



# Psychiatric Research Report

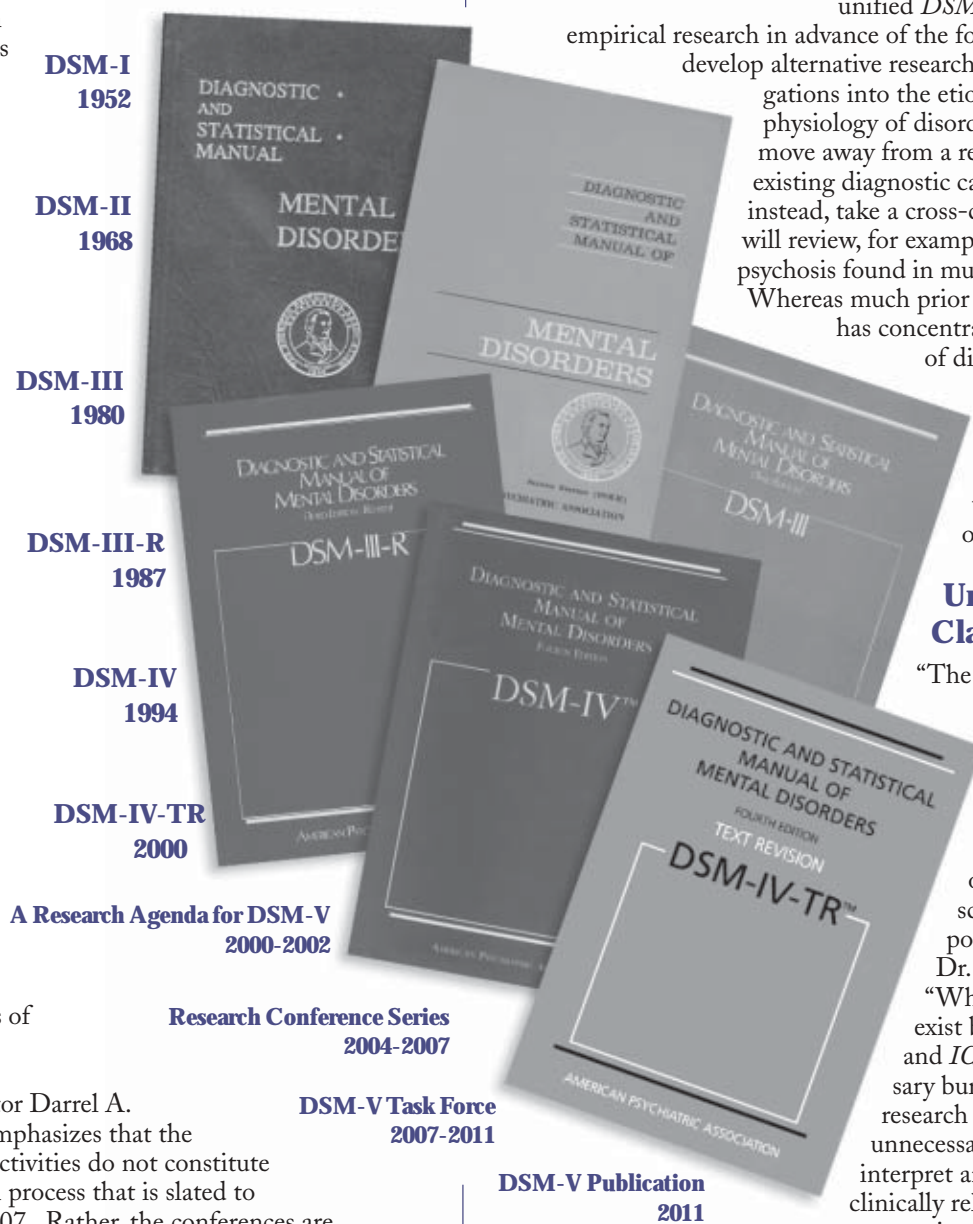
Opening a scientific prologue to the next revision of the *DSM*, APA convened in February the first in a series of eleven research planning conferences that will address an array of nosological topics deemed either to be particularly problematic in the current classification or most likely to benefit from new and emerging research capabilities and methodologic techniques.

