



Psychiatric Research Report

Sir Michael Rutter, M.D.

On Friday, October 31, Sir Michael Rutter, M.D., will become the fourth recipient of the esteemed Marmor Award. Dr. Rutter will deliver the Marmor Award Lecture at the APA Institute on Psychiatric Services (IPS) to be held this year in Boston.

The Marmor Award honors an individual who has made a substantial contribution to the biopsychosocial model of psychiatry. The award is endowed by Judd Marmor, M.D., a former APA President and Professor Emeritus at the University of California, Los Angeles, and at the University of Southern California. Marmor's gift to the APA was offered in order to honor a body of work that takes the broadest possible approach to understanding mental health and mental illness — a description that most aptly fits the 2003 recipient of the Marmor Award, Dr. Michael Rutter.



and Developmental Psychiatry Research Centre, and where (since his mandatory retirement in 1998) he currently holds a position as Professor of Developmental Psychopathology. Sir Michael now also occupies one of the most influential positions in British science, as Deputy Chairman of the Wellcome Trust, one of the two largest science-oriented trusts in the world.

Dr. Rutter was the first psychiatrist to be elected a member of the Royal Society (1987), and in 1992 he was knighted by Queen Elizabeth II. On this continent, Dr. Rutter has been honored as a foreign member of the Institute of Medicine (IOM), and in 2001 he shared the Bernard and Rhoda Sarnat International Prize in Mental Health (awarded by IOM) with Solomon Snyder, M.D., the first recipient of the Marmor Award and Lectureship.

Sir Michael is a child and adolescent psychiatrist internationally renowned for his research on both the biological and the psychosocial factors influencing child and adolescent mental health. His innovative thinking has established a developmental approach to child psychopathology that integrates these two, often disparate, research paths.

Dr. Rutter's work has been marked by collaborations with disciplines outside of medicine. This strong interdisciplinary approach has influenced his unusually wide range of research interests.

Initially, the work focused on autism and on questions surrounding origins of the disorder. The research went on to encompass the reading difficulties defined by dyslexia, then the critical variables surrounding childhood attachment, then deprivation syndrome, resilience in relation to stress, developmental links between childhood and adult life, school environments influencing social and antisocial behaviors, neuropsychiatric disorders, psychiatric genetics, classification, and finally psychiatric epidemiology. The most salient aspects of child psychiatry all have been profoundly influenced by the life work of Michael Rutter.

Since 1966, Dr. Rutter has been associated with the Institute of Psychiatry, King's College, London, England, where he established the Child Psychiatry Research Unit as well as the Social, Genetic

Dr. Rutter is on the editorial boards of over 20 journals, and his own publications include some 37 books, 140 chapters and over 300 scientific papers.

For his subject in the Marmor Award Lecture at the IPS meeting Dr. Rutter will address issues involved in "Using Epidemiology to Test Causal Hypotheses." The Lecture will take place on Friday, October 31, from 10:00 until 11:30 a.m., in the Wellesley Room, Marriott Copley Place Hotel, Boston, MA. For further information about the program and CME courses offered at the Institute on Psychiatric Services, please see the APA Web site, www.psych.org. ■

AMERICAN PSYCHIATRIC ASSOCIATION
55th INSTITUTE ON PSYCHIATRIC SERVICES



Access to Integrated
Mental Health Care

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From the Council on Research

Presented below is the fourth in a series of articles on models of psychiatry research training programs. All four models were originally addressed at the NIMH-APA Workshop on Research Training for Psychiatrists, November 7, 2001. A list of models included in the series is provided at the conclusion of this article on page 4.

Neuroscience Based Research Training The Yale Model – Medical Students

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Neuroscience and Psychiatry

There is an array of training programs at Yale designed to attract and engage medical students, graduate students, postdoctoral fellows and psychiatric residents in translational neuroscience research careers. With this training they will be able to apply the knowledge from basic neuroscience research to clinical problems in psychiatry.

Advances from neuroscience research now make it possible to discover the biologic causes and pathogenesis of many psychiatric illnesses. Only by understanding the neurobiologic substrate of illness can we make real progress in understanding the complex relationships between the neurobiologic vulnerabilities and the environmental and social factors that precipitate, modify, and structure symptom expression. Future clinical mental health research scientists will need to be well educated in the basic and clinical neurosciences and in addition also have the necessary skills and abilities to apply this knowledge to understanding the pathogenesis of illness and treatment of psychiatric patients.

There is good reason to be optimistic, since advances from neuroscience research now make it realistically possible to discover the biologic causes and pathogenesis of many psychiatric illnesses. This in turn will provide the major avenues for developing improved treatment, prevention of illness, and cure of patients.

Neuroscience at Yale

Yale University supports a large, active and productive neuroscience research community. There are 14 departments located within the University and their neuroscience research programs generate over one-half of the biomedical research budget. In addition to the graduate

programs within each department, there is an Interdepartmental Neuroscience Research Program that includes 82 faculty located throughout the University. The broad spectrum of neuroscience research provides a strong support base for clinical neuroscience research in psychiatry.

Neuroscience Training in Psychiatry

The Department of Psychiatry has a long and productive history in training graduate students and psychiatric residents in neuroscience research. The Biological Sciences Training Program in Psychiatry, a NIMH supported program initiated in 1957, has supported postgraduate training for both Ph.D.'s and psychiatrists in neuroscience and psychiatry research for over 46 years.

The Clinical Neuroscience Training Program in Psychiatry, an NIMH funded program initiated in 1996, is specifically targeted to support psychiatrists who are starting their research careers during the later part of their psychiatry residency training. In addition, there are graduate training programs in Neuroimaging, Stress Disorders, Addiction Psychiatry and Smoking, Woman's Behavioral Health, Consultation Psychiatry, Geriatric Psychiatry and individual fellowships that also provide training in Clinical Neuroscience Research.

Each of these programs has a specific focus of research that the trainee participates in. In addition, there is a large and rich matrix of courses, seminars, grand rounds and other educational activities that trainees take advantage of. This matrix of support for neuroscience research at the postdoctoral level, has been very productive. There has been less support, however, for medical students. In order to fill this gap we have instituted a NIMH supported program designed to attract and prepare

medical students for a neuroscience based research career in psychiatry.

Medical Students and Clinical Neuroscience Research Careers

Currently at the Yale Medical School (and we suspect the problem also exists at other schools) there is a need for a more intensive and organized integration of basic neurobiology with clinical psychiatry. Very few Yale medical students go into psychiatric training and less than one student every three years enters into clinical neuroscience research in psychiatry. In contrast, a very large percent of each class enter research careers in other clinical and basic science areas. For example, there are 20 students each year who work in laboratories at Yale conducting cancer research. As a consequence, there is a large gap between the extensive body of neurobiologic knowledge available to be presented to the students and the number of students who are actually engaged in applying this knowledge to the study of psychiatric illness.

In the past, a large body of neuroscience information was presented in the curriculum for first and second year medical students, but only occasionally (depending on a particular faculty member) was the information clearly related to clinical psychiatry. There was a clear need for a systematic approach in relating neuroscience to psychiatry.

In response, we have constructed a curriculum that digests, organizes, and presents this vast array of available information to medical students in such a way that its relevance to psychiatry is clear. This program fills the gap with a curriculum in the "Biology of Behavior" for first year medical students and a curriculum in the "Neurobiology of Behavioral Disorders" for the second year medical students.

Currently, the program has two components designed to attract and engage medical students in translational clinical neuroscience research careers.

1. A modern, internet based didactic curriculum which interrelates basic and clinical neuroscience with clinical psychiatry.
2. A structured and mentored clinical neuroscience research training experience where students are able to engage in a 3- or 12-month "real world" research experience.

A Neuroscience Based Curriculum

The curriculum for medical students is specifically designed to integrate basic, clinical, and neuroscience disciplines with a focus on understanding psychiatric illness; the curriculum is integrated within the first and second year courses. As a part of the lectures and small group activities, case reports, live interviews, and video clips are used to illustrate the clinical relevance of each aspect of basic neuroscience.

