M.D. (left) and Trevor Price, M.D. (right)



U.S. Representative Ralph Regula receiving the APA "Distinguished Legislator Award" from Academic Consortium Cochair Lewis Judd, M.D.

Subcommittee on Labor, Health and Human Services, and Education, was presented with the APA/Academic Consortium Distinguished Legislator Award at a congressional reception. The Consortium capped off its meeting at a breakfast the next day where participants were addressed by Senator Arlen Specter (R-PA), then Chair of the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education. Senator Specter was presented with a special "Doubling Award" in honor of his outstanding personal efforts to secure the doubling of NIH research funding. Senator Specter pledged his continued support for additional NIH funding. APA Medical Director Steven Mirin, M.D., announced that the Consortium would intensify its advocacy efforts on research supported by the U.S. Department of Veterans Affairs.

Visits to the Hill by members of the Academic Consortium helped to secure a tremendous victory for psychiatric research funding when the U.S. Senate passed the Specter/Harkin amendment on April 4. The amendment increased funding for NIH by 16.5% over the FY 2001 allocation. The Consortium research community had met with many Senators the morning before the vote to urge support for the amendment, and all participants were gratified as it passed by a vote of 96-4. The Consortium's success is another step toward APA's target of a \$3.4 billion increase in the NIH budget, keeping the nation on track to double the agency's budget by fiscal year 2003. The budget must be finalized by the Senate and then conferenced with the House, which did not support \$3.4 billion for NIH.

❖ *Status of FY 2002 Appropriations*

Congress remains behind schedule on FY 2002 Appropriations. The Labor, Health and Human Services bill will be the 12th bill (out of 13) to be addressed by Congress. The President requested a 13.5% increase for the NIH and singled out the National Institute on Drug Abuse (NIDA)

for a substantial increase (16%). The two Senate leaders spearheading the support for increased NIH funding are Senators Arlen Specter (R-PA) and Tom Harkin (D-IA).

The Senate is supportive of an overall 16.5% increase for NIH, as indicated by the budget resolution approved in April. The House has tacitly agreed to support the Senate's position as the appropriations bills progress. However, the House appropriations priority for FY 2002, as articulated by House Appropriations Subcommittee Chair Ralph Regula (R-OH), is education funding. Based on statements made by the House and Senate appropriations leadership, NIH will most likely receive the federal funding levels requested by Senate proponents, but FY 2003 funding will be a new scenario.

In FY 2003, the congressional commitment to double the NIH budget will have been fulfilled. There has been criticism from members of Congress that the NIH is a dinner guest that "ate the Labor, HHS budget." Particularly sharp criticism has come from policy makers concerned about the lack of federal investment (compared to growth at NIH) at the National Science Foundation (NSF) and Centers for Disease Control and Prevention (CDC). The Chairman of the House Science Committee, Representative Sherwood Boehlert (R-NY) stated in a February speech that the NIH may be "overfunded." He did not say the agency's budget should be cut, but said his committee should examine whether future increases should be slowed down. "There are difficult questions that ought to be explored further if we're going to make a case for either limiting NIH's growth or greatly increasing the budget in every other field." He continued to say he was "kindly disposed" to doubling spending on all non-military research but that research agencies must make a compelling case for the increases.

The APA, in conjunction with the Ad Hoc Group on Medical Research Funding and

Research America, has launched a series of congressional events to inform Congress about the interdisciplinary needs of medical research. Among the positions advocated by APA is the need to provide for more training and funding of basic scientists, such as physicists and molecular chemists as well as physicians, in order to advance medicine. The research funding issue should not be framed in terms of a battle over a piece of the pie, but rather as an effort to enlarge the budget pie.

❖ *Stem Cell research controversy*

The Bush White House remains publicly committed to its opposition of federal funds being utilized for stem cell research. In June, the House and Senate held several hearings about both the medical promise and ethical implications for stem cell research. The Parkinson's Action Network and Alzheimer's Association spoke compellingly and forcefully of the necessity for stem cell research.

A confidential report prepared by NIH, at HHS Secretary Tommy Thompson's request, stated, "research on stem cells derived from both human embryos and adult tissue promises 'a dazzling array' of treatments for various diseases, but for some purposes the embryonic cells are clearly superior." The report, while emphasizing the limitless potential of embryonic stem cells, also suggests that the government should support research on adult stem cells. The APA does not have a formal position on stem cell research at this time and continues to monitor administrative and congressional actions on the issue.

❖ *WHO, NIMH, SAMSHA Directors Address House Working Group on Mental Illness*

The House Working Group on Mental Illness, chaired by Representatives Marge Roukema (R-NJ) and Peter DeFazio (D-OR), with continued support from the APA, hosted the Working Group's kickoff luncheon for the 107th Congress on Wednesday, June 20th. The more than 90

guests included Members of Congress, staff and guests from a range of mental health groups and from HHS, NIMH and the Center for Mental Health Services (CMHS). The luncheon briefing addressed global mental health issues, the availability of cost-effective interventions, the World Health Organization agenda on mental health care, and the U.S. Surgeon General's Report on Mental Health.

Featured speakers included: Representatives Roukema and DeFazio; Benedetto Saraceno, M.D. (Director, Mental Health & Substance Dependence, WHO); Steve Hyman, M.D. (Director, NIMH); and Bernie Arons, M.D. (Director, CMHS). Also attending (but not speaking) were representatives from the Pan American Health Organization, other senior WHO personnel, and Representative Patrick Kennedy (D-RI). Darrel Regier, M.D., Executive Director, American Psychiatric Institute for Research and Education, was the Moderator of the briefing.

A July 25th briefing is scheduled to focus on "The Basics of Mental Illness," featuring presentations by a patient, a clinician, and a researcher. Future briefings are tentatively planned to focus on: Parity, Child/Adolescent Issues, Geriatric Issues, Forensic Issues.

❖ *Medicare Mental Health Overhaul Bill Introduced*

Senator Paul Wellstone (D-MN) and Representative Pete Stark (D-CA) have introduced legislation in the Senate and House designed to overhaul Medicare's coverage of treatment for mental illness. The "Medicare Mental Health Modernization Act of 2001" would: repeal the current 190 day/lifetime limit on inpatient treatment in a free-standing psychiatric hospital; repeal the current discriminatory 50% copayment for outpatient psychotherapy services; add new residential and community services benefits; and study ways to ease strict limits on mental health services provided to Alzheimer's patients.

❖ *Privacy Regulations Go Forward*

In a major victory for APA, lobbying on behalf of psychiatrists and their patients, the Bush Administration announced that it will implement the controversial medical records privacy regulations unveiled late last year by President Clinton. The President's decision ensures that for the first time, patients will have national standards giving them control over how records of their personal medical information can be used or disclosed.

President Bush's decision to implement the privacy regulations faced heavy opposition from key segments of the insurance, business, and health industries, who—with well-placed allies on Capitol Hill—had sought a delay. While acknowledging that the privacy rules clearly needed administrative refinements to overcome implementation obstacles, APA also advocated to have the regulations implemented as scheduled and to work thereafter towards stronger protections for patients and their families. APA argued that privacy protection was a basic foundation of effective medical care and that any delay in the implementation date would be contrary to the health needs of the American people.

Despite the President's decision, the debate over medical records privacy is not over. HHS Secretary Tommy Thompson has said that he expects to clarify within a month how the Administration will interpret disputed provisions in the regulations. Congress could also reinsert itself into the debate by passing new privacy legislation. Several bills have been introduced in recent weeks that would block or overhaul the rules. APA-recommended changes to the Clinton rules, in Dr. Borenstein's comments filed with HHS, include closing loopholes on the dissemination of information for fundraising purposes. The recommendations are available on the Public Policy Advocacy page of the APA's website at www.psych.org. ■



Residents' and Fellows' Corner

"There's No Place Like Home, There's No Place Like Home!"

Melissa P. DelBello, M.D.

Assistant Professor of Psychiatry and Pediatrics
University of Cincinnati
Children's Hospital Medical Center

"Flight 280, service from Kansas City to Cincinnati has been cancelled due to tornado warnings in the area, please see the nearest ticket agent." I felt like Dorothy in the Wizard of Oz. However, unlike Dorothy, when I attempted to click my heels I did not end up at home. I was completely convinced that I had failed the oral boards earlier that day, and I really needed to go home!

If you recall, last we left off, in the Spring 2000 issue of *Psychiatric Research Report*, I had negotiated my ideal job ("How to Survive A Job Search"). After that I experienced a series of emotions culminating in the realization that I finally had a "real job" as a faculty member. In the past, I could always resort to "I will call my attending" or "I am in training, I don't need to worry about funding yet." Those days are gone! Several recent experiences have painfully taught me a great deal about the often underestimated process of transitioning from trainee to junior faculty. In the upcoming issues of *Psychiatric Research Report*, I would like to focus this column on these experiences and what I learned from them.

The first of these experiences is Part II of the American Board of Psychiatry and Neurology exam, (a.k.a. "the oral boards"). As described on the Board's web site (www.abpn.com), "this examination is designed to assess the psychiatrist's clinical skills with special reference to competence and safety." What it should actually state is that this is a bizarre hurdle that psychiatrists must surmount at some point during their careers, at least if they want to be on insurance panels. Compared with some residency programs, I felt that I had experienced fairly intensive preparation for the oral boards. Nonetheless, I was still amazed that this is the standard by which

our competency as psychiatrists is measured. Some of my colleagues spent unbelievable amounts of time and money (thousands of dollars) preparing for this exam, without any clear evidence that this increased their chances of success.