The conference series is being organized and administered by APA's research arm, the American Psychiatric Institute for Research and Education (APIRE), under a five-year, \$1.1 million cooperative grant awarded in June 2003. The grant is jointly funded by the National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and National Institute on Alcohol Abuse and Alcoholism (NIAAA), components of the National Institutes of Health (NIH).

APIRE Executive Director Darrel A. Regier, M.D., M.P.H., emphasizes that the conferences and related activities do not constitute the official *DSM* revision process that is slated to begin not sooner than 2007. Rather, the conferences are part of a multiphase effort to identify early on the research evidence, needs, and opportunities that will inform *DSM-V* and, at the discretion of the World Health Organization (WHO) leadership, the next revision of the *ICD* classification of mental and behavioral disorders.

## DSM Research Planning

By Paul Sirovatka



**Conference Goals**  
Principal aims of the conferences, said Dr. Regier, will be to facilitate movement toward a unified *DSM/ICD*, stimulate empirical research in advance of the formal revision, and develop alternative research criteria for investigations into the etiology and pathophysiology of disorders. The intent is to move away from a re-examination of existing diagnostic categories and, instead, take a cross-cutting strategy that will review, for example, the nature of psychosis found in multiple disorders. Whereas much prior nosologic research has concentrated on the reliability of diagnostic criteria, the next challenge will be to study the validity of disorders by linking them to pathophysiology.

### Unified Classification

"The need for a unified, international classification of mental and behavioral disorders is increasingly urgent on the basis of scientific, clinical, and policy considerations," Dr. Regier said. "Where incompatibilities exist between the *DSM* and *ICD*, we see unnecessary burden placed on research design and an unnecessarily limited ability to interpret and generalize clinically relevant findings cross-nationally and cross-culturally."

"Evident in the U.S.," he added, "is the extent to which dissimilarities between the two systems are frequently a source of tension in reimbursement policies and systems."

(continued on next page)



65 investigators representing the Core Working Groups for each of the next ten meetings and the steering committee.

“The involvement of all of the Core Working Groups in the kick-off session underscored our intent that the conferences should not be viewed as one-time ‘events,’ but rather as part of an ongoing process over the next four years,” Dr. Regier said. “We anticipate that the conferences held this year and next will produce full agendas for post-conference activities, including monitoring the progress of research recommendations. And we are very pleased to see that the chairs and Core Working Group members of conferences that are scheduled for 2006 and beyond are enthusiastic about having the time to prepare resources such as comprehensive literature reviews.”

The substantive core of the launch conference – the methodology component, co-chaired by Dr. Helena Kraemer, professor of biostatistics in psychiatry, Stanford University, and Dr. Patrick Shrout, professor of psychology at New York University, with the APIRE lead assumed by Dr. Maritza Rubio-Stipec – featured presentations of state-of-the-art approaches for designing, analyzing, and interpreting studies of diagnostic categories. Unlike the ten successive conferences that will address a specific diagnostic topic, the methods session was designed to examine a broad array of statistical methods and techniques that can be utilized to capture, examine, interpret, and, when useful, synthesize disparate datasets. Presentations addressed the following broad questions:

- Traditionally, *DSM* diagnosis has been based on evaluation of signs and symptoms. How can information from different sources (e.g., multiple informants, family studies, neuropsychological testing, biological testing, genetics, imaging, response to treatment, or parameters describing course) be incorporated into the diagnoses? If they can be, how would their use be validated?
- Traditionally, *DSM* diagnosis has been based on clinical consensus. The diagnoses that result generate a great deal of comorbidity between diagnoses and cross-classifications. How can statistical approaches be used to help determine whether a diagnostic group should be split, or whether two or more groups are best joined?
- Traditionally, *DSM* diagnosis has been categorical. What are the statistical/psychometric contributions to the debate about whether psychiatric phenomena should be measured as categorical or quantitative/dimensional? What kinds of quantitative information can be taken into account in forming an index (besides severity of symptoms and duration)? If quantitative diagnosis is to be offered, should it be in place of, or in addition to, categorical diagnosis? What methods would ensure against conflicts between categorical and quantitative diagnosis if both are offered?
- Traditionally, *DSM* diagnoses have been based on counts of signs and symptoms. Are there new methods of testing (e.g., adaptive testing) that might be considered for future *DSMs*? Are they well enough developed to consider them now?