A Digitized Learning System on the Internet

A unique and novel aspect of the curriculum is the development and use of an extensive interactive, digital, electronic syllabus available on the Yale intranet for all students. It covers all facets of the curriculum: full text journal articles with access to abstracts of references and additional readings; graphics, animation, videotaped patient presentations; as well as opportunities for self-study and self-evaluation. Each year aspects of this curriculum are presented in an interactive lecture format to 200 first and second year medical students.

Many students complain of the lecture format and often prefer to learn at their own pace, studying text books and other materials. Indeed, attendance at lectures at some times of the year can be as low as 30 percent. The students are now able to access the course information and additional information on a local intranet where they are also able to test themselves for their level of knowledge. The anonymous test results are available to the instructor for further feedback and guidance.

The "electronic syllabus" developed in this project complements and extends the initiative taken in the standard lecture and small group format used to teach the first and second year medical students about

neurobiology and psychiatry. The centralization and availability of the course material assist the faculty in their lecture presentations. Most importantly, we will be able to explore the effectiveness of this new medium for medical student self-education on this particular topic. If this is found to be a successful approach, the method then can be used in other medical schools.

The topics and clinical examples used for the first and second year medical school courses are listed in Table I and Table II.

Clinical Research Experience

As the first and second year medical students proceed through the curriculum, they take the next step of actually evaluating and committing to careers in clinical neuroscience research. We have provided

financial support for each medical student to spend a 3- or 12-month block of time in clinical research after the first, second or third year of medical school. Students actually participate in a structured mentored clinical neuroscience research experience. This allows them to experience first hand the rewarding aspects of this type of work and helps them to engage in research activity.

The research experience involves the student in choosing a topic and an advisor who will sponsor the research. The student then conducts a background literature review, formulates a research question, and designs a study under the advisor's guidance. The study is then conducted, the results analyzed and written up for possible publication.

Table I
1st Year Curriculum
Neurobiology of Behavior

Neurobiologic Topic	Clinical Example
Neural Mechanisms of Learning	Dyslexia
Biologic Mechanisms of Memory	Alzheimer's Disease
Neural Mechanisms of Attention	Attention Deficit Hyperactivity
Arousal and Sleep	Narcolepsy
Integration of Higher Cortical Functions	Schizophrenia
CNS Regulation of the Stress Response	PTSD
Neural Circuits of Fear and Anxiety	Panic Disorder
Mechanisms of Motivation and Reward	Drug Abuse
Regulation of Eating Behavior	Anorexia Nervosa
Neurobiology of Mood	Depression
Effects of Sex Hormones on Behavior	Premenstrual Tension
Genes of Behavior	Downs' Syndrome; Fragile X

Table II
2nd Year Curriculum
Neurobiology of Behavioral Abnormalities

Introduction, Neuropharmacology in Neurology and Psychiatry	Neurobiology & Symptoms in Behavioral Disorders
Neurobiology & Behavior of Psychotomimetic Drugs	Neurobiology of Psychosis-Schizophrenia
Antipsychotic Drugs	Neurobiology of Affective Disorders
Antidepressant Drugs	The Biology of Suicide
Neurobiology of Anxiety Disorders	Neurobiology of Stress & PTSD
Antianxiety Drug Treatments	Clinical Abnormalities of Sleep & Arousal
Description, Classification & Biologic Aspects of Personality Disorders	Neurobiology of Substance Abuse, Opiates & Cocaine
Neurobiology of Substance Abuse, Nicotine & Alcohol	Clinical Phenomenology and Biology of Eating Disorders

There is also a more advanced curriculum for trainees participating in the clinical research training experience. This curriculum also relates basic neuroscience to clinical psychiatry but, in addition, it covers more advanced topics such as ethics of research with psychiatric patients, research design, protocol construction, protocol management, data analysis and statistics, and report writing. The trainee is introduced to specific ethical and social issues as well as to specific clinical assessment and evaluation methods involved in clinical neuroscience research with psychiatric patients. A major focus is on the conceptual and practical bridges between basic and clinical neuroscience and on actual studies with psychiatric patients.

The curriculum and mentored clinical research experiences are specifically tailored to the education level of the participants. The entire program has built-in methods for evaluation with yearly followup.

Example of a One-Year Clinical Neuroscience Research Experience

One of the authors (Dr. Cho) conducted a one-year research study between his third and fourth year of medical school, as described below.

Title: Effects of Military Training Stress on Immune Function in Healthy Military Personnel

Background: Military personnel going through the severe stress of the army special forces Survival, Evasion, Resistance and Escape School (SERES) have shown robust stress induced changes in measures of neuroendocrine responsiveness, level of dissociation and performance. In addition, there are differences in the stress response among personnel coming from different military units.

Research Questions: Since stress is known to affect immune function, the following questions were generated.

During the stress of SERES:

1. What aspects of immune function are affected?
2. What are the clinical correlates of changes in immune function?
3. Do changes in immune function relate to changes in neuroendocrine function, dissociation or performance?

Study: Measures of immune function,

neuroendocrine variables, dissociation scales, and performance were obtained in military personnel before, during, and after their performance in SERES.

Results: The study has been completed and the data analyzed. Dr. Cho has presented this research at national meetings and has prepared a manuscript for publication.

Research Training Received: Dr. Cho had weekly meetings with his advisor and was involved in sample collection, laboratory assays, statistical analysis and research conferences. He also attended many research seminars, teaching conferences and national scientific meetings.

In addition to the research training in designing and conducting the study, Dr. Cho was exposed to other educational issues: ethical issues; logistical issues such as ordering supplies and subject recruitment; and social and interpersonal issues, such as collaborations and presenting results at scientific meetings.

The research year has been an invaluable experience in Dr. Cho's career planning and development. He learned how to conduct research from the formulation of a question to the collection of data and finally to the presentation of the research to peers. More importantly, it exposed him to the culture of medical research and taught him about the balance between clinical, scientific, social and administrative functions.

Summary

We have developed a neuroscience based research training model in order to interest medical students in a career of translational clinical neuroscience research. This includes:

1. Effectively demonstrating the clinical neuroscience point of view in the curriculum for first and second year medical students.
2. Providing support for medical students to obtain a three-month or one-year experience conducting clinical neuroscience research.
3. Integrating the medical student program with the Clinical Neuroscience Research Training Program for psychiatry residents which leads to a career as an independent investigator.

This program is now in its fourth year and

has been functioning very well. As students pass through this program they will be better prepared for postgraduate training in research either at Yale or other institutions. ■

Following are citations for the four articles on model research training programs that have appeared in this series.

Robert McCullumsmith, Training the Next Generation of Biological Psychiatrists: The Michigan Model. *Psychiatric Research Report*, Summer 2002, Vol. 18, No. 2, pp 6-7.

Holly A. Swartz and Raymond Y. Cho, Building Bridges: The Pittsburgh Model of Research Career Development. *Psychiatric Research Report*, Fall 2002, Vol. 18, No. 3, pp. 8-9.

Ronald O. Rieder, Research Training: The Columbia Model. *Psychiatric Research Report*, Winter 2003, Vol. 19, No. 1, pp 4-7.

George R. Heninger, and Tracey A. Cho, Neuroscience Based Research Training: The Yale Model - Medical Students. *Psychiatric Research Report*, Summer 2003, Vol. 19, No. 3, pp 3-5.

Editorial Note: This article is the last of four model programs that were presented at the November 7, 2001, NIMH/APA Workshop on Research Training for Psychiatrists. A year ago, in the Summer 2002 issue of the PRR, we introduced the series by saying "each program will be presented here in a series of articles that we hope will begin a continuing survey focused on research training in its various shapes and sizes within psychiatry residency programs throughout the United States."