I prepared for the oral exam by reading *Boarding Time*, an informative book that describes the history and process of the oral boards in great detail. I highly recommend it. The week before the exam I did a practice exam with my residency director, who happens to be a Board examiner. I should have done a lot more of this. It was extremely helpful in reminding me of what I did and didn't know. Also, for those of you who chose to pursue a child and adolescent psychiatry fellowship, keep in mind that you will end up taking your oral exam almost two years after the last time you interviewed adult patients on a regular basis. I also suggest reviewing something about dementia, since in all likelihood it has been a while since you have seen a patient with this disorder. Find Board examiners at your institution or in your city and plead with them to help you practice. They have the most experience and are able

to give you the most helpful feedback. Even if you are unable to find people who have tested for the Board, ask anyone who has passed the exam to help you practice.

The oral exams are given three times yearly, each exam in a different city. (A schedule of exams through 2002 is given below). After passing Part I of the Board exam (a.k.a. "the written exam"), you are assigned a location and date for the orals. I was assigned to Kansas City, a location that now triggers PTSD symptoms for me because of my experience with the oral exam. Although I am typically not fearful of oral presentations or exams, taking this exam was an extremely anxiety provoking experience.

The Board chooses a hotel as its headquarters. This hotel is the location at which orientation and registration take place and from where the buses leave to take you to your exam site. My second piece of advice is, stay at the headquarter hotel. Therefore, book your room ASAP after you receive the information. The last thing you want to do is find yourself lost and unable to get to the exam on time.

Future Oral Exams – ABPN Part II

September 14 – 16, 2001	Denver, Colorado
January 20 – 22, 2002	San Antonio, Texas
May 5 – 7, 2002	New York, New York
Oct. 29 – Nov. 1, 2002	Baltimore, Maryland

I arrived in Kansas City the day before the exam to register and to attend a required orientation. At this orientation, do not talk to anyone! While orientation is a great time to catch up with old friends, it also is a favorite time to share horror stories. Your best bet is to talk to people who you are sure you can trust to discuss subjects other than the exam. Better yet, don't talk to anyone. You do not want to hear how "so-and-so failed twice and this was the last time he could take it before he needed to retake the written exam" or "how could you not take a review course? They told us very important information like what mood stabilizers psychiatrists in Kansas City favor." At registration you are also assigned locations for the two parts of the exam, "the videotape" and "the live patient." If you are assigned to a VA, as I was, do yourself a favor and go over the *DSM-IV* criteria for drug use disorders and PTSD. At the orientation, the executive vice-president of the Board gives a pep talk and tells you that the examiners want to pass you and that they know how anxiety provoking this experience can be and take that into account when they grade you. I wasn't convinced.

After orientation, the entire evening is left free for you to obsess over what you don't know in the field of psychiatry. Can I possibly teach myself everything I don't know about psychiatry in less than 12 hours? Obviously, the answer is no. I decided to go out to dinner with a colleague who was taking the neurology exam, so that psychiatry would not be a topic of discussion. I must admit, when I got back to my hotel room that evening, I reviewed *DSM-IV* criteria for everything. Did I learn anything I didn't already know? Probably not, but it helped alleviate some of my anxiety.

To the Board's credit, the logistics of the exam day were amazingly organized. They have a very user-friendly bus system that takes you from the hotel to the site of your exam and then to the airport with people guiding you along each step. This is not the day to experiment with medication. Numerous candidates take anti-anxiety medications to help with their performance. If you have social anxiety this may be helpful, but if you have never taken medication for this problem, don't start taking new medications on the day of the Boards.

The two components of the oral exam vary in sequence depending on your individual schedule. The live patient interview is the part of the exam during which you are given a half hour (which seems like two minutes during the actual exam) to interview a patient and then undergo a half-hour period during which the interviewers may ask you anything related to any aspect of psychiatry. During the initial few minutes of the second half-hour you must concisely present the patient. Even though you have presented hundreds of patients throughout your career, you will remember every detail of this patient for a very long time. You will also remember every important detail that the patient told you but you forgot to present to the interviewers. For this inquisition period, my primary suggestions are if you don't know something, say just that and don't lead the examiners down a path that you are not comfortable going down. The most important areas to cover during the interview (and in clinical practice) are whether the patient is acutely suicidal or homicidal. Rumor has it that failing to obtain this information is grounds for immediate failure.

The second part of the exam is the videotape. This is where you along with approximately six of your colleagues sit in a room and watch an interview of a patient on videotape. The interview is not necessarily the best and may have failed to disclose any relevant information. Nonetheless, you are asked to present the patient and then undergo another period of inquisition about anything relevant to psychiatry. Before the exam I was advised to forget my area of expertise during the exam. I think this is reasonable advice, as you don't want to come across as a "know it all." However, don't take this advice to the extreme that I did. My videotape patient was an obese patient with bipolar disorder (although the diagnosis could have been a subject for debate). I am well aware that divalproex is associated with weight gain. However, the part of my brain that on a daily basis

informs patients of this side effect, failed to produce this information despite numerous prompts by my examiners (in retrospect, they did everything to get this out of me, short of telling me). I knew they were looking for some piece of information that I wasn't able to provide. I literally named every other side effect of divalproex and finally gave up. The worst experience was realizing what they were probing me for during the bus ride to the airport. I wanted to shout to my examiner, who was sitting three rows behind me, "weight gain, I remember, I tell my patients that every day." But it was too late as my fate had already been decided. The examiners submit their grades prior to leaving the examination.

In the month between the exam and the arrival of my results (which seems like a year), I rationalized that some of the most respected psychiatrists in our field have failed the oral boards. If you are not on the same wavelength as your examiners, you might fail. Given that the examiners are for the most part not researchers in the field, this may lead to some problems. I spent a considerable amount of time thinking about how else the Boards might measure our competency. Despite the arbitrariness of this process, and the fact that it could be absolute hell for those with social anxiety, I could not think of a better way in which the Board could test our ability to communicate with patients and to present our ideas in a coherent manner. Psychiatry is one of the last medical specialties to administer an oral board exam. It is important that we have some standard by which our clinical skills are judged. Why is completing an ACGME accredited residency training program not a sufficient standard?

I clicked and clicked my heels but still was unable to get home the night of my oral exam. I did eventually leave Kansas City and pass the exam. Maybe, the examiners actually do take into account how anxiety provoking the experience can be. ■

This newsletter is supported in part by a generous grant from the van Ameringen Foundation

Beyond DSM-IV
continued from page 3

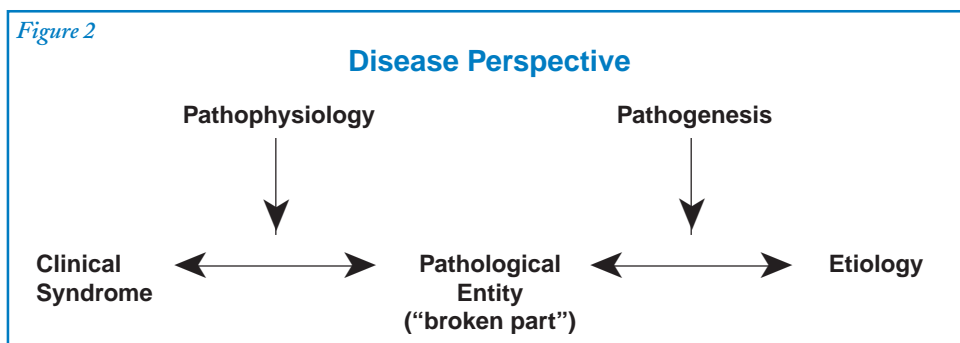
A complete understanding of a clinical disease entity in psychiatry will rest upon developing research into all these issues.

Examples of psychiatrists studying pathogenesis include those who have discerned some of the molecular disarray tied to Huntington's disease and Fragile X syndrome by recognizing in these conditions a local "trinucleotide repeat" in the genome that expands and disrupts the synthesis of some crucial protein. Examples of psychiatrists approaching pathophysiology include the demonstration by Barta and Pearlson of a correlation in schizophrenic patients between the degree of atrophy in the left superior temporal gyrus (the brain site for audition) and the severity of their auditory hallucinations.

The disease perspective thus identifies those psychiatric disorders that are essentially neuropathic and encourages research to validate that identification. It aims to explain the clinical presentations by tying symptoms to disrupted functional or structural bodily parts and then tying these pathologic disruptions to clear etiologies in a medically traditional bio-scientific fashion.

Dimensions. Many psychiatric problems depend not on some disease the patients have but upon their cognitive and affective constitution. IQ is a dimension of human psychological variation on which everyone has a position. Those individuals at the lower end of this dimension are vulnerable to emotional distress - anxiety or depression - when faced with analytic problems that stress their limited cognitive capacities. Likewise Hans Eysenck identified affective dimensions such as introversion/extraversion, and "neuroticism" as also universal graded variables in the human population. Again if an individual lies at some extreme along these dimensions, he or she can be vulnerable to emotional distress. In particular, a high score on "neuroticism" (the stable/unstable dimension of Eysenck) is most frequently a substrate for strong emotional responses that lead to psychiatric attention.