## Launch and Methods Conference

### Launch: Project Overview

- *D. Regier*

### Historical Background

- *D. Kupfer*

### NIH Research Perspectives

- *T. Insel (NIMH)*
- *F. Calhoun (NIAAA)*
- *T. Condon (NIDA)*

### WHO Research Perspectives

- *B. Saraceno*
- *N. Sartorius*

### Methods: Project Overview

- *M. Rubio-Stipec*

### Categorical and dimensional diagnoses: Applications of signal detection methods

- *H. Kraemer*

### Coping with multiple sources of information: Multiple indicator models and the role of longitudinal data

- *G. Dunn*

### Modeling combinations of categorical and continuous latent variables: Relevance to DSM

- *B. Muthen*

### Integrating outcome studies to inform validity

- *C. H. Brown*

### Issues of design in studies of inter-observer agreement

- *A. Donner*

### Item response models and non-linear factor analysis: How useful for assessing psychopathology?

- *P. Shrout*

### Breakout Groups to discuss future conferences

### Why do genetic studies need a DSM-V?

- *M. Tsuang*

### Boundaries of disorders: Methodological issues and contributions from epidemiological data on comorbidity

- *R. Kessler*

### Validity of disorders across different settings and cultures: Methodological issues and contributions from epidemiological data

- *H. U. Wittchen*

### Summary and Future Directions

- *H. Kraemer & P. Shrout*

- Traditionally *DSM* diagnoses have been evaluated for reliability using either inter-observer or test-retest reliability designs sampling clinical populations. Are there modifications in the approaches to reliability assessment that might be considered? Better analytic methods?
- Traditionally, *DSM* diagnoses are accepted on the basis of face/clinical validity. Should different criteria now be used for evaluation of validity, and, if so, how would these criteria be set? In what populations should validity be assessed? What are the best current methods to evaluate validity of diagnoses?

During breakout sessions, the investigators with expertise in particular areas of nosology had opportunity to meet with the methodologists, who have expressed willingness to be available as consultants on an as-needed basis to each of the substantive conferences held over the next four years.

The next scheduled conference in the series will focus on Personality Disorders. Future issues of *Psychiatric Research Report* will provide periodic updates on this activity. ■

## From the Committee on Research Training



**Michele T. Pato, M.D.**

VA Medical College, Washington, D.C.  
SUNY Upstate Medical University/Syracuse

### *Scholarly Activity continues as a Pre-Meeting Focus at AADPRT with:*

### *“Scholarly Activity in Psychotherapy Training”*



**Lisa A. Mellman, M.D.**

Columbia University College of  
Physicians and Surgeons  
New York State Psychiatric Institute

Last year, in 2003, the NIMH, the APA Committee on Research Training, APIRE<sup>1</sup> and AADPRT<sup>2</sup> sponsored a pre-meeting at the AADPRT annual meeting entitled, *Scholarly Activity: What is it? How to do it?* The focus of the meeting, chaired by Michele T. Pato, M.D., and co-chaired by Carol Bernstein, M.D., was on the complementary relationship between research and the pursuit of scholarship in psychiatry. Both the pursuit of scholarship and research are grounded in evidence-based principles, and thus the various plenaries offered at the 2003 annual meeting included sessions on how to critically appraise the literature, how to pose researchable questions, how to teach evidence-based practices in psychiatry, and how to write up findings for publication.

This year's pre-meeting<sup>3</sup>, *Scholarly Activity in Psychotherapy Training*, continues these themes of evidence-based practices, research, and scholarship. Chaired by Lisa A. Mellman, M.D., and co-chair Michele T. Pato, M.D., the pre-meeting addresses the gap in psychiatry residency training between the emerging science of psychiatry and the traditional teaching of psychotherapy. The all-day program addresses four areas of focus:

- 1) Understanding research that demonstrates brain changes resulting from psychotherapeutic interventions;
- 2) Understanding and integrating neuroanatomy and neuroscience with memory, emotions, interpersonal dynamics and development;
- 3) Critical appraisal of the psychotherapy literature;
- 4) Techniques for evidence-based training in psychotherapy

The morning program begins with four plenary speakers. Dr. Joel Yager addresses “*Outcome Studies and Research Issues in Cognitive Behavioral Therapy*,” and Dr. Jacques Barber asks “*Is Dynamic Therapy Effective? Issues and Findings*.” Next, Dr. Ari Zaretsky discusses the question, “*What does psychotherapy do to the brain?*” And finally Dr. Priyanthy Weerasekera presents approaches to “*Evidence-Based Psychotherapy Training*.”