At this time we would like to invite the field to submit descriptions of other psychiatry research training efforts for presentation in successive future issues of the Psychiatric Research Report. Descriptions may be of small, individual efforts; pilot or experimental programs; well-established programs; formal or informal efforts; individually-designed or department-wide curricula; pre-med, med, residency, or post-doctoral training. We would like to know, and we would like others to know, what is out there and how existing examples of research training might be applied or adapted in the national effort to train and produce a greater number of physician scientists interested in the issues of mental health and mental illness. Please submit ideas, abstracts, or full-fledged articles by e-mail to prp@psych.org. Articles appearing in other forums (journals, newsletters, academic formats) would gladly be reprinted in the PRR newsletter, with permission from the authors and originating publications.



From the Committee on Research Training

“Know Your Data!”...and other messages for Junior Investigators

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The 8th Research Colloquium for Junior Investigators was filled with tales about the joys of discovery and the perils of a lifelong research career. The Research Colloquium, held annually in conjunction with the APA Annual Meeting, was hosted this year by the Langley Porter Psychiatric Institute in San Francisco.

The basic goal of the Colloquium has remained unchanged over its eight-year history — *to bring together mentors and mentees in an intimate environment that allows discussion both of current research projects and future career trajectories.*

This year's meeting, however, had its own special features. Attendees were treated to John Greden's¹ introductory presentation, affectionately known as the “Cheerleading Speech,” on how and why to maintain enthusiasm for a research career. Attendees were also treated to an effusive and scholarly presentation by Dr. Nora Volkow, newly-appointed Director of NIDA.² Dr. Volkow challenged the collected audience of mentors, mentees, and presenters:

“No one chooses to be addicted,” she instructed. It is important for both researchers and clinicians to view addiction as an illness that requires research to develop an understanding of etiology, pathophysiology, and effective treatments.

The format for the day-long Colloquium was anchored, as in previous years, by nine small groups, each comprised of two mentors and five mentees, with each group focused on one of three subject areas:

- Anxiety and Stress-Related Disorders
- Clinical Trials
- Epidemiologic and Health Services Research

Each of the three groups that focused on clinical trials research included a mentor from industry to allow for discussion of clinical trials from both investigator and industry perspectives. For the afternoon sessions the nine small groups were joined by three statisticians — Cynthia Arfken, Donald Guthrie, and Kevin Delucchi — who circulated among the groupings in each of the three subject areas. Although the initial intent of including statisticians had been to impart concrete knowledge and consultation on methods of statistical analysis, ironically, the most important message was that of a basic conceptual approach:

“Look at your data! Know your data!”

Before you decide which tests to perform, before you begin crunching numbers, look at the raw numbers and ask yourself:

- *Do they make sense?*
- *Are there outliers?*
- *What data is missing? And why?*

“Get a feel for your data,” advised Dr. Arfken. The concepts you are trying to study and the models you are attempting to explore will identify the statistics you will use.

Throughout the lunchtime poster sessions, mentees discussed their work with each other and at the end of the day a wrapup session brought together mentors and mentees to synthesize what had been learned and, significantly, what more still needed to be learned. Mentees identified specific knowledge gained in the areas of career development and research skills.

- *Choose a specific area for which you have a passion, rather than something your mentor thought was a good idea.*
- *Don't be afraid to have more than one mentor, particularly if your area of pursuit requires expertise that cannot be fulfilled by just one mentor.*
- *Develop a long range career plan: 1-year- 3-years -5-years; evaluate the plan periodically and don't be afraid to change it.*
- *Be patient and persistent: a research career is a marathon not a 50-yard dash.*
- *“The Rule of One.” Let each project answer only one question. Be able to summarize any concept in one slide in one minute. To put it another way, any one study can only answer one question well; it probably will, and should, take a series of studies to really understand the bigger picture.*

What remains to be learned? What still needs to be learned? Mentees offered the following:

- *How to balance clinical and research demands. “How much protected time do I really need?”*
- *How to decide when to leave your mentor.*
- *How to develop a conceptual model for your work and let it guide your research plan as well as your statistical plan.*
- *How to obtain funding both nationally and internationally.*

Next year's Colloquium at the 2004 APA Annual Meeting in New York City is already in preparation. The Department of Psychiatry at Mount Sinai School of Medicine will sponsor the event, to be held Sunday, May 2, 2004. The Colloquium will again bring together 45 mentees in three topic areas:

- Biologic Correlates of Mental Illness
- Mood disorders
- Alcohol and Drug Abuse.

Mentee applications will be accepted from August 15 through November 15, 2003, with application forms available on the APA Web site (www.psych.org).

Next year's meeting, like the eight before it, will emphasize both the importance of a methodical, scholarly pursuit of research as well as the passion and excitement engendered by the pursuit.

¹Chair, Department of Psychiatry, University of Michigan School of Medicine, and Chair, APA-Council on Research

²NIDA, along with NIMH and NIAAA are the three co-sponsors of the annual Colloquium under the auspices of a R-13 conference grant to the American Psychiatric Institute for Research and Education (APIRE). ■

Request for Nominations **Research Colloquium for Junior Investigators** **May 2, 2004 - New York**

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

Who is eligible: Psychiatrists who are senior residents, fellows, or junior faculty, and who have an interest in and potential for developing research careers focused on *mood disorders, alcohol and drug abuse, and/or the biological correlates of mental illness*. A limited number of medical students may also be selected. Individuals with federal research awards (e.g., RO1 awards) are not eligible.

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

Deadline: November 15, 2003

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

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

The APA Committee on Research Training and the American Institute for Research and Education (APIRE) sponsor a number of research training opportunities and awards that have upcoming application deadlines. We invite applications and requests for further information from mentors, students, and departments of psychiatry. Complete application instructions can be found on the APA Web site (www.psych.org), click on Research Resources in the pull down, site guide menu, then click on APA research awards.

Medical Students

PMRTP: Program for Minority Research Training in Psychiatry
Support for full-time training (\$1,664/mo.) during an elective period (2-6 month rotation) or as a summer experience.
Deadline: 3 months before training begins; April 1 for summer experiences.

Medical Students & Residents

PMRTP Mini-Fellows
Provides travel stipends to APA Annual Meeting or to ACNP.
Deadline: Varied deadlines

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

Janssen Scholars in Research on Severe Mental Illness
Two-year program (\$5,000/yr.) includes mentorship and travel to APA Annual Meetings. **Deadline:** January 15, 2004

Residents (PGY-4)

PMRTP: Program for Minority Research Training in Psychiatry
Support for full-time research training in last year of residency (beginning \$44,364). **Deadline:** December 1, 2003

Residents (All PGYs)

AstraZeneca Minority Fellowship
Two-years of support for travel to APA meetings for minority residents; includes service on APA component of choice.
Deadline: January 31, 2004

Post-Doctoral Fellows

PMRTP Program for Minority Research Training in Psychiatry
Full-time research training fellowship (\$44,364-\$50,808), tuition reimbursement, travel to scientific meetings.
Deadline: December 1, 2003

APIRE/Lilly Psychiatric Research Fellowship

One year of support (\$45,000) and protected research time for a fellow who demonstrates significant research potential and has not had extensive prior research training. Department chairs are asked to nominate eligible residents.
Deadline: October 14, 2003

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

One year of support (\$45,000) and protected research time for a fellow who demonstrates significant research potential and has had research training in conjunction with Ph.D. Department

chairs are asked to nominate eligible residents.

Deadline: October 14, 2003

APA/GlaxoSmithKline Severe Mental Illness Research Fellowship

This fellowship supports (\$45,000) training focused specifically on clinical and health services research in schizophrenia, bipolar illness or other forms of severe mental illness.