The central concept of the dimensional perspective is that emotional distress needing psychiatric help can often be understood as the outcome of a combination of an individual's cognitive or affective

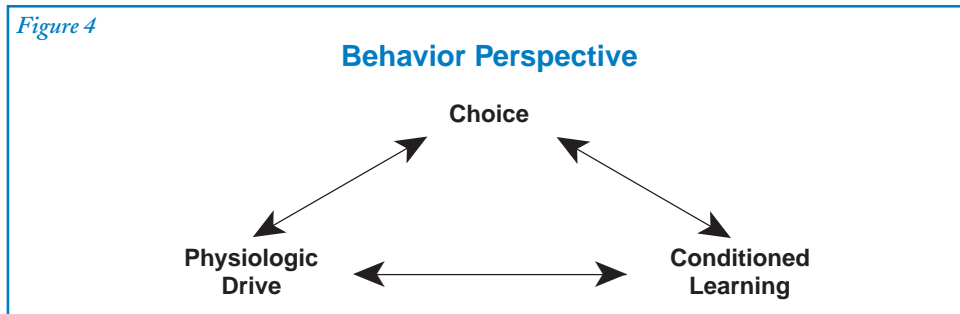
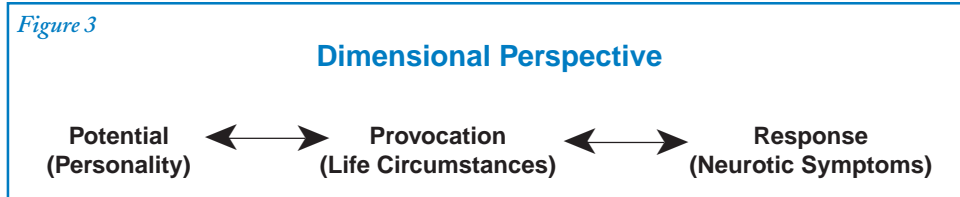


"potential" and provocative situations that strike at this vulnerable potential (Figure 3). Particular problematic dispositions are sub-optimal cognitive capacity (IQ less than 85) and an affective constitution that reflects high neuroticism, low conscientiousness and immaturity. The research of Gerald Nestadt in the Epidemiologic Catchment Area study of the 1980's demonstrated that affective dimensions underlie and better explain the typologies and categories of Axis II in *DSM-III* and as well define the goals of therapy for these vulnerable people.

Behaviors. The perspective of behavior identifies troubles people have because of what they are doing. We emphasize that the term behavior refers to something more than activity. It is goal-directed activity. Neurologists study activity, seeking whether a person can walk, grasp, run, or reach. Psychiatrists study behavior, how people employ these capacities. The psychiatric question is not *Can you move*; it is *What are you doing*.

The behavior perspective thus identifies those conditions that represent problems of choice and control particularly those tied to innate motivated drives such as eating, drinking, sleep, and sexuality. Some drives are acquired and problematic by nature, such as drug dependency. In all of these conditions research has identified brain mechanisms for drive and social contingencies related to learning and conditioning. (Figure 4).

Certain behavior disorders derive from the unique human capacity for self-consciousness, that is, how one sees one's place and purposes in the world. This personal viewpoint emerges from meaningful experience influenced by social structures, language, and symbol. We refer to this as the individual's assumptive world and point out that some common behavioral disorders rest upon it. They include anorexia nervosa, hysteria—both in its pseudo-neurologic (conversion) form and its pseudo-psychologic (dissociative) form—the false memory syndrome, and adult gender identity disorder.



Because behavior disorders are expressed through willful actions, choices, and decisions, a conflict of wills between patients and therapists is an ever present obstacle to recovery. Treatment involves confronting the patient's reluctance to change and striving to end it. The issue of *conversion*, rather than *cure*, demonstrates most clearly how behavior disorders differ from diseases in their essential nature, treatment, and prognostic implications. This is a fundamental issue that psychiatrists know well, but it gets lost in catalogues of disorder that fail to differentiate psychiatric conditions in essential terms.

The Life Story. Finally, the perspective of the life story attempts to make sense of those disorders that represent meaningful responses to life encounters, responses of a universal kind that one would expect from anyone faced with such circumstances. The expectations of psychiatrists working with life stories are that they can forge a narrative that illuminates the troubled outcome and suggest some role of the self in it.

They turn, for example, to the life story to explain anxiety produced in threatening work settings, grief or shame from losses, home-sickness associated with problems of acculturation, jealousy or hostility provoked in threatened personal relationships, as well as the conditioned emotional responses, such as phobias or post traumatic states that derive from frightening experience. Contemporary understanding of the life-story perspective has evolved from the efforts of two people, Jerome Frank at Johns Hopkins and Aaron T. (Tim) Beck of the University of Pennsylvania.

While investigating psychotherapy patients Frank discovered that in contrast to psychoanalytic prediction patients did not resemble one another in their stories. They did not have similar unconscious conflicts and did not have similar early life experiences. Rather they shared a common presentation in that they were demoralized and over-mastered by a whole variety of circumstances. Indeed, Frank emphasized the word *demoralization* to conceptualize their common state of mind and its nature.

Tim Beck took this concept and began to treat all the different cognitive assumptions and attitudes that were provoking it. He designed treatment protocols that offered patients alternative ways of thinking about their life situation thus reframing it in a

fashion that brought hope and psychological skill. Beck's Cognitive Behavioral Therapy fits the life-story perspective because it identifies a need in therapy to re-interpret for the patient a distressful setting, sequence, and outcome (Figure 5).

A Structure for Psychiatry

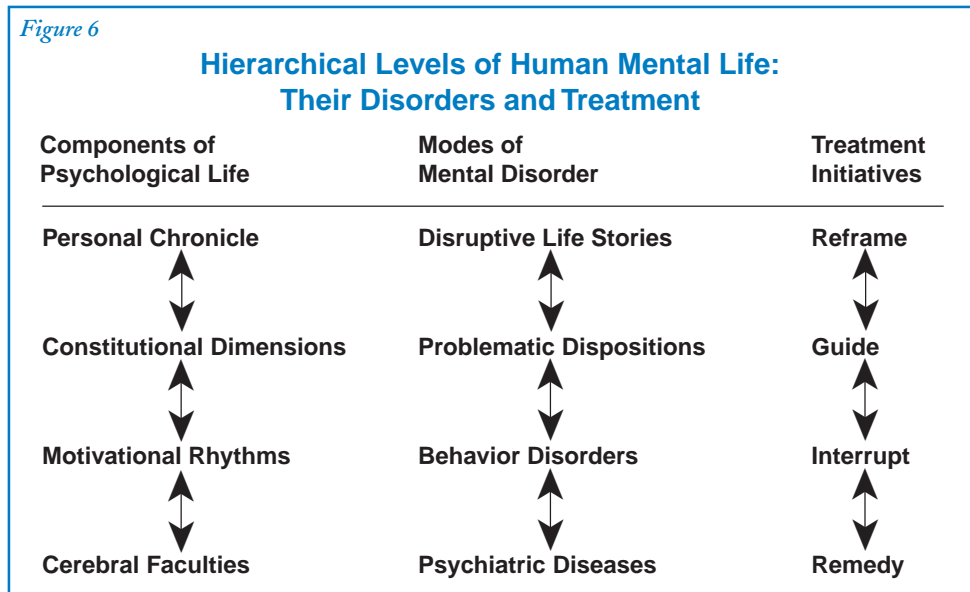
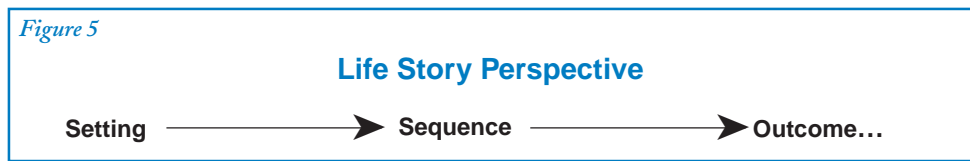
As mentioned at the start, we have an ambitious goal for rendering explicit the explanatory methods of psychiatrists. We want to identify the essence of mental and behavioral disorders as being expressions of psychological life under the altered circumstances of pathology and misdirection. In this way we intend to demonstrate how the fundamental conceptions psychiatrists use for mental disorders can take on the character of the advanced and contemporary explanations for medical disorders where these conditions are seen, not as alien entities, but as physical life under altered circumstances susceptible to treatment and basic biological research. With the perspectives we likewise propose to derive our explanations of mental and behavioral disorders from our fundamental understanding of human psychological life.

We hold that human psychological life is organized hierarchically into four distinct but interrelated levels of expression from the most neurologically basic to the most psychologically highly developed. Each of these levels has domain specific expressions

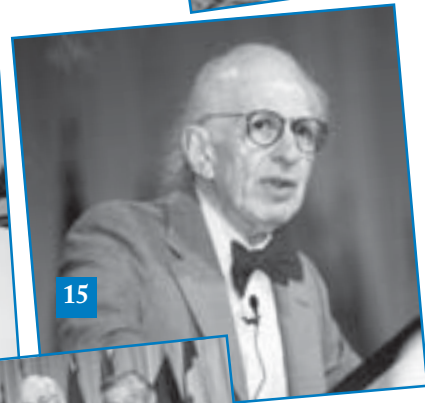
in the psychology of the individual and each has its particular way of going awry, as defined by the four perspectives. Figure 6 displays this hierarchy and relates each level to a perspective of psychiatry and a treatment plan.