<sup>1</sup> American Psychiatric Institute for Research and Education

<sup>2</sup> American Association of Directors of Psychiatric Residency Training

<sup>3</sup> March 10, 2004, New Orleans, LA

In the afternoon, each participant selects from an array of 12 workshops concerning the four foci described above (please see box on next page).

At its core, *scholarship* is about developing “new knowledge, learning to evaluate research findings and practicing habits of inquiry.”<sup>4</sup> The pre-meeting on *Scholarly Activity in Psychotherapy Training* strives to further our progress towards these goals. In addition, this meeting builds on the momentum created by three preceding projects that were focused on parallel issues in residency training: the November 7<sup>th</sup>, 2001 “*NIMH-APA Workshop on Research Training for Psychiatrists*”<sup>5</sup> (PRR Spring 2002); last year's AADPRT pre-meeting, “*Scholarly Activity: What is it? How to do it?*”<sup>6</sup> (PRR, Spring 2003) and the recently released Institute of Medicine (IOM) *Research Training in Psychiatry Residency: Strategies for Reform*.<sup>7</sup> In the preface to the IOM report, Thomas F. Boat, M.D., chairman of the IOM Committee on Incorporating Research into Psychiatry Residency Training, which produced the report, states the issues succinctly:

*“Ultimately, new modalities of care will be required to ensure a more effective and efficient mental health care system. Opportunities for improvement through research have never been greater.”*

*The NIMH sponsored this study of research training in psychiatry residency because of a growing concern that the numbers of psychiatrist-investigators have been falling short of meeting the need and the opportunities to advance the field.”*<sup>7</sup>

Through scholarship, research and the evidence-based practices they promote, we can hope to truly capitalize on continuously developing new opportunities to advance the field and to improve the care of our patients. ■

<sup>4</sup> *Graduate Medical Education Directory*. Chicago, American Medical Association, 1998, pp. 273-274

<sup>5</sup> See *Psychiatric Research Report*, Spring 2002, p. 3.

<sup>6</sup> See *Psychiatric Research Report*, Spring 2003, pp. 2-3

<sup>7</sup> Institute of Medicine: *Research Training in Psychiatry Residency: Strategies for Reform*. Washington, D.C., National Academies Press, 2003, p. ix.

## Scholarly Activity in Psychotherapy Training Pre-Meeting Workshops

**Evidence-Based Psychotherapy Training**  
Priyanthy Weerasekera, M.D., M.Ed.

**Integrating the Psychotherapy  
Competencies**  
Eric Plakun, M.D.

**Scholarly Methods for Teaching  
Combined Psychotherapy and  
Psychopharmacology**  
Richard Summers, M.D., and Deborah  
Cowley, M.D.

**Integrating Neurobiology and  
Psychotherapy**  
Rowland Folensbee, Ph.D., and Florence  
Eddins-Folensbee, M.

**A Biopsychodynamic Psychotherapy  
Curriculum**  
Dianne Trumbull, M.D.

**Psychotherapy Formulation**  
Donna Sudak, M.D., and Richard  
Summers, M.D.

**Qualitative Measures to Assess  
Psychotherapy**  
Jacques Barber, M.D.

**Manualized Therapy for Internalizing  
Disorders in Adolescents**  
Eva Szigethy, M.D., and Lena Verdeli,  
Ph.D.

**Quantitative Assessment of  
Psychotherapy Skills**  
Ronald Rieder, M.D., and Gordon  
Strauss, M.D.

**Writing about Psychotherapy for  
Publication**  
Laura Roberts, M.D., and Alan Louie,  
M.D.

**Teaching the Integration of  
Psychodynamic and  
Psychopharmacology**  
David Mintz, M.D.

**Telepsychiatry and Teaching  
Psychotherapy**  
Debra Katz, M.D.

## Related Events

### Access to Evidence-Based Psychotherapies

A Forum to be held at the 2004 APA  
Annual Meeting  
New York City, Monday, May 3, 12:00  
p.m. – 1:30 p.m.