Deadline: October 14, 2003

Junior Faculty/Early Career

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

Support (\$45,000) for protected time to carry out research in the biology and psychopharmacology of mood disorders and/or anxiety disorders. Applicants must hold a position as an assistant professor in the psychiatry department of a U.S. medical school. **Deadline:** October 14, 2003

APA/Kempf Fund Award for Research Development in Psychobiological Psychiatry

This award recognizes the mentor-trainee relationship by offering \$20,000 to the trainee and \$1,500 to the mentor for the support of research career development in the physiological, psychological and/or sociological causes and treatment of schizophrenia. **Deadline:** October 14, 2003

Residents, Fellows, and Junior Faculty

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

Two separate awards of \$45,000 will be made to candidates who have completed a psychiatry residency, at least one year of a psychiatry research fellowship, and are seeking to make a commitment to a research career as an independent investigator. **Deadline:** October 14, 2003

APA/AstraZeneca Young Minds in Psychiatry International

Four separate awards of \$45,000 each will be made to young physician researchers (up to five years postresidency) working in core psychiatric areas with an emphasis on Bipolar Disorder or Schizophrenia. Two awards will be made to U.S. based researchers and another two awards will be presented to candidates conducting research outside the U.S. **Deadline:** October 14, 2003

Early Research Career Breakfast at the Annual Meeting

An annual opportunity for junior investigators to interact individually and in small groups with distinguished senior researchers around specific research topics and career issues. Trainees are recommended by department chairs, residency training directors, and research training directors. **Timetable:** Chairs and directors invited to submit nominees, first week in January 2004; submissions due by February 28, 2004; formal invitations to trainees mailed April 18, 2004. ■

Building Research Careers



Industry vs. Inferiority?

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Recently, a graduating resident, who is pursuing a career in academic psychiatry, asked me “how to get involved with the pharmaceutical industry.” I responded by asking him to define “involved.” He was seeking guidance regarding what his relationship with the industry could and should be following his graduation. As a result, I decided that it might be useful to examine in what manner, how, and why early career psychiatrists might “get involved” with the pharmaceutical industry.

What does “involvement” mean?

There are several opportunities for early career investigators to become involved with the pharmaceutical industry. One opportunity is to pursue pharmaceutical research. Pharmaceutical companies will support two types of studies. First, multi-site studies, traditionally initiated by the company, are very large trials usually performed to enable a company to file an FDA application for a specific drug indication. Second, are investigator-initiated studies for which the company provides the financial support to implement *your* research ideas.

In general, multi-site studies provide greater financial support than investigator-initiated studies. Typically, however, the investigator is not entitled to publish the results of multi-site studies. Although there are some advantages to multi-site studies, such as the financial support to recruit patients for other investigations (e.g., neuroimaging and genetic studies), they may be too time consuming for early career investigators. Generally, I would recommend participating in these only with good supervision from a mentor. Investigator-initiated studies, on the other hand, provide a perfect opportunity for early career investigators to obtain pilot data for future grant applications.

You can also become involved with industry by giving lectures that are supported by pharmaceutical companies. Two types of lectures are sponsored by pharmaceutical companies, those that are promotional and those that provide continuing medical education (CME) credits. Individual companies have varying policies on promotional talks. Some companies will only allow you to present slides that the company has approved, which may seem too promotional. In contrast, other companies encourage a balanced presentation using your own material. Speaking for several companies, rather than only one, helps to ensure that you maintain a fair perspective and do not become biased toward a single product. Alternatively, early career investigators might prefer to give only CME lectures, which must follow specific guidelines to ensure that they are well balanced.

While my mentor has wisely cautioned me not to become dependent on the seduction of financial incentives offered by pharma-

ceutical companies, this poses a difficult challenge for most early career psychiatrists in academic psychiatry, particularly those who are the primary source of financial support for their families and are encumbered by outstanding educational loans. Some early career psychiatrists have doubled their income by lecturing for pharmaceutical companies; to do so, however, required a lot of travel that adversely impacted their family and job productivity. My mentor, therefore, has also recommended that income from pharmaceutically-funded talks should never become part of your family’s budget so that you can always feel free to refuse any talk without a significant personal financial impact. Fortunately, early career investigators now have other opportunities for financial assistance, such as the National Institutes of Health Loan Repayment Program (LRP) for which the next application cycle begins on September 1, 2003 (<http://www.lrp.nih.gov>).

Finally, there are several other opportunities for new investigators to become involved with the pharmaceutical companies. You might attend advisory boards meetings or apply for travel awards and unrestricted educational grants that are sponsored by pharmaceutical companies and awarded to institutions and organizations to administer.

How to become “involved” with the industry

There are several paths that will help you meet the people who can guide you within industry. In addition to the pharmaceutical representatives, most pharmaceutical companies also have “scientific liaisons.” Typically, scientific liaisons have postgraduate degrees (Pharm.D., Ph.D., or M.D.) and will periodically visit your institution. One role of the scientific liaison is to educate you about the company’s opportunities and application process for research support. What you will discover is that every company has a slightly different infrastructure and application process, but the scientific liaison should help guide you through the process. Additionally, mentors can introduce you to scientific liaisons and physicians at pharmaceutical companies who, in turn, can help you become involved within the industry. Mentors and senior faculty can also guide your interactions with industry.

Why become involved with pharmaceutical companies?

Recently, I was at a national meeting and sitting next to a resident who was interested in academic psychiatry. He was describing his unsuccessful efforts to obtain financial support to pursue his research interests, which, in my opinion, would have been of great interest to several pharmaceutical companies. I suggested he might approach the pharmaceutical industry with his ideas, but he was adamantly opposed to the idea of accepting pharmaceutical

support because it might be “looked down upon” and because “the results might be viewed as biased.”

While there may be some validity to these concerns, for early career psychiatrists who are attempting to launch a career and gather pilot data, pharmaceutical financial support can be an ideal situation. The results will not be biased if you, as the principal investigator, ensure proper scientific conduct of the study. Furthermore, it is essential that you have the proper legal counsel at your university examine any contract with a pharmaceutical company before you sign it. One commonly negotiated aspect of a contract stipulates that you, as the principal investigator, maintain intellectual property rights for the results of your studies; this will ensure that you can publish the results of the study, independent of the outcome. However, it is first necessary to examine your institutional and departmental policies regarding faculty involvement with pharmaceutical companies. Universities, and even departments within a university, vary significantly in policies for faculty involvement in pharmaceutical activities.

An Analogy

In Ericksonian terms, during the stage of development named “industry vs. inferiority,” schooling and other training opportuni-

ties are essential to provide elementary school aged children with the learning experiences necessary to acquire the skills of a successful worker. The positive outcome of this stage occurs when children discover pleasure in intellectual stimulation, being productive, seeking success and thus develop a sense of competence or “industry.” In contrast, if they do not have a positive outcome they will develop a sense of inferiority.

Based upon my observations and experiences, the pharmaceutical industry can provide early career investigators in clinical psychiatric research with the grant support, research training, and educational opportunities necessary to develop a sense of industriousness as an investigator. Especially relevant for new investigators are the opportunities to learn and perfect the skills essential for effective data presentation.

The opportunities provided by the pharmaceutical industry can enhance the development of an early career psychiatrist and, in my opinion, are complementary to other early career goals, such as obtaining federal funds, presenting and publishing scientific data. However, these opportunities are most effective when balanced with other funding sources and other academic pursuits. ■

New Research at the APA Annual Meeting

This format, for residents, medical students, or fellows (research or clinical), allows for presentation of very recent findings obtained from ongoing research. Data must be “new” and “research.”

Submission deadline is December 5, 2003.

The three types of new research are:

Young Investigators’ Oral/Slide:

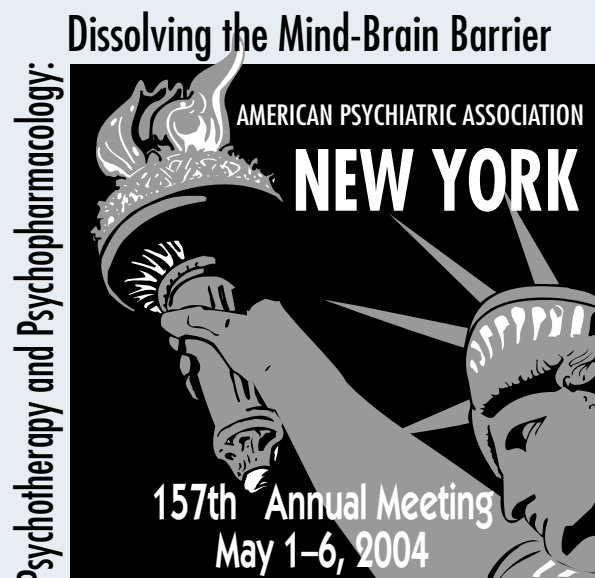
Fifteen-minute oral/slide presentations with a three-minute period for questions. Thematically organized sessions are devoted to both biological and psychosocial research.