The most fundamental level in this hierarchy is that of the cerebral faculties that provide for many basic psychological functions from consciousness to executive capacity. Next is that of the motivational rhythms for eating, thirst, sexuality, sleep. Next higher is that of the constitutional dimensions of cognition and affective temperament. The highest level is the personal life chronicle from whence we note the sequence of individuation, character development, role assumptions, and overall social attitude.

Separating these levels or domains draws them and their disorders out for study even as they obviously interrelate and interact in the integrated psychology of patients and non-patients alike. As well though it becomes clear exactly how this conception of psychology and psychiatry promotes both basic and applied research. *The Perspectives of Psychiatry* recaptures the endeavor of Adolf Meyer to found psychiatry upon psychobiology by identifying the essential natures of psychiatric disorders in ways that elude our contemporary catalogue, *DSM-IV*. ■



Who Are They? Faces



at the Annual Meeting



Who Are They? Faces at the Annual Meeting

1. Myrna Weissman/Daniel Borenstein
2. Darrel Regier/Mitchell Nobler/Charles Nemeroff
3. Richard Harding
4. Dennis Charney
5. Cheryl McCartney
6. Steven Hyman
7. Philip Wang
8. Carl Bell
9. Gary Sachs
10. John McIntyre
11. Robert Rosenheck
12. Daniel Pine
13. PlayCare
14. Joyce West
15. Eric Kandel
16. John Greden/Judd Marmor/Eric Kandel/Daniel Borenstein/Steven Mirin
17. Dr. Ruth
18. Michael First/David Kupfer
19. Steven Mirin/Irma Bland
20. Keh-Ming Lin
21. Ellen Liebenluft
22. Paul McHugh

News and Notes

Ninth Annual Mood and Anxiety Disorders Conference

The subject of this year's conference, sponsored by Georgetown University Hospital, Department of Psychiatry, is "The Human Genome: Sequencing Psychiatry." The conference will be held on Saturday, October 27, 2001 at the Georgetown Conference Center in Washington, D.C., from 7:15 until 1:00 p.m. This is a continuing medical education activity for a maximum of 4.5 credit hours.

Presentations and speakers are as follows: *Genetics of Mood Disorders, Implications for Treatment* (Raymond DePaulo, M.D.); *Genetic Counseling* (Judith Benkendorf, M.S., CGC); *Genetic Implications for Psychopharmacologic Treatment and Drug Development* (Sheldon Preskorn, M.D.); *Ethical Issues in the Genetics of Mood and Anxiety Disorders* (LeRoy Walters, Ph.D.); *The Healing Journey: An Integrative Approach to Depression* (James Gordon, M.D.). Conference Co-Directors are David M. Goldstein, M.D., and Brian B. Doyle, M.D.

For further information: Barbara Wolf, (202) 687-8804 or Gwenevere Funderburk, (202) 687-6244, funderbg@gunet.georgetown.edu.

Award to Kenneth B. Wells, M.D., M.P.H.

Kenneth B. Wells, M.D., M.P.H., was presented with the 2001 Distinguished Investigator Award by the Academy for Health Services Research and Health Policy (AHSRHP) at the Academy Annual Meeting, June 10-12, in Atlanta, Georgia. The Award recognizes leaders who serve as role models in the field of health services research. Dr. Wells' research focuses on the effects that alternative delivery systems have on the utilization, cost, quality and outcomes of mental health services.

Dr. Wells serves as Director of the Research Center on Managed Care for Psychiatric Disorders and as Director of

the Health Services Research Center at UCLA's Neuropsychiatric Institute. He is immediate-past chair of the APA's Committee on Health Services Research, and continues to serve the APA as a member on the APIRE Board of Directors and as a member of the Practice Research Network Scientific Advisory Committee.

Health Services Research Awards

The Early Career and Senior Scholar Health Services Research Awards were presented again this year at the annual Health Services Research Breakfast held in conjunction with the APA Annual Meeting in New Orleans.

The 2001 Early Career Award was presented to Philip S. Wang, M.D., Dr.P.H., in recognition of the best nominated paper published during the past year by an early career psychiatrist. Dr. Wang's paper was entitled "Recent Care of Common Mental Disorders in the United States," and was published in the *Journal of General Internal Medicine*, 2000;15:284-292.

The 2001 Senior Scholar Award was presented to Harold A. Pincus, M.D. The Senior Scholar Award recognizes singular or sustained research accomplishments that have made an important contribution to the field of mental health services research.

Both the Early Career and the Senior Scholar Awards provide the recipients with honoraria of \$1,000 each.

van Ameringen Health Services Award

The van Ameringen Health Services Research Scholar Award was also presented at the APA's Health Services Research Breakfast in New Orleans. This award honors a junior faculty or resident based on a competitive, peer-reviewed proposal for secondary analyses of large-scale data sets. The 2001 van Ameringen Award was presented to Amar Das, M.D., for the work that he proposed using data from the APA Practice Research Network.

Textbook of Geriatric Neuropsychiatry

The *Textbook of Geriatric Neuropsychiatry*, published by American Psychiatric Publishing, Inc. (APPI) Books Department, has won a Third Prize in the Washington Book Publishers Book Design and Effectiveness Competition. The prize was awarded to Anne Barnes, Graphics and Prepress Manager in APPI. APPI uses a collaborative approach to refine book designs so that complicated information is presented in a clear, appealing, easy to use and consistent style. This goal was achieved by Barnes in collaboration with Martin Lynds, the Project Editor for the textbook.

IOM Report Recommends Long-Term Support for Behavior Research

An IOM report issued on May 21, 2001 recommends *long-term support* for research on health-related behavioral and psychosocial interventions. "Short-term changes in behavior are encouraging, but improved health outcomes will often require prolonged interventions and lengthy follow-up protocols, the report says. The report was developed by the IOM Committee on Health and Behavior: Research, Practice and Policy.

The report is entitled "Health and Behavior: The Interplay of Biological, Behavioral and Societal Influences."

The IOM panel also recommends funding agencies support "interdisciplinary efforts for research and intervention studies that integrate biological, psychological, behavioral and social variables." The report suggests "the most productive investigations will reflect an understanding of the complexity and interconnections of disciplines."

The IOM committee urges support of intervention research ranging from feasibility studies to randomized double-blind trials. The report suggests multiple levels of investigation—the individual level

as well as the family, community and societal levels. "Intervention research must include appropriate measures, including biological measures to determine whether the strategy has the desired health effects." The report is available at www.nap.edu/books.

Quarterly Forum to Address Clinical Trial Issues

The Association of American Medical Colleges (AAMC) and the Pharmaceutical Research and Manufacturers of America (PhRMA) have created a Quarterly Forum to address issues of common concern regarding industry-sponsored clinical trials as well as sponsored trials in medical schools and teaching hospitals. The group's third meeting is scheduled for August 2001.

The forum consists of ten participants, five each from the AAMC and the PhRMA. The five participants representing AAMC are Roger Meyer, M.D., AAMC Senior Consultant on Clinical Research; Michael Leahey, Columbia University School of Medicine; Daniel Shuster, M.D., Washington University School of Medicine, St. Louis; Tom Schnitzer, M.D./Ph.D., Northwestern University; and Cynthia Dunn, M.D., Rochester University. All five head the clinical trials offices at their respective institutions, those with some of the more advanced stage clinical trials.

PhRMA representatives are: Bert Spilker, Senior Vice President at PhRMA; Louis Sherwood, M.D., Merck Senior Vice President; John Hanagan, M.D., Procter & Gamble; Arnold Gordon, Ph.D., Pfizer Senior Director; and Timothy Franson, M.D., Lilly Vice President.

Currently being discussed by the Quarterly Forum: contract issues, industry and hospital templates; IRB review of multi-site clinical trials; clinical trial management; PhRMA communications with AAMC.

NIH Loan Repayment Programs

NIH has expanded its intramural loan repayment program to the extramural community. Four new loan repayment programs (LRP) are included in this activity: the Pediatric Research LRP; Clinical Research LRP for individuals from disadvantaged backgrounds; the Clinical Research LRP (without the disadvantaged

background requirement); and the Health Disparities Research LRP, (managed by the National Center on Minority Health and Health Disparities and still under development).

The program's benefits include repayment of up to \$35,000 per year toward a researcher's outstanding eligible educational debts for a minimum of two years; 39% of total loan repayments for direct credit to the investigator's federal income tax accounts. For further information, please visit the NIH Web site: www.nih.gov.

NIH Bioimaging Institute Receives Grant Portfolio

The NIH National Center for Research Resources (NCRR) will relinquish approximately one-third of its research portfolio, as well as nearly \$6 million in funds, to the National Institute of Biomedical Imaging and Bioengineering (NBIB). The research areas targeted for transfer include: biomedical imaging device development, biomaterials, biosensors and nanotechnology. The grants are comprised of investigator-initiated RO1 awards, R21 exploratory/developmental grants, and the R21/33 mechanism intended to facilitate the transition of researchers from R21 grants for high-risk exploratory research to traditional RO1-funded grants. The NCRR will retain P41 grants that deal with infrastructure resources.

Initially NBIB will handle only non-competing grants, those already awarded and culled from the various NIH institutes and centers. The Institute was legislatively created, but the authorizing bill did not include appropriation funds. NBIB will not begin to make new awards until FY 2002, when funds proposed in President Bush's FY 2002 budget request (\$40 million) are expected to become available.