### Introduction: Access to Evidence-Based Psychotherapies

Darrel A. Regier, M.D., M.P.H.,  
American Psychiatric Association  
John S. McIntyre, M.D., Unity Health  
System

### Evidence-Based Psychotherapies for Depression

John A. Rush, M.D.  
University of Texas

### New Developments in Psychosocial Treatments for Anxiety Disorders

David H. Barlow, Ph.D.  
Boston University

### Evidence-Based Psychotherapies for Personality Disorders

Marsha Linehan, Ph.D.  
University of Washington

### Evidence-Based Psychotherapy for Schizophrenia

Anthony Lehman, M.D.  
University of Maryland

### Patterns of Psychotherapy in Psychiatric Practice

Josh Wilk, Ph.D.  
American Psychiatric Association

### Are Residents Competent in Psychotherapy?

Lisa A. Mellman, M.D.  
New York State Psychiatric Institute

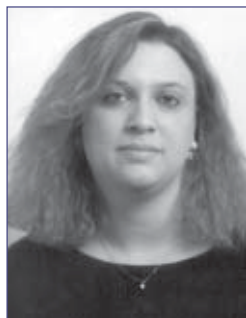
### Discussion/Question and Answers

Myrna Weissman, Ph.D., Columbia  
University  
Robert Michels, M.D., Cornell Medical  
College

### 2005 AADPRT Annual Meeting

March 9 – 13, 2005  
Hilton El Conquistador, Tucson, AZ

# Building Research Careers



## Beginning to Mentor: Lessons Learned

Melissa P. DelBello, M.D.  
 Department of Psychiatry  
 University of Cincinnati College of Medicine

Recently, this column has focused on the K Award application process. I appreciate everyone's feedback and interest in the K articles. Since the last column was published (*PRR, Spring 2003*), NIH has modified one of the policies that was problematic for K awardees and in doing so now permits K awardees to hold concurrent support from another NIH research grant during the last two years of their K Awards, provided they are still in mentored situations. In my opinion, this will decrease the possibility of a gap in research funding for K awardees as they transition to independence.

Related to transitioning to independence, in this issue, we will discuss the experience of mentoring and training graduate students, medical students, residents and fellows as they begin their research careers. We are all well aware of the shortage of psychiatrists who pursue careers in research. As a result, investigators who have recently completed research training are often required to assume a mentor role too early in their careers. Although it may be difficult to mentor others while still needing mentoring yourself, it is an important skill to master.

### What is mentoring?

The term "mentor" originated with an individual named Mentor, who was a friend of Odysseus. Odysseus entrusted his son, Telemachus, to Mentor's care when he went off to fight the Trojan Wars. Mentor was a tutor, guide, and protector to the boy over a number of years. When Telemachus started searching for his father, the Goddess Athena appeared in the form of Mentor to help him in his search. Thus, the spirit of Mentor lived on and the concept of mentoring was established.

Beginning in the third year of medical school and continuing throughout our academic careers, we are given the responsibility of teaching and training future clinicians and researchers. What is the difference between teaching and mentoring? In my opinion, mentoring consists of overseeing the career development of another person not only through teaching, but by providing support and guidance, by protecting, and at times promoting or sponsoring so that a mentee can successfully achieve his or her goals. Learning to mentor and train the next generation of researchers is an important step in transitioning into an independent investigator. I have learned several lessons as I have begun to mentor and train others in research.

### Remember where you've been

My biggest achievements as a teacher occurred early in my residency, because at that stage in my career I could still remember what medical students did and did not know. However, as I have progressed further along in my career, it is more difficult to recall what a third year medical student does and does not know. Therefore, as you guide prospective trainees through the basics of beginning a research career, it is important to remember that many tasks, which by now you have mastered, were overwhelming at first. For example, recall how long it took you to write your first research proposal or think back to the painful process of analyzing data for and writing your first manuscript. Thinking back might prevent you from getting frustrated with the inexperience of those who are just starting out.

### Patience is a virtue

It takes a lot of effort, time, and motivation to be a good mentor. Some time saving strategies might be helpful. First, consider assigning a trainee to work with an experienced research coordinator or a trainee from another field. This approach allows people with different skills and backgrounds to learn from each other.