Young Investigator Poster:

A visual, self-explanatory presentation of recent research findings combined with formal discussion among presenters and participants. Provides an opportunity to meet and share work with other junior colleagues and to discuss work with senior investigators.

Poster:

A visual, self-explanatory presentation of recent research findings combined with formal discussion among presenters and participants.



Residents' and Fellows' Corner

Doing Research as a Resident*

Lisa Kotler, M.D.
Columbia University
New York State Psychiatric Institute

Residency training is a time when most of us are learning the clinical skills that we will use in our careers as psychiatrists. It is a busy time, filled with challenges and opportunities. Few residents are exposed to research during their residency training, as they may not have the interest, opportunity, or time to do so. However, involvement in research can be a rewarding experience and can complement your residency training. This chapter will discuss the reasons to get involved in research as a resident, review the types of psychiatric research, and give suggestions on how to participate in research as a trainee in psychiatry.

Why do Research?

Research can be simply defined as coming up with a question and systematically attempting to answer it. Research in psychiatry is within the reach of any good clinician, and ideas can arise from clinical work in the form of everyday experiences such as a treatment response, and unexpected side effect, or a particularly interesting patient. Research requires personal effort and enthusiasm, since scientifically pursuing the answers to questions is a slow and methodical process. Why take the time or effort to do research when you are already involved in residency training, a stressful and time intensive endeavor in its own right? The answer is because conducting psychiatric research can enhance you on both a professional and personal level. The care we give to patients should be based on proven, effective interventions and not solely on tradition or anecdote. Doing research can further your career, gain recognition from colleagues, advance the field, and contribute to better care of patients. Personal rewards include the satisfaction of own curiosity, interactions with other researchers in the field, and the experience of seeing an idea through from its conception to its execution and completion.

There is Research and There is Research

There are a variety of different areas of research in psychiatry. Basic neuroscience research includes laboratory or bench research and the newer area of neuroimaging. Clinical treatment trials establish the effectiveness and safety of psychiatric treatments. Health services research is a newer area of research that applies structured instruments to large populations to detect psychiatric disorders and follows outcomes of current treatments. Lastly, clinical phenomenology studies characterize specific diagnostic groups of patients.

As researchers begin to answer the questions they pose, the type of study necessary starts to take shape. The most basic study is a descriptive study, in which one simply describes a particular finding such as clinical case, or a side effect of a treatment. This form of research usually leads to publications such as letters to the editor, case reports, and systematic case series. A more complicated study is an analytic study. These studies look at cause and effect relationships. These studies are found in the literature as retrospective and prospective chart reviews and reports of questionnaire findings. The most complex studies are experimental studies where one aims to ascertain the effect of an intervention. These studies are published as clinical trials the most rigorous being the randomized, double blind controlled trial.

Where to Start

It is easy to become overwhelmed by the idea of doing research of fear that it will require a great deal of time and grant money. In reality, many projects start small and progress through stages from a single experience to a more complex project. Many medical centers offer small grants to resident investigators. You can contribute to the field of psychiatric research by participating in several different ways. The following are some ideas of how a resident in training can gain experience in psychiatric research.

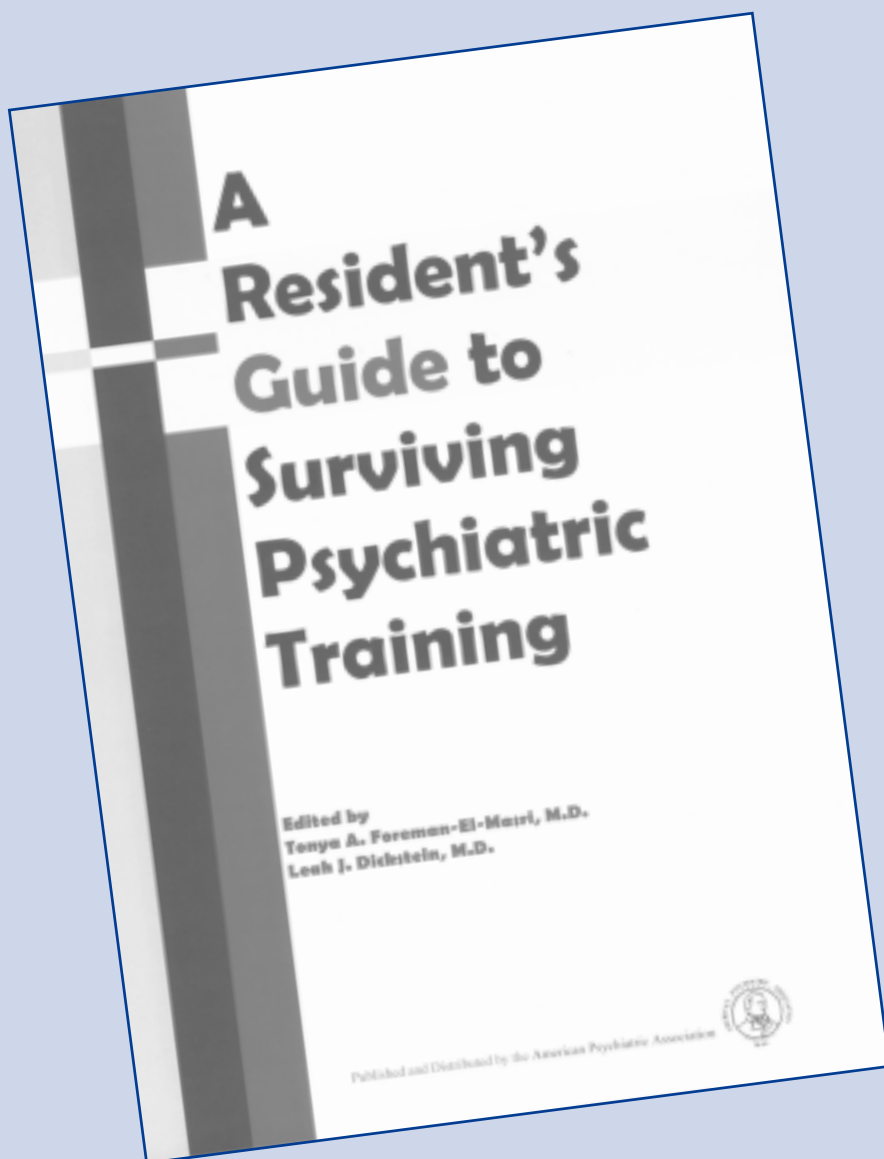
1. Obtain a list of faculty members and their current research interests from your department. Speak with faculty members who are doing research in an area that interests you. Most faculty members welcome interest and enthusiasm from residents and are glad to discuss a potential research project with them. It is often good to do a literature search on the topic and familiarize yourself with the area prior to your meeting with the faculty members.
2. When considering the type of project to do, be realistic about the time you have to spend doing the research and what you want to get out of it. Research tends to move slowly, and projects take place over months to years. It may be better to add onto an existing project as a resident rather than start something completely new.
3. Negotiate whether your name will be on any publications. If you do a significant amount of work on a project, you want to make sure that you get the proper academic credit for doing so.
4. Get involved in research-related activities in your department, such as journal clubs and grand rounds presentations.
5. Find out if your institution offers post-residency research fellowships.
6. Attend professional meetings such as the American Psychiatric Association Annual Meeting or sub-specialty organization meetings.

*The article presented above is reprinted, with permission, from the APA publication, *A Resident's Guide to Surviving Psychiatric Training*, Tonya Foreman-El-Masri, M.D., and Leah J. Dickstein, M.D., editors. Copies of the *Guide* are distributed free of charge upon request by e-mail (fulfillment@psych.org) or by calling the APA Answer Center (703-907-7300); request APA publication AC1842.