Research Subject Ombudsmen at NIH Clinical Research Centers

The NIH National Center for Research Resources (NCRR) will fund grants to create clinical Research Subject Ombudsmen (RSO) positions at each of the 79 General Clinical Research Centers (GCRC) across the country. Implemented on March 1, 2001, the program has received over a dozen applications.

The RSO's primary responsibility will be to assist GCRC investigators in meeting the requirements of the increasing number of recently promulgated federal regulations and policies and in ensuring participant safety. The RSO will assist in both the clinical and scientific review of protocols and facilitate regulatory compliance and patient safety standards. Other responsibilities include: providing information to patients/volunteers participating in Phase I or Phase II trials and other research considered above minimal risk; assisting in formulating and reviewing data and safety monitoring plans; and facilitating reports of serious adverse events and conflicts of interest to the appropriate panels and federal agencies.

Impetus for the program was provided, in part, by research advocates who have recently voiced the need for a research subject ombudsman at the federal level to protect both patients and researchers involved in clinical research.

NIH PubMed Central

PubMed Central (PMC) is the online repository of life science articles proposed by former NIH Director Harold Varmus, M.D., in late 1999 and launched in February 2000.

NIH does not intend to move forward with a plan to create a PubMed Express (PME) Web site containing preprint, non-peer reviewed articles. The PMC advisory committee has agreed to shelve the PME for the foreseeable future, a controversial aspect of the original plan for electronic access to published data. Under the current system, PubMed Central explicitly excludes pre-prints and research reports that have not been peer reviewed; this was the most controversial aspect of the E-biomed proposal put forward by Varmus.

Under a new policy intended to "encourage wider participation" of scientific journals, publishers will have the option to *include information from articles* while withholding the full text. PMC will direct users to the publisher's own Web site for the full text of the article.

Before the new policy, the only option for PMC-participating journals was to post the full text of articles on PMC. The new option means publishers can stipulate that full text is available only at the publisher

(Continued on next page)

site with the publisher's own restrictions on access. It is, however, required that journal content posted on PMC is provided free-of-charge at the publisher's site within a year of publication and preferably within six months.

In the fall of 2000, PMC halted the addition of new journals in order to redesign the system using a common format for archival purposes. The modified PMC system (scheduled for beta testing in May 2001) has a fresh interface, a new search function, and a document type definition (DTD) standard format that enables normalized tagging of articles regardless of the format in which they are submitted.

COPR Recommendations on Informed Consent Process

The NIH Director's Council of Public Representatives (COPR) plans to issue recommendations to NIH on "patient and public education and empowerment" in human research. A workgroup draft on human research protections asks NIH for further studies to explore the relationships between investigator and research participants during the informed consent process. How potential research participants process information given to them and how biases and secondary motivations influence behavior are other study points to be recommended. An additional recommendation will entail an extended informed consent process, allowing more time for questions and possible consultation with a third party.

Research Centers to Study Mouse Genes

Five research centers established through cooperative agreements with the National Institute of Environmental Health Sciences (NIEHS) will be created to study mutant mice with disease-specific gene variants. The goals of the new centers will be to: sequence mouse genes and compare them to those of humans, breed mice with genetic variations similar to those in humans, and develop breeding colonies to supply scientists with test rodents or breeding stock. The NIEHS centers will be funded with up to \$5 million per year over the next five years. The five participating centers are at Albert Einstein School of Medicine, the University of Washington at Seattle, the University of Cincinnati at Ohio, the University of Texas Health Science Center at San Antonio, and the M.D. Anderson Cancer Center, Houston.

Health Web Sites Less than Accurate

A RAND-sponsored study has concluded that *less than half* of the clinical elements found on English- and Spanish-language Web sites are completely accurate. The study's goal was to determine the accessibility, quality and reading grade level of health-related information available on the Internet. The study, "Health Information on the Internet: Accessibility, Quality, and Readability in English and Spanish," was published in the May 23-30 issue of the *Journal of the American Medical Association (JAMA)*.

Depression was one of four illnesses specifically targeted in the evaluation (breast cancer, obesity and childhood asthma were the three other information targets). A review of 25 health Web sites and 14 search engines found 45% of the clinical elements on English and 22% on Spanish-language Web sites were more than minimally covered and completely accurate. Less than 25% of first-page links accessed through search engines led to relevant content. In addition, all English-language Web sites and 86% of Spanish-language Web sites require high school level, or greater, reading ability.

The researchers allege that existing criteria for evaluating health-related Web sites are applied on a voluntary, self-assessment basis by Web page developers and therefore reliability and validity factors of the evaluations are not known. The World Health Organization is submitting an application to the Internet Corporation for Assigned Names and Numbers seeking to create a "dot-health" as a top-level domain to help consumers identify health Web sites adhering to quality and ethical standards.

Fourth International Conference on Bipolar Disorder

The Fourth International Conference on Biopolar Disorder, took place June 14-16, in Pittsburgh, PA. The agenda included presentations on new approaches to treatment, recent findings in pharmacotherapy and neuroscience, bipolar disorder among children and adolescents, regulatory issues in developing drug treatments and multi-site treatment trials.

A *pre-conference* meeting addressed the specific issues and problems in designing and conducting clinical trials for bipolar disorder. NIMH Director Steven E. Hyman, M.D., explained that "the disease itself doesn't conform to the way we normally design trials, and therefore we don't do the trials." Ellen Frank, Ph.D., of the University of Pittsburgh School of Medicine elaborated: bipolar research confronts obstacles stemming from the complexity of the disorder, from the small number of individuals who have expertise in treating the disorder, from the design constraints associated with the high suicide rate in this population, and from the lack of IRG expertise available to peer review these difficult designs. ■

2002 Award For Research In Psychiatry

*** * * Call For Submissions * * ***

The American Psychiatric Association takes pleasure in inviting submissions for the **2002 American Psychiatric Association Award for Research in Psychiatry**. First awarded in 1949 as The Hofheimer Prize, this is the most significant award given for research by the American Psychiatric Association. It is given in recognition of a single significant contribution, a body of work, or a lifetime contribution that has had a major impact on the field and/or altered the practice of psychiatry. The Award is intended to cover the full spectrum of psychiatric research.

Candidates for the Award must be citizens of the United States or Canada and be nominated by a sponsor. Sponsors must be members of the American Psychiatric Association. Members of the Award Board are excluded from submitting nominations.

The **sponsor** should submit a letter setting out, in detail, justification for the nomination and summarizing the research accomplishments of the nominees in a specific area or with a coherent theme.

The **nominee** should submit:

1. A book, paper or group of representative and thematically linked books and papers published in English (or accepted for publication);
2. A summary statement emphasizing the principle theme running through the work, its internal cohesiveness and consistency, and scientific implications;
3. An up-to-date Curriculum Vitae; and
4. An up-to-date Bibliography.

All entries must be submitted in SEVEN COMPLETE COLLATED SETS and sent to:

Charles B. Nemeroff, M.D., Ph.D.
Chair, APA Award for Research Board
c/o APA Division of Research
1400 K Street, NW
Washington, DC 20005

Entries will be acknowledged, but cannot be returned. The Award is based on an annual competition, and resubmission is permitted. The Award, which carries a \$5,000 prize, will be presented at the APA Annual Meeting in May 2002. For more information please contact Harold Goldstein, Ph.D., APA Division of Research at (202) 682-6851 or by email at goharold@psych.org.

**Deadline for receipt of submissions
is November 19, 2001.**

Research Training Opportunities

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

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

DESCRIPTION: This NIMH-funded program supports minority medical students and psychiatric residents for an elective or summer experience in a research environment. Funds are provided for stipends, tuition, travel, and training-related expenses. Stipends are also available for one- or two-year post-residency fellowships. Training takes place at research-oriented departments of psychiatry in major U.S. medical schools and other appropriate sites nationwide. A research mentor at the training site oversees the research training experience.

DEADLINE: December 1 for residents seeking a year or more of training and for post-residency fellows. April 1 for medical students who are planning a summer research training experience. For other elective experiences students should apply at least three months before the start date of the proposed research training.

CONTACT: Ernesto Guerra, Research Training Director, American Psychiatric Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org, web site: www.psych.org.

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

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

DESCRIPTION: The American Psychiatric Institute for Research and Education, through a generous grant from Janssen Pharmaceutica, is sponsoring a fellowship program for promising PGY-1, PGY-2, and PGY-3 psychiatric residents with the

potential to become leaders in clinical and health services research. The program is designed to encourage residents to choose research careers in areas related to schizophrenia, bipolar illness, or other forms of severe mental illness.

DEADLINE: January 15, 2002

CONTACT: Ernesto Guerra, Research Training Director, American Psychiatric Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org.

■ **SPONSOR:** APA/GlaxoSmithKline

■ **POSITION:** Young Faculty Award for Research Development in Biological Psychiatry

DESCRIPTION: This Young Faculty Development Award is designed to support research by a junior faculty member in the biology and psychopharmacology of mood disorders and/or anxiety disorders. APA members with a M.D. or D.O. degree who have completed residency training in general or child psychiatry are eligible for this award. Applicants must hold a tenure track position as an assistant professor in the psychiatry department at a school of medicine in the United States.

DEADLINE: October 14, 2001

CONTACT: Ernesto Guerra, Research Training Director, American Psychiatric Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org.