Second, at the beginning of a mentee's research career it is useful to assign specific short-term projects, which helps to keep them focused and to have a sense of accomplishment once they have completed the project. I find that helping mentees focus their goals and projects is one of the most difficult but critical aspects of mentoring. It is a common early career misconception, which I still struggle with on a daily basis, that you can tackle every research idea that comes to mind. Therefore, one of the keys to successful mentoring is to reassure trainees that this is a normal phase of career development, but that taking one little step at a time and completing one project at a time is the best approach to establishing a successful research career.

Finally, the degree to which trainees are able to work independently varies considerably. For example, some need formal weekly supervision while some are comfortable working more independently. However, I have observed that even those who initially require a lot of "hands on" training eventually reach a more independent state. Similarly, first-draft manuscripts vary considerably in quality. However, it is important that you read what trainees write in a timely manner, encourage them, and provide

useful feedback. Again, in general, the more time you spend upfront helping to revise a manuscript, the less time you will have to expend in the long run. It is also essential to provide critical feedback when necessary. For example, I was recently asked to read and comment on a research proposal a week prior to the deadline. I gently suggested that more time would have been appreciated.

### Oil and water

At times, even some of the best mentors have been unsuccessful. Do not get discouraged when a mentee or trainee does not succeed or decides to pursue another career option. People have different personalities and work styles. You will not be a perfect match for every potential research trainee. Additionally, the quality of trainees varies and not everyone will excel at establishing a research career. It is important to provide guidance to trainees if their talents might be better suited for a different career path or if they might be better off with a mentor who has a different style. This will require you to reflect on your mentoring style. For example, some students may excel in a research environment that provides more structured training rather than in one that promotes independence.

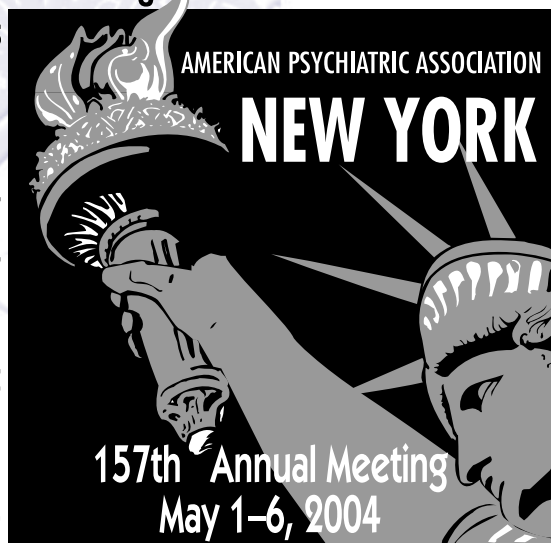
### What is mentoring, revisited

Mentoring is helping others achieve *their* goals, not *your* goals. Therefore, trainees and mentees should be provided with the opportunity to get involved in research activities that will help advance their training and their careers. Everyone can benefit from this strategy. At first, early career researchers might assist in implementing a supervisor's or mentor's research project, but as they progress it is important to allow mentees to begin to take ownership of a piece of a project and even develop their own related hypotheses and ideas. Helping mentees achieve *their* goals also means that you should not impose your goals for them, or for yourself, onto them. You can guide mentees in focusing and establishing their goals, but realize that some trainees will be more self-driven than others. It is very rewarding to watch trainees succeed in their career development, however, it can also be discouraging to learn that it is impossible to motivate everyone.

In conclusion, I have learned that mentoring, like most things in life, gets easier with practice and experience. I have also learned to appreciate the time and effort of my mentors, as I have realized that being a successful mentor takes an enormous amount of energy and devotion. ■

Psychotherapy and Psychopharmacology:

## Dissolving the Mind-Brain Barrier



In the  
PRR  
Spring  
2004

Research  
Agenda  
at the  
Annual  
Meeting

## Residents' and Fellows' Corner



### *Publishing During Residency: Yes, You can Do It*

Sriram Ramaswamy, M.D.  
Associate Chief Resident  
Creighton Psychiatric Clinic  
Omaha, Nebraska

As a third-year resident, I had the pleasure of being the coauthor of a publication and would like to encourage other residents to publish. Although lack of time and competing demands can be obstacles, accelerated learning, increased understanding of one's cases, and professional growth are among the satisfactions of undertaking the task of doing research and writing for publication as a resident.