7. Look for opportunities to present at these scientific meetings. This can be accomplished through young investigator sessions or poster presentations. These presentation experiences will allow you to fine tune your scientific ideas and start to put you on the map with colleagues working in your area of interest.
8. Be aware that your research efforts will likely require extra time outside of your residency training requirements. However, many programs will allow you to use elective time for research.
9. The National Institute of Mental Health (NIMH) has PGY-4 research electives as well as post-residency fellowships available. For more information, visit their web site as www.nimh.nih.gov.

Suggested References

Kay J, Silverman EK, Pessar L, eds. Handbook of Psychiatric Education and Faculty Development. Washington, DC: American Psychiatric Association, 1999. ■



- ❖ Learning Curves: How to Maximize Your Educational Experience
- ❖ Standing Out in the Crowd: How to Become a Psychiatric Leader
- ❖ Taking Care of Yourself During Psychiatric Residency
- ❖ And Justice for All: Legal Issues in Psychiatric Training
- ❖ Entrusted to Your Care: Special Issues in Caring for Patients
- ❖ Cutting Edge: Psychiatry and Technology
- ❖ Personal Finances During Residency Training
- ❖ The Bottom Line: Financial Issues in the Practice of Medicine
- ❖ A Look Toward Your Future as a Psychiatrist
- ❖ Roadmaps: Sample Patient Documents

Award For Research in Psychiatry

*** Call For Submissions ***

The American Psychiatric Association takes pleasure in inviting submissions for the 2004 American Psychiatric Association Award for Research in Psychiatry. First awarded in 1949 as The Hofheimer Prize, the Award recognizes a single distinguished 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.

The Award consists of a \$5,000 prize, a plaque, and an honorary lecture to be delivered by the awardee at APA's Annual Meeting in May 2004.

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 Committee are excluded from submitting nominations.

The **sponsor** should submit a letter setting out in detail a justification for the nomination, summarizing the nominee's research accomplishments or coherent theme of research.

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.

Entries must be submitted in SEVEN COMPLETE COLLATED SETS to:

Alan F. Schatzberg, M.D.
Chair, APA Research Awards Committee
c/o APA Division of Research, 1000 Wilson Blvd., Suite 1825
Arlington, VA 22209

For more information please contact Harold Goldstein, Ph.D., APA Division of Research; (703) 907-8623 or by e-mail at goharold@psych.org.

Deadline for receipt of submissions:
August 29, 2003

Health Services Research Awards

Call for Nominations

Purpose: The American Psychiatric Institute for Research and Education (APIRE) supports several awards in the area of Health Services Research. These awards are designed to promote health services research, to support junior investigators in their research efforts, and to recognize significant contributions to the field.

The **APIRE Early Career Award** provides \$1,000 to the awardee and is given in recognition of a significant paper in the field of Health Services Research published by a junior researcher. The **Senior Scholar Health Services Award** provides \$1,000 to a recipient for distinguished career contributions in Health Services Research.

- ❖ **The Early Career Award** recognizes the best nominated paper published during the past year by an early career psychiatrist (less than 40 years of age or within 5 years of completing training).
- ❖ **The Senior Scholar Award** recognizes singular or sustained research accomplishments, by a researcher beyond early career status, that have made an important contribution to the field of mental health services research.

Nomination/Application Procedures:

Nominations for both awards can be made by either the nominee him/herself or by a colleague in the field, such as a department chairperson, division chief, or other health services researcher. While the proposed applicant must be an APA member, the nominating individual need not be a member and may be from any discipline. The nomination letter should succinctly describe the contributions that are the basis for the nomination and the relationship of the nominator to the nominee. A curriculum vitae for the nominee should accompany the nominating letter, along with the nominated paper (for the Early Career Award) and 1-2 papers of greatest significance (for the Senior Scholar Award).

Selection and Conditions of the Award:

The APA Corresponding Committee on Health Services Research will serve as the review panel for determining award recipients.

The awards will be presented at the Health Services Research Breakfast which is held in conjunction with the APA Annual Meeting. Awardee names and short biographies will be included in the APA Convocation booklet. Please note that these awards do not cover any travel expenses to the Annual Meeting.

Contact: Harold Goldstein, Ph.D., (703) 907-8623; e-mail: goharold@psych.org

Deadline for receipt of nominations:
February 2, 2004

Legislative Forum

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

FY 2004 Appropriations Update

House Action

On June 25, the House Appropriations Committee approved its FY 2004 Labor-HHS-Education spending bill, and on July 10 the bill passed a vote on the House floor. The House bill includes \$27.664 billion for NIH, which is equal to the President's FY 2004 budget request. A subcommittee press release describes this as "an increase of more than seven percent because of one-time costs in FY03." The subcommittee has identified these "one-time costs" to include funds for biodefense laboratory construction, other intramural and extramural facilities construction, campus security and anthrax vaccine procurement. The actual NIH budget increase, however,

is only \$682 million (2.5 percent) over FY 2003. All NIH institutes and centers are funded at or above the Administration's requested levels. The House funding levels for the NIMH increased by \$41.1m to \$1,382m. NIDA was increased by \$33.9m to \$995.6m and NIAAA was increased by \$14m to \$430.1m.

The Center for Mental Health Services (CMHS), one of three SAMHSA centers, fared well under the House version of the FY04 spending bill. The House did not follow the President's request to cut the CMHS budget by \$23 million and instead added \$2 million to children's mental health services, PATH and jail diversion grants. However, the state block grant was reduced by \$5 million.

The Senate Appropriations Committee approved its version of the bill on June 26. The Senate bill provided \$27.98 billion for NIH, an increase of \$1 billion (3.7 percent) over FY03 funds. The bill has yet to make its way to the Senate floor for approval. Advocates anticipate the Senate debate will involve two amendments affecting NIH. The first amendment will request that an additional billion dollars be added to NIH. The second amendment will request an across-the-board "tap" for all programs in the Labor, Health and Human Services bill and direct the "tapped" funding into federal public education programs. For frequent updates regarding the Senate process, please go to the APA's website under the "Public Policy and Advocacy" heading. ■

PROGRAMS	FY 03 FINAL	FY 04 ADMIN REQUEST	FY 04 APA REQUEST	FY04 HOUSE (6/25)	FY04 SENATE (6/26)
NIH					
NIMH	\$1,341.1m	\$1,382.1m	\$1,484.7m	\$1,382.2m	\$1,400m
NIDA	\$961.7m	\$995.6m	\$1.06b	\$995.6m	\$997.6m
NIAAA	\$416.1m	\$430.1m	\$460.68m	\$430.1m	\$431.5m
CMHS					
CMHS Total	\$857m	\$834.1m	\$960.0m	\$864m	\$855.7m
Block Grant	\$437.1m	\$433.0m	\$499.m	\$435.m	\$437m
Children's MH	\$98.5m	\$106.7m	\$113.0m	\$108m	\$98.4m
PATH	\$43.1m	\$50.0m	\$53.7m	\$50.1m	\$47.1m
Protection & Advocacy	\$33.8m	\$32.5m	\$38.5m	\$34m	\$35.8m
PRNS	\$244.5m	\$211.8m	\$280.0m	\$237.0m	\$238.0

Research Training Opportunities

■ **SPONSOR:** Duke University Medical Center

■ **POSITION:** Minority Fellowship in Mental Health Interventions Research

DESCRIPTION: This is a two to three year program to prepare promising doctoral level (M.D., Ph.D., Psy.D., N.D., D.S.W., Pharm.D.) minority fellows for careers as independent mental health interventions researchers. Training includes working with a variety of mentors at Duke and other sites, as well as formal coursework in statistics, research design, and ethics, through Duke's Clinical Research Training Program. Positions available for July 1, 2004. <http://psychiatry.mc.duke.edu/premier>.

DEADLINE: February 1, 2004

CONTACT: David C. Steffens, M.D., M.H.S., Duke University Medical Center, Box 3903, Durham, NC 27710; (919) 684-3746, fax: (919) 681-7668; e-mail: david.steffens@duke.edu.