■ **SPONSOR:** APA/Kempf Fund

■ **POSITION:** Award for Research Development in Psychobiological Psychiatry

DESCRIPTION: This award recognizes a senior researcher who has made a significant contribution to research on the causes and treatment of schizophrenia as both a researcher and a mentor. A \$1,500 award will be made to the senior researcher, and \$20,000 will support the research career development of a young research psychiatrist working in a mentor-trainee relationship with the award winner. Submissions will be judged on the excellence of the nominee's overall contribution to the body of research in schizophrenia, including: the nominee's most significant paper or book; the nominee's role as a mentor to younger colleagues in the field; and the qualifications of the young research psychiatrist, as well as a detailed description of his/her career development plan.

DEADLINE: October 14, 2001

CONTACT: Ernesto Guerra, Research Training Director, American Psychiatric Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org.

■ **SPONSOR:** American Psychiatric Association (APA)

■ **POSITION:** APA/Lilly Psychiatric Research Fellowship

DESCRIPTION: The APA is sponsoring a one-year fellowship, the Lilly Psychiatric Research Fellowship, for two postgraduate psychiatry trainees for the conduct of research and for personal scholarship. Minimal time (less than 15%) is to be devoted to teaching, to patient care, consultation, or to other duties. The protection of research time should be assured by department chairs. Each chair of a department of psychiatry is invited to nominate one outstanding eligible resident for fellowship. Eligible candidates are those with M.D. or D.O. degrees who have completed residency training in general psychiatry or in child psychiatry by the time the fellowship commences. The

fellowship is designed for residents who a) demonstrate significant research potential, b) have *not* had extensive research training prior to residency (e.g., M.D./Ph.D.), and c) are not already established investigators. Recipients must also be members of the APA.

DEADLINE: October 14, 2001

CONTACT: Ernesto Guerra, Research Training Director, American Psychiatric Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org, web site: www.psych.org.

■ **SPONSOR:** American Psychiatric Association (APA)

■ **POSITION:** APA/Wyeth-Ayerst M.D./Ph.D. Psychiatric Research Fellowship

DESCRIPTION: The APA is sponsoring two one-year fellowships, each known as the APA/Wyeth-Ayerst M.D./Ph.D. Psychiatric Research Fellowship, to allow post-graduate psychiatry trainees with research experience to focus specifically on research and personal scholarship. Minimal time therefore (less than 15%) will be devoted to teaching, patient care, consultation, or other duties. The protection of time for research must be assured by department chairs. Each chairperson of a department of psychiatry is invited to nominate one outstanding resident for fellowship. Eligible candidates are those who have received an M.D. or D.O. and a Ph.D. degree, and who have completed residency training in general psychiatry or in child psychiatry immediately prior to the time the fellowship commences. The fellowships are designed for residents who a) have demonstrated significant research potential, b) have had research training (as part of work towards the Ph.D.), and c) are not already established investigators. Nominees must also be members of the APA. Stipends of \$45,000 each will be paid to the institution for disbursement to each fellow. Institutions must agree to deduct indirect costs or tuition payments, but may augment the stipends.

DEADLINE: October 14, 2001

CONTACT: Ernesto Guerra, Research Training Director, American Psychiatric

Institute for Research and Education, 1400 K Street, NW, Washington, DC 20005, (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874, e-mail: eguerra@psych.org, web site: www.psych.org.

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

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

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

DEADLINE: Open

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

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

■ **POSITION:** Individual Predoctoral National Research Service Awards for M.D./Ph.D. Fellowships

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

DEADLINE: April 5, August 5, and December 5

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

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

■ **POSITION:** PGY4 Residency Training Program

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

CONTACT: Division of Intramural Research Programs, National Institute of Mental Health, Building 10, Room 4N-222 10, Center Drive, MSC 1381, Bethesda, MD, 20892-1381, (301) 496-4183, fax: (301) 480-8348.

■ **POSITION:** Intramural Fellowship Training Program

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

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

■ **POSTION: Clinical Electives Program**

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

CONTACT: Division of Intramural Research Programs, National Institute of Mental Health, Building 10, Room 4N-222, 10 Center Drive, MSC 1381, Bethesda, MD. 20892-1381, (301) 496-4183, fax: (301) 480-8348.

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

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

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

DEADLINE: February 1, June 1, and October 1

■ **POSITION: Individual Fellowship Program**

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

DEADLINE: April 5, August 5, and December 5

CONTACT: Cindy Miner, Ph.D., National Institute on Drug Abuse, 6001 Executive Boulevard, MSC 9591, Bethesda, MD 20892-9591, (301) 443-6071, e-mail: cminer@nida.nih.gov, web site: www.nida.nih.gov.

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

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

DESCRIPTION: NHLBI is seeking applications to train graduate and health professional students interested in postdoctoral training at minority schools having the potential to develop training programs in various NHLBI disorders, including sleep disorders.

DEADLINE: Letter of Intent, July 18, 2001, Application, August 15, 2001

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

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

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

DEADLINE: Letter of Intent, July 18, Application August 15

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

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

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

DESCRIPTION: Support is provided for predoctoral research training in specified areas of biomedical and behavioral research related to complementary and alternative medicine. The goal of this program is to ensure that highly trained scientists will be available in adequate numbers and in appropriate research areas and fields to meet the nation's health research needs.

DEADLINE: April 5, August 5, and December 5

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

DESCRIPTION: The National Center for Complementary and Alternative Medicine (NCCAM) provides National Research Service Award Individual Postdoctoral Fellowships to individuals for research training in specified areas of biomedical and behavioral research related to complementary and alternative medicine (CAM) to help ensure that highly trained scientists will be available in adequate numbers and in appropriate research areas and fields to meet the nation's health research needs. As such, this program is intended to provide a mechanism to train future generations of outstanding scientists committed to pursuing a research career in CAM.

DEADLINE: April 5, August 5, and December 5

CONTACT: Nancy J. Pearson, Ph.D., Program Officer National Center for Complementary and Alternative Medicine, National Institutes of Health, 6707 Democracy Blvd., Room 106, MSC 5475, Bethesda, MD 20892-5475, (301) 594-0519 fax: (301) 480-3621 email: pearsonn@mail.nih.gov.

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

■ **POSITION:** Faculty Early Career Development

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

DEADLINE: July 26

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

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

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

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

DEADLINE: December 25

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

■ **SPONSOR:** American Philosophical Society

■ **POSITION:** Clinical Investigator Fellowships

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

DEADLINE: September 1

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

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

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

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

DEADLINE: Open

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

■ **SPONSOR:** Yale University

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

DESCRIPTION: The purpose of the program is to provide junior faculty with the mentoring and technical assistance needed to produce high quality, fundable mental health services research projects. The program is funded to enroll up to 10 talented faculty members in each of two years and will target junior faculty in institutions with limited or no expertise in mental health services research.

DEADLINE: Open

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

■ **SPONSOR:** Columbia University

■ **POSITION:** Fellowship in Psychobiological Sciences

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

DEADLINE: Open

CONTACT: Michael M. Myers, Ph.D., New York State Psychiatric Institute, Unit 40, 1051 Riverside Drive, New York, NY 10032, (212) 543-5692, fax: (212) 543-5467, e-mail: mmm3@columbia.edu, web site: www.columbia.edu.

■ **POSITION:** Research Fellow

DESCRIPTION: This is a two to three year NIMH-supported post-residency training program for psychiatrists starting July 1, 2002. Location is in one of the clinical research divisions of Columbia University's Department of Psychiatry, at the New York State Psychiatric Institute,

Creedmoor Psychiatric Center, or Presbyterian Hospital. Fellows participate in ongoing clinical research projects and learn research skills by working closely with a senior member of the research faculty. Many areas of clinical research are represented: affective and anxiety disorders, schizophrenia, eating disorders, nosology, psychopharmacology, etc. Trainees are selected on the basis of their interest and potential in becoming full time academic researchers in psychiatry. Fellowship stipends begin at \$52,000 through the combination of New York State and NIMH funds.

■ **POSITION: Research Fellowships in Geriatric Psychiatry**

DESCRIPTION: This is a two to three year NIMH-sponsored program to prepare promising M.D.'s and Ph.D.'s for careers as independent clinical investigators. Training includes work with a mentor and courses in statistics, research design, translational research, ethics and grant writing. Positions available for July 1, 2002.

DEADLINE: November 15, 2001

CONTACT: Steven P. Roose, M.D., New York State Psychiatric Institute, 1051 Riverside Drive, Unit 98, New York, NY 10032, (212) 543-5749, fax: (212) 543-5607, e-mail: spr2@columbia.edu.

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

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

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

DEADLINE: Open

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

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

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

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

DEADLINE: Open

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

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

■ **POSITION: Postdoctoral Research Fellowships**

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

DEADLINE: December 15

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

■ **SPONSOR: National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), National Institute of Neurological Disorders and Stroke (NINDS)**

■ **POSITION: Institutional Research Training**

DESCRIPTION: The National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA) and the National Institute of Neurological Disorders and Stroke (NINDS) invite applications for the Institutional Research Training Programs: Increasing Diversity, that are expected to significantly enhance the number of minority scientists trained to conduct research in mental health, mental illness, drug abuse and neurological sciences.