My first report was about a case of somnambulism in a patient taking sodium divalproex and zolpidem. The patient reported episodes of sleepwalking while taking both medications but not either drug alone. The attending asked me to join him in writing a case report. I had minimal research experience and had not written a case report before. He encouraged me to try and assured me of his continued assistance. As it turned out, it was not difficult to produce the initial draft, as all I had to do was write a concise and coherent case summary.

A literature search on MEDLINE yielded references on drug-induced somnambulism. The challenge was making sure that I had thoroughly referenced the topic and located the articles. I also gained more insight into the clinical effects of the two drugs, including adverse reactions, and a better understanding of sleep architecture.

The most difficult part of writing the case report was the case-discussion section. Initially I was discouraged by this seemingly daunting task, and I found myself procrastinating. With the help of my attending, I finally dug in.

The process was laborious but also exciting. We had to provide as much objective evidence as we could for the adverse reaction while acknowledging the limitations of routine clinical care. The best evidence would have been a polysomnogram, but it was not indicated for a condition that could be cured by drug discontinuation alone. I learned about the Naranjo Adverse Drug Reaction Probability Scale, which is an objective measure of an adverse drug reaction. It resulted in a micro dissection of the case, bringing many clinical pearls my way. Ultimately we concluded that a probable interaction between zolpidem and sodium divalproex led to somnambulism.

In our efforts to have the manuscript conform to the journal requirements, I learned the art of weeding out extraneous material while retaining important case details. The sharp reviews by my co-authors and the journal editors further refined the manuscript.

Although the submission and review process took several months, the joy of having my first publication while a resident was worth the time and effort. I strongly feel that the guidance and support of mentors are critical for enhancing residents' professional growth. During the preparation of this case, my mentors helped me recognize potential confounding factors and cautioned me about jumping to conclusions.

The most common reason cited by residents for not doing research and writing is lack of time due to clinical responsibilities. Although I agree that residents' clinical workload can be tiring and time consuming, it is not impossible to do literature searches about unusual cases, which can positively influence case management.

Even if a research career is not a goal, residents who plan an academic career must be able to read critically, assess medical literature, and possess good writing skills. Participation in scholarly activity (publishing papers, presenting abstracts, submitting grant or protocol proposals, and so on) during residency can be a valuable experience that contributes to professional growth.

Case material is everywhere: you can encounter unusual cases either in your outpatient clinic or at 3 a.m. in the ER. Not only are novel cases of interest to other psychiatrists, but also they contribute to the growing science of psychiatry. It is ultimately we who have the duty to disseminate such valuable information.

Journals like *Psychiatric Services* and the *Jefferson Journal of Psychiatry* have sections dedicated to contributions by and for trainees or about training in psychiatry.

The experience of publishing has spurred me to write more papers. I have another case report accepted for publication and a couple more manuscripts in the submission process.

I would like to quote a remark by James T. Hardee, M.D., in the November 1997 *Observer*, published by the American College of Physicians: "Publishing is a slow birthing process. But once you get your first one done, it's sort of addictive." ■

# *Developmental Psychobiology*

## Postdoctoral Research Training

*at*

## University of Colorado School of Medicine

*The Department of Psychiatry and the Developmental Psychobiology Research Group at the University of Colorado School of Medicine announce the availability of several postdoctoral research training fellowships for highly qualified M.D.s or Ph.D.s interested in academic research careers aimed at a neuroscientific understanding of complex behavioral and psychiatric disorders. Physician candidates, especially child psychiatrists, are encouraged to apply.*

*The objective of this NIMH-supported program is to provide a comprehensive training program in the basic concepts of developmental psychobiology and psychopathology. Training emphasizes the neuroscience research tools needed to understand complex behavioral disorders: molecular, behavioral and psychiatric genetics, neuroimaging, and cognitive and behavioral analyses. The formal research training program includes a core curriculum, with coursework to be completed by all trainees, and individual research in one or more faculty laboratories, as follows:*

**Motoric and psychological development**  
*Janette Benson, Ph.D.*

**Behavioral development in high risk infants**  
*Joy Browne, Ph.D.*

**Developmental risk in children in foster care**  
*Robert Clyman, M.D.*

**Down syndrome and fragile X syndrome**  
*Linda Crnic, Ph.D.*

**Individual differences in emotional development and communication**  
*Robert Emde, M.D.*

**Neurobiology of psychoses**  
*Robert Freedman, M.D.*

**Psychological