■ **SPONSOR:** University Of Iowa

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

DESCRIPTION: The Mental Health Clinical Research Center is accepting applications for a 1- to 3-year NIMH-funded fellowship program in the neurobiology of major psychotic disorders. The fellowship is designed for either: 1) psychiatrists who have recently completed residency or are beginning their fourth year of residency and/or; 2) recently completed Ph.D.s in psychology (clinical or experimental), neuroscience, biostatistics, biomedical engineering, or related fields. Major areas of activity include brain imaging (MI, fMRI, & PET), biostatistics, cognitive neuroscience, neuroanatomy & neuropathology, neuropharmacology, & molecular genetics. The primary focus of the Clinical Research Center is on schizophrenia and related psychotic disorders.

U.S. citizenship or permanent visa status required. Applicants from under-represented groups and from all ethnic backgrounds are encouraged to apply.

DEADLINE: Applications available now for positions beginning July 1, 2004.

CONTACT: Nancy C. Andreasen, M.D., Ph.D., Director, MHCRC, 2911 JPP, 200 Hawkins Drive, Iowa City, IA, 52242-1057, (319) 356-1545 or e-mail Vicki Foubert at vicki-foubert@uiowa.edu. The University of Iowa is an Equal Opportunity/Affirmative Action Employer.

■ **SPONSOR:** University of Pittsburgh

■ **POSITION:** Postdoctoral Research Fellowship in Psychiatry/Mental Health Services Research

DESCRIPTION: The University of Pittsburgh, Department of Psychiatry, and the University of Pittsburgh Medical Center Health System's Western Psychiatric Institute and Clinic is offering a 2-year postdoctoral research fellowship opportunity for M.D.s or Ph.D.s with an interest in mental health services research.

The fellowship opportunity is designed to provide methodological skills acquisition in addition to research experience with an established investigator in one of three (child, mid-life, late-life) mental health intervention research centers. Research emphasis includes comorbidity of psychiatric disorders and general medical disorders, the effect of mental disorders on health services utilization, epidemiology of mental disorders in primary care, and the design and adaptation of intervention strategies for particular settings (e.g. primary care, pediatrics, community and ob/gyn), and populations (e.g. women, underserved).

DEADLINE: Open

CONTACT: Harold Alan Pincus, M.D., Professor and Executive Vice Chair, Western Psychiatric Institute and Clinic, 3811 O'Hara St., Pittsburgh, PA 15213. Fax: (412) 624-8015, e-mail: pincusha@msx.upmc.edu.

■ **SPONSOR:** Virginia Commonwealth University

■ **POSITION:** Chronic Mental Illness/ Psychopharmacology Fellowship

FELLOWSHIP: A new fellowship in Chronic Mental Illness/Psychopharmacology is being offered by the Department of Psychiatry at Virginia Commonwealth University. Candidates at PGY-5 or higher may apply; eligibility for Virginia license is preferred. Fellow will work at city and county mental health clinics and at the University hospital and will receive close mentoring and supervision. Opportunities exist for research in psychopharmacology, schizophrenia, and mood disorders, as well as substance abuse and obesity in the mentally ill. VCU is an EEO/AA employer. Women, minorities and persons with disabilities are encouraged to apply.

DEADLINE: Open; start date is flexible.

CONTACT: Send curriculum vitae to Mary Swartz, Department of Psychiatry, Box 980710, Virginia Commonwealth University, Richmond, VA 23298.

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

■ **POSITION:** Clinical Neuroscience Research Training

DESCRIPTION: The Department of Psychiatry offers a unique opportunity for PGY-IV residents and PGY-V fellows interested in cutting-edge clinical neuroscience research. Emphasis is on the biologic basis of neuropsychiatric disorders. Trainees are encouraged to develop their own research studies in one or more of the following areas: novel psychopharmacology, brain imaging research (PET, SPECT, 1H-MRS, fMRI), pharmacologic challenge paradigms, and genetics of psychiatric disorders.

DEADLINE: Open

CONTACT: Interested applicants should send their curriculum vitae to Robert Malison, M.D., Director, Neuroscience Research Training Program, Yale University Department of Psychiatry, Clinical Neuroscience Research Unit, Connecticut Mental Health Center, 34 Park Street, New Haven, CT 06519 or send an e-mail requesting more information to robert.malison@yale.edu.

Research Funding Opportunities

■ SPONSOR: Klingenstein Foundation

■ SUBJECT: Childhood Depression and ADHD

DESCRIPTION: The Klingenstein Third Generation Foundation supports innovative programs principally in the areas of childhood and adolescent depression, and ADHD. This strategy has primarily focused on clinical intervention and prevention programs, or adapting proven but under-utilized programs to clinical settings. The Foundation has funded the development of pilot programs, including the development of treatment manuals, training, and dissemination. Generally, grant requests for direct service programs will not be considered unless they include a research or program evaluation component, or unless they represent the application of research findings to a clinical setting. Most of the Foundation's grants are in the range of \$5,000 to \$35,000 per year. In certain circumstances larger awards will be considered.

APPLICATION PROCEDURE: There is no formal application or form. Prespective grantees should submit a letter that succinctly describes the proposed project, the amount sought, and an explanation of why the project is significant. The Foundation will ask for a more detailed proposal, if the letter of inquiry is of interest. *Both letters of inquiry and full proposals may be submitted by e-mail.* Web site: www.ktfg.org.

DEADLINE: Proposals are accepted on a rolling basis; reviews are conducted three times a year.

CONTACT: Yvonne L. Moore, Program Associate, The Klingenstein Third Generation Foundation, 787 Seventh Avenue, New York, NY, (212) 492-6182, fax: (212) 492-7014, Yvonne.moore@klingenstein.org.

■ SPONSOR: NARSAD

■ SUBJECT: Independent Investigator Award

DESCRIPTION: This award supports scientists at the associate professor (or equivalent) level. Awards are up to \$50,000 per year, for two years. The National Alliance

for Research on Schizophrenia and Depression (NARSAD) supports scientists conducting basic research, clinical research, or a combination of both, in neurobiology. The disciplines and studies supported span the full range subjects between genetics, epidemiology and prevention research.

DEADLINE: Applications for this award will be accepted between January 5, 2004 and March 5, 2004.

CONTACT: Audra Moran, 60 Cutter Mill Road, Great Neck, NY 11021, (516) 829-5576, amoran@narsad.org.

■ SPONSOR: National Science Foundation

■ SUBJECT: Perception, Action & Cognition

DESCRIPTION: Applications are requested for research on perception, action and cognition including the development of these capacities. Emphasis is on research strongly grounded in theory. Topics include vision, audition, haptics, attention, memory, reasoning, motor control, written and spoken discourse, and developmental issues in all topic areas. Research involving acquired or developmental deficits is appropriate if the results speak to basic issues of perception, action, and cognition.

DEADLINE: January 15 and July 15, yearly

CONTACT: Guy Van Orden, Program Director, (703) 292-8732, gvanorde@nsf.gov

■ SPONSOR: National Institute of Mental Health

■ SUBJECT: Research on Community Reintegration

DESCRIPTION: The National Institute of Mental Health invites applications for Research on Community Reintegration for People with Psychiatric Disabilities. The goal of the program announcement is to encourage researchers to think beyond usual assumptions underlying "psych rehab" and to focus on research that will do more than replicate old findings. The proposed research should address: the social and physical

isolation experienced by consumers who need to develop socioculturally meaningful and useful bridges back to valued social roles; the regulatory, organizational, and professional barriers that case workers experience. The research methodologies should emphasize multidisciplinary, translational, and mixed-methods approaches. Three grant mechanisms will be used to support this announcement: the Project Grant (RO1), Exploratory/Developmental (R21), and Small Grant (RO3).

DEADLINE: October 1, February 1, June 1

CONTACT: Ann Hohmann, Ph.D., M.P.H., Division of Services and Intervention Research, (301) 443-4235, ahohmann@nih.gov.