DEADLINE: Letter of Intent: July 10, Application: August 10

CONTACT: Walter Goldschmidts, Ph.D., (overall Institute policy with regard to this initiative), (301) 443-3563, email: wgoldsch@mail.nih.gov, Fred Altman, Ph.D., (301) 443-9700, email: faltman@nih.gov, Mark Chavez, Ph.D., (301) 443-3563 email: mchavez1@mail.nih.gov, Enid Light, Ph.D., (301) 443-1185, email: elight@mail.nih.gov,

■ **SPONSOR: National Institutes of Neurological Disorders and Stroke (NINDS)**

■ **POSITION: Short-Term Institutional Research Training Program**

DESCRIPTION: The National Institutes of Neurological Disorders and Stroke (NINDS) will award National Research Service Award (NRSA) Short-Term Institutional Training Grants (T35) to eligible institutions to provide research training opportunities for medical students who are preparing for careers in basic or clinical neurological sciences research. The purpose of this program is to help ensure that a highly trained workforce is available to assume leadership roles related to the nation's neurological sciences research agenda. The goals of the program are to encourage the interest of potential clinician scientists early in their education and accelerate entry to independent research.

DEADLINE: May 10 annually

■ **POSITION: Medical Student Scholars Program**

DESCRIPTION: The National Institutes of Neurological Disorders and Stroke (NINDS) will award individual fellowships (F31) to eligible individuals to provide research training opportunities for medical students who are preparing for careers in basic or clinical neurological sciences research. The purpose of this program is to help ensure that a highly trained workforce is available to assume leadership roles related to the nation's neurological sciences research agenda. The goals of the program are to encourage the interest of potential clinician scientists early in their education, and accelerate entry to independent research.

DEADLINE: April 5, August 5, and December 5

■ **POSITION: Medical Student Dual-Degree M.D./Ph.D. or M.D./M.P.H. Fellowships**

DESCRIPTION: The National Institute of Neurological Disorders and Stroke (NINDS) invites applications for individual National Research Service Award (NRSA) fellowships for M.D./Ph.D. and M.D./M.P.H. students. There is a critical need for clinician-scientists with the medical training and research experience to investigate problems of disease in humans. Yet, the enormous complexity of the neurological disorders prevents the standard course of study at most medical schools from providing the experience necessary to develop researchers. Support for NRSA M.D./Ph.D. and M.D./M.P.H. fellowships is designed to help ensure that highly trained clinician-scientists will be available in adequate numbers to conduct basic and clinical research in disorders relevant to the mission of the NINDS. While this program is primarily focused on individuals pursuing the M.D. degree, other health professional students (e.g., D.O., D.D.S.) may also apply.

DEADLINE: April 5, August 5, and December 5

CONTACT: Henry Khachaturian, Ph.D., Training, Career Development and Referral Officer, NINDS, 6001 Executive Boulevard, Room 2154, MSC 9531,

Bethesda, MD 20892, (301) 496-4188, fax: (301) 594-5929, email: hk11b@nih.gov, web site: www.ninds.nih.gov.

■ **SPONSOR: Memorial Sloan-Kettering Cancer Center (MSKCC)**

■ **POSITION: Postdoctoral Clinical Fellowship in Psychooncology**

DESCRIPTION: The Department of Psychiatry & Behavioral Sciences at Memorial Sloan-Kettering Cancer Center invites applications for postdoctoral clinical fellowships in psychiatry/psychooncology. The Psychiatry Service offers 2-year clinical fellowships designed to provide training in the recognition and management of common psychiatric syndromes in cancer patients. The first year emphasizes clinical care; the second year includes opportunities to participate in clinical investigation. Applicants must have completed one of two tracks: an M.D. with residency training in psychiatry or medicine, or a Ph.D. or Psy.D. in clinical psychology with at least one year experience beyond internship in a medical setting. The clinical fellowship at MSKCC is a clinical psychiatry training program accredited by the Academy of Psychosomatic Medicine.

DEADLINE: November 1

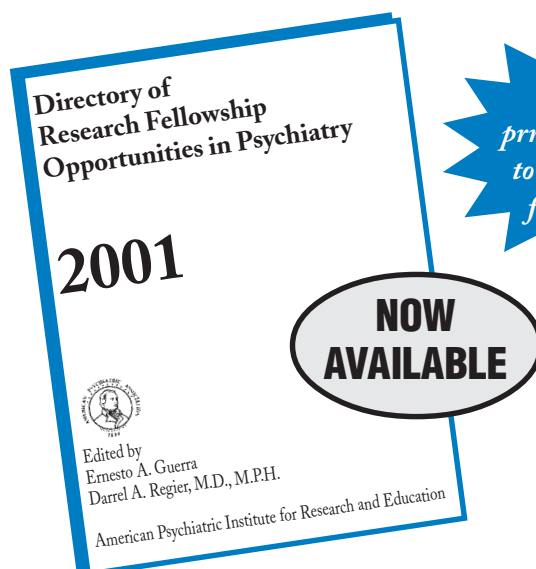
CONTACT: William Breitbart, M.D., Chief, Psychiatry Service, Memorial Sloan-Kettering Cancer Center, 1242 Second Avenue, New York, NY 10021, (212) 717-3763, email: breitbaw@mskcc.org.

■ **POSITION: Postdoctoral Research Fellowship in Psychooncology**

DESCRIPTION: The Department of Psychiatry & Behavioral Sciences at Memorial Sloan-Kettering Cancer Center invites applications for postdoctoral research positions in psychological and behavioral aspects of cancer. Postdoctoral research fellowships provide 2-years mentored training in the areas of: smoking cessation and prevention; enhancing adherence to cancer screening and risk reduction life-style recommendations; psychosocial interventions for cancer patients and their families; behavioral medicine approaches to symptoms management in cancer; assessment of quality of life in cancer; neuropsychology and pediatric psychooncology. Fellows will actively participate in all aspects of project development, grant writing, supervision of data collection, liaison with multidisciplinary co-investigators, data analyses, and dissemination of findings via oral presentations and manuscript preparations.

DEADLINE: Open

CONTACT: Jamie Ostroff, Ph.D., Department of Psychiatry & Behavioral Science, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10021, (212) 583-3015, fax: (212) 230-1953, email: ostroffj@mskcc.org. ■



Research Funding Opportunities

Psychiatric Research Report is published only four times a year, therefore we will publish notices with short deadlines as well as announcements that allow up to a year for preparation of applications. For timely information on grants and contracts available from the National Institutes of Health (NIH), visit the NIH Guide to Grants and Contracts Web site at www.nih.gov/grants/guide/index.html.

In addition to traditional sources of research funding, we try to include announcements from sponsors that our readers may not intuitively think of as sources of funding for psychiatric research. If two or more opportunities are offered by the same institution, the sponsor is listed only once at the beginning of these entries.

■ SPONSOR: American Foundation for Suicide Prevention (AFSP)

■ SUBJECT: Established Investigator Award

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

■ SUBJECT: Standard Research Grants

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

■ SUBJECT: Pilot Grants

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

DEADLINE: December 15, 2001

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

■ SPONSOR: Burroughs Wellcome Fund

■ SUBJECT: Clinical Scientist Awards in Translational Research

DESCRIPTION: These awards are intended to foster the development, productivity, and mentoring capacity of established physician-scientists who will strengthen translational research, the two-way transfer between work at the laboratory bench and clinical medicine. The awards provide \$750,000 over five years (\$150,000 per year). It is anticipated that up to 10 awards will be made.

DEADLINE: August 30, 2001

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

■ SPONSOR: National Science Foundation (NSF)

■ SUBJECT: Ethics and Values Studies

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

DEADLINE: Target dates, February and August

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

■ SPONSOR: Fondation Fyssen

■ SUBJECT: Research on Cognitive Mechanisms

DESCRIPTION: The aim of the Fyssen Foundation is to encourage all forms of scientific inquiry into the cognitive mechanisms that underlie animal and human behavior; their biological and cultural bases; and, phylogenetic and ontogenetic development. These research grants are intended to support post-doctoral researchers, under 35 years of age in biological sciences, and under 40 years of age in human sciences, who will settle within a laboratory within France.

DEADLINE: October 31, 2001

CONTACT: Secretariat, Fondation Fyssen, 194, rue de Rivoli, 75001 Paris, France, email: secretariat@fondation-fyssen.org, web site: www.fondation-fyssen.org

■ SPONSOR: AstraZeneca

■ SUBJECT: Young Minds in CNS Awards Program

DESCRIPTION: The AstraZeneca Young Minds in CNS Awards Program is an annual commitment designed to recognize and promote promising work from young physicians (35 years of age or under) working in the central nervous system. There will be five unrestricted career development awards of \$20,000. The awards will be made in the following categories: bipolar disorder/mania; depression and anxiety; migraine; schizophrenia; stroke. In addition, winner will be sponsored to attend an award ceremony at APA or AAN as well as one additional CNS congress in either Europe or North America in 2002.

DEADLINE: August 31, 2001

CONTACT: Secretariat, (212) 601-8176, fax: (212) 601-8101, web site: www.astrazeneca.com/youngminds.

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

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

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

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

■ **SUBJECT:** Pilot Research Grant Program

DESCRIPTION: The National Institute on Aging is seeking small grant applications in specific areas to: (1) stimulate and facilitate the entry of promising new investigators into aging research, and (2) encourage established investigators to enter new targeted, high priority areas such as stem cell research and psycho-neuroimmunology. Support is provided for pilot research that is likely to lead to a subsequent individual research project grant and/or a significant advancement of aging research.

DEADLINE: March 20, 2001; July 17, 2001; and November 16, 2001

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

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

■ **SUBJECT:** Small Grant Program

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

■ **SUBJECT:** Alcohol Research Centers

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

DEADLINE: Letter of intent: October 15, 2001; application: November 14, 2001

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

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

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

DEADLINE: February 1, June 1, and October 1

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

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

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

CONTACT: Vivian Faden, Ph.D. (301) 594-6232, e-mail: vfaden@willco.niaaa.nih.gov; Joanne Fertig, Ph.D., (301) 443-0635, e-mail: jfertig@willco.niaaa.nih.gov; Ellen Witt, Ph.D., (301) 443-6545, e-mail: ewitt@willco.niaaa.nih.gov, web site: www.niaaa.nih.gov.

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

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

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

DEADLINE: Letter of Intent: July 18, 2001; application: August 15, 2001

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

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

■ **SUBJECT:** Child Neglect

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

DEADLINE: February 1, June 1, and October 1

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

■ **SPONSOR:** National Institute of Mental Health (NIMH), National Institute of Child Health and Human Development (NICHD), National Institute of Neurological Disorders and Stroke (NINDS), National Institute on Deafness and Other Communication Disorders (NIDCD), and the National Institute of Environmental Health Sciences (NIEHS)

■ **SUBJECT:** Autism Centers of Excellence

DESCRIPTION: The primary goal of this initiative is to establish several research centers, each of which will bring together expertise, infrastructure and resources focused on major questions about autism. The research issues to be addressed will include causes, diagnosis, early detection, prevention, and treatment, with approaches such as developmental neurobiology, genetics, and psychopharmacology being represented. Centers should use innovative research designs and state-of-the-art technologies. Centers should draw upon established basic and clinical scientists to form unique collaborations optimally suited to address the research questions posed.

DEADLINE: Letter of Intent: October 29; application: November 29

CONTACT: Steve Foote, Ph.D., Division of Neuroscience and Basic Behavioral Science, NIMH, Neuroscience Center, Room 7204, MSC-9645, 6001 Executive Boulevard, Bethesda, MD 20892-9645, (301) 443-3563, fax: (301) 443-1731, email: sfoote@mail.nih.gov.

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

■ **SUBJECT:** Basic and Applied Research Related to Attention Deficit Hyperactivity Disorder (ADHD)

DESCRIPTION: The participating institutes seek to encourage investigator-initiated research to enhance the scientific understanding of underlying mechanisms and risk processes related to ADHD and their implication for the development of effective interventions. Major areas of research interest are: (1) basic behavioral and neuroscience research in dimensions of attention, inhibitory control, emotion and other executive functions relevant to the etiologies, nosology, identification, prevention and/or treatment of ADHD; (2) basic or applied research on etiologies, risk factors, diagnosis, treatment and/or prevention of ADHD; and (3) research on the development of new interventions for use with individuals diagnosed with ADHD and their families.

DEADLINE: February 1, June 1, and October 1

CONTACT: Farris Tuma, Sc.D., Developmental Psychopathology and Prevention Research Branch, Division of Mental Disorders, Behavioral Research and AIDS, NIMH, 6001 Executive Boulevard, Room 6200, MSC 9617, Bethesda, MD 20892-9617, (301) 443-5944, fax: (301) 480-4415, email: ftuma@mail.nih.gov.

■ **SPONSOR:** National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), National Institute of Child Health and Human Development (NICHD), Office of Behavioral and Social Sciences Research (NIH), Office of Research on Women's Health (NIH)

■ **SUBJECT:** Behavioral, Social, Mental Health, and Substance Abuse Research with Diverse Populations

DESCRIPTION: The National Institutes of Health (NIH) is committed to supporting research that will increase scientific understanding of the health status of various population groups and lead to more effective health interventions and services for individuals within those groups. High priority is placed on research with groups that appear to have distinctive health risk profiles but thus far have received insufficient attention from investigators. This Program Announcement (PA) highlights a particular set of such groups: lesbian, gay, bisexual, transgendered, and related populations (designated here as LGBT populations).

DEADLINE: February 1, June 1, and October 1

CONTACT: Howard S. Kurtzman, Ph.D., Division of Neuroscience and Basic Behavioral Science, National Institute of Mental Health, 6001 Executive Boulevard, Room 7217, MSC 9651, Bethesda, MD 20892-9651, (301) 443-9400 fax: (301) 443-9876 email: kurtzman@helix.nih.gov.

■ **SPONSOR:** National Library of Medicine (NLM)

■ **SUBJECT:** Internet Connection For Health-Related Institutions

DESCRIPTION: The National Library of Medicine (NLM) is offering grants to health-related institutions that wish to provide Internet access to the professionals and clients of their organization. Internet access provides health professionals and consumers with a means of accessing the medical literature provided by NLM and other databases, of transferring files and images, and of interacting by e-mail with others throughout the world. NLM's Internet Connection program was created in recognition that many health-related organizations, particularly smaller ones and those in rural and/or urban health-underserved areas, lack resources to initiate Internet access even at a time when such access is available to most.

DEADLINE: Letter of intent: May 25; application: June 22

CONTACT: Dr. Valerie Florance, Division of Extramural Programs National Library of Medicine, Rockledge One Building, Suite 301, 6705 Rockledge Drive Bethesda, MD 20892, (301) 594-4882, fax: (301) 402-2952, email: floranv@mail.nlm.nih.gov.

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

■ **SUBJECT:** Drug Abuse Health Services Research

DESCRIPTION: Applications are sought for projects that serve the goal of putting evidence-based drug abuse prevention and treatment interventions into practice. Of particular interest are: studies on identified subgroups for example, minorities, children and adolescents; studies on matching appropriate interventions to individual needs; and research to integrate drug abuse prevention or treatment with other health and social services.

DEADLINE: February 1, June 1, and October 1

CONTACT: Jerry Flanzer, D.S.W., Acting Chief, Services Research Branch, Division of Epidemiology, Services, and Prevention Research, NIDA, 6001 Executive Boulevard, Room 4222, MSC 9565, Bethesda, MD 20892-9565, (301) 443-4060, fax: (301) 443-6815, email: jf199i@nih.gov, web site: www.nida.nih.gov.

■ **SPONSOR:** Office of Research Integrity (ORI), National Institute of Neurological Disorders and Stroke (NINDS), National Institute of Nursing Research (NINR)

■ **SUBJECT:** Research on Research Integrity

DESCRIPTION: Areas of interest include: research norms and practices; institutional climate and responsibility; education on the responsible conduct of research; mentor/trainee relationships; data acquisition, management, sharing, and ownership; responsible authorship; integrity of publication practices and the research record; research collaborations and issues that may arise from such collaborations; conflict of interest; the meaning of research misconduct and the regulations, policies, and guidelines that govern research misconduct in PHS-funded institutions.

DEADLINE: Letter of intent: October 15; application: November 19

CONTACT: Mary D. Scheetz, Ph.D., Office of Research Integrity, Division of Education & Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5302, email: mscheetz@pspphs.dhhs.gov.

■ **SPONSOR:** National Heart, Lung, and Blood Institute (NHLBI), National Institute of Mental Health (NIMH), National Institute of Nursing Research (NINR), National Institute of Child Health and Human Development (NICHD)

■ **SUBJECT:** Sleep and Sleep Disorders in Children

DESCRIPTION: The purpose of this initiative is to improve our understanding of fundamental biological mechanisms through which sleep deprivation and sleep disorders affect the cardiopulmonary, hematological, immunological, mental, and behavioral health of children. Specific objectives are to advance our understanding of age-specific and individual requirements for sleep in children; define pathophysiological mechanisms underlying the emergence and progression of childhood

sleep disorders; and identify genetic factors and phenotypic variations in sleep characteristics that determine childhood patterns of sleep and circadian rhythmicity. Basic and clinical research is needed to provide a better understanding of the inter-relationship between sleep and other physiological systems.

DEADLINE: Letter of intent: September 20; application: October 16

CONTACT: Michael Twery, Ph.D., Division of Lung Diseases, NHLBI, Rockledge 2, Suite 10018, MSC 7952, Bethesda, MD 20892-7952, (301) 435-0202, fax: (301) 480-3557, email: mt2d@nih.gov .

■ **SPONSOR:** U.S. Center for Substance Abuse Treatment (CSAT)

■ **SUBJECT:** Evaluation of Addiction-Treatment Services Delivered in Managed-Care Settings

DESCRIPTION: The U.S. Center for Substance Abuse Treatment (CSAT) is offering a special funding opportunity to nonprofits interested in evaluating addiction-treatment services delivered in managed-care settings. State and local governments, including tribal governments, community-based organizations, universities and hospitals, are eligible to apply. The grants made under the ongoing CSAT Community Treatment Program, range from \$50,000 to \$150,000 for up to three years. A total of \$500,000 will be awarded. The funding can be used to evaluate computerized decision-making systems that assist clinicians in selecting treatment options. Grants also can be used to determine whether performance measures used by managed-care companies lead to better treatment outcomes.

DEADLINE: September 10, 2001

CONTACT: Applicants with questions about program issues should contact Sarah Wattenberg, project officer, at (301) 443-0092. Questions about grants management should be directed to Pilar Carrillo at (301) 443-6284. ■

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