■ SPONSOR: National Institutes of Health

■ SUBJECT: Clinical Research Curriculum Award

DESCRIPTION: The Clinical Research Curriculum Award (CRCA-K30) is supported by all NIH Institutes and Centers as part of the NIH commitment to improve the quality of clinical research training. The CRCA supports educational and research institutions in the development and/or improvement of core didactic courses designed as indepth instruction in the fundamental skills, methodology, and theory necessary to train clinical researchers who can successfully compete for research funding. Support will be provided to institutions that do not currently offer such programs as well as to institutions that wish to expand or improve existing programs. The scope of the curriculum can be flexible to meet the needs of the institution. Inclusion of interdisciplinary approaches is strongly encouraged.

DEADLINES: Letter of intent, December 16, 2003; application, January 16, 2004

CONTACT: Lawrence Friedman, M.D., NHLBI, (301) 496-9899, Lawrence_friedman@nih.gov; Belinda Seto, Ph.D., Office of Extramural Research, NIH, (301) 402-9128, setob@od1tml.od.nih.gov. ■

News and Notes

Schizophrenia Research Award

The American Psychiatric Foundation (APF) invites submissions for the Alexander Gralnick, M.D., Award for Research in Schizophrenia. The award acknowledges research achievements in the treatment of schizophrenia, emphasizing early diagnosis, treatment, and psychosocial aspects of the disease process. The amount of the award is \$4,000, and the deadline for submissions is, October 31, 2003. Complete submission information is available on the APA Web site, <www.psych.org>, under Research Resources, or from the APF Administrative Director, Barbara Matos (bmatos@psych.org).

APF Grant to APIRE

The American Psychiatric Foundation has awarded a five-year, \$700,000 grant to the American Psychiatric Institute for Research and Education (APIRE), the research arm of the APA. The grant is slated to support a major research study seeking to identify barriers to quality mental health care and strategies that can be implemented to overcome those barriers. The project will include several elements, including the development and implementation of a pilot study to examine barriers, outcomes and quality of treatment for adolescent major depression.

President's Commission

The President's New Freedom Commission on Mental Health released its long-anticipated final report on July 22. The report describes barriers to the delivery of effective mental health care and outlines a fundamental problem with the mental health care system today, the unequal access to insurance coverage for mental health treatment.

Over the course of the last year, the 22 commissioners met monthly to analyze the public and private mental health systems, visit innovative model programs across the country and hear testimony from multiple stakeholders. The Commission established 15 subcommittees to examine specific aspects of mental health services and to offer recommendations for improvement. The report provides examples of commu-

nity-based care models that enable people with mental illnesses to live, work, learn and participate more fully in their communities. Copies of the report are available online and hardcopies may be ordered by calling 1-800-789-2647.

Lazarus Elected AMA Vice Speaker

Jeremy A. Lazarus, M.D., a Distinguished Fellow of the APA and former Speaker of the APA Assembly, has been elected vice speaker of the House of Delegates of the American Medical Association. Currently president of the Colorado Medical Society, Dr. Lazarus has been an active member of the AMA and the APA for over 30 years. During this time he has worked with state and national leaders on behalf of legislative efforts to pass Prompt Payment and Retroactive Payment legislation, Division of Insurance Reform Initiatives and Mental Health Parity. He is also coordinating litigation efforts to end egregious managed care practices, spearheading scope of practice battles, and he is often called upon by print and broadcast media to represent these issues in the public forum. In 2003, Dr. Lazarus was recognized by the APA with a Special Presidential Commendation.

PHS 398 Revision Underway

The NIH Office of Extramural Research (OER) is in the process of revising the application form (PHS 398) for a Public Health Service Grant and the form (PHS 2590) for submitting a Progress Report. The forms, used to request funding for research and research-related training, were last revised in May 2001, and are used by Public Health Service agencies beyond NIH including the CDC, FDA, Indian Health Service, Agency for Healthcare Research and Quality and the Substance Abuse (AHRQ) and Mental Health Services Administration (SAMHSA).

Primary goals of the revision are to streamline the form and to enhance clarity through the use of plain language. Incorporated into the revised forms will be recent changes in policies on: Humane Care and Use of Laboratory Animals (NOT-OD-02-064); Data Sharing (NOT-

OD-03-032); and on Submission of Amended Applications (NOT-OD-03-041). Elaborations of these policy changes can be found in the NIH Guide to Grants and Contracts on the NIH Web site (www.nih.gov).

When the new forms and instructions are available (date unspecified), there will be a transition period during which both the current and the revised forms will be accepted.

New CMHS Director

A. Kathryn Power has been appointed director of the Center for Mental Health Services (CMHS), one of three centers comprising the Substance Abuse and Mental Health Administration, an agency of U.S. Department of Health and Human Services (DHHS). Power comes to her new position from the Rhode Island Department of Mental Health, Retardation and Hospitals, where she served as director of a 2,200 person workforce and a \$480 million budget. She also held a position as clinical teaching associate in community health at Brown University and served as a captain in the U.S. Naval Reserve. Power is a former president of the board of directors of the National Association of State Mental Health Program Directors (NASMHPD). In announcing the appointment, SAMHSA Administrator Charles Curie noted that "With the release of the President's New Freedom Commission on Mental Health final report on the horizon ... [Power] will help lead the administration's efforts to transform mental health care in America."

Recertification Deadline

October 1, 2003 is the deadline to register for the first general psychiatry "maintenance of certification" exam to be administered on August 3 and 4, 2004, at the ABPN Computer Test Center in Deefield, Illinois. The late deadline is November 1, 2003. Subspecialties have the same registration deadline, but varying examinations dates. The exam in geriatric psychiatry will be given on March 18, 2004; addiction psychiatry on April 27; child and

(Continued on next page)

adolescent on May 18; forensic psychiatry on May 25, 2004. The 2004 Information for Applicants booklet and applications for exams are available on the ABPN Web site, www.abpn.com.

All psychiatrists certified after October 1, 1994, will be required to take the closed-book, proctored, computerized recertification exam. To help physicians prepare for the annual examination, the APA offers GrandRounds Online, Practice Guidelines, and Focus: A Journal of Lifelong Learning in Psychiatry. Focus is a clinical review journal for practicing psychiatrists to review ABPN-specified topics to be covered in the recertification exams. The journal also offers a self-assessment exam similar to the recertification exam. The online version of Focus will include the self-assessment exam beginning in the fall.

Expanded Academic Consortium

In April, the APA hosted the 20th Annual Academic Consortium in Washington, D.C. The consortium joins leading

psychiatric researchers with patients and their families to inform Members of Congress about the urgency and the rewards of funding NIH research for mental illness, substance abuse, and alcoholism. This year the Consortium's scope was expanded: first, to formally include representatives of the American College of Neuropsychopharmacology (ACNP) and the National Association of Mentally Ill (NAMI); second, to reach beyond the issue of NIH funding and to advocate on behalf of research supported by the Department of Veterans Affairs to ensure funding of mental health research and services for this vulnerable population. The all-day Consortium includes a Capitol Hill reception for Members of Congress, congressional staff, and constituents who represent academic psychiatry, as well as a breakfast briefing by NIH institute directors and key congressional leaders

The Academic Consortium was founded in 1983 by the current Consortium co-chairs, Lewis Judd, M.D., and David Kupfer, M.D., to advocate expanded support for

federal research on mental illness, substance abuse and alcoholism.

2003 Alfred Pope Award

Miles Cunningham, M.D., Ph.D., has been awarded McLean Hospital's highest research honor, the Alfred Pope Award, for his work on adolescent brain development and its potential link to psychiatric illness. Dr. Cunningham is the director of the McLean Clerkship in Neuropsychiatry and director of the Laboratory for Neural Reconstruction at McLean Hospital. Dr. Cunningham was also the recipient of a NARSAD Young Investigator's Award in 2002. ■

Psychiatric Research Report is published by the Division of Research, American Psychiatric Association. We encourage the submission of information items; research training or funding opportunities; announcements of awards and conferences; calls for papers, nominations, etc. Direct all information as well as address changes to: PRR, Division of Research, 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209, fax: (703) 907-1087, e-mail: prr@psych.org.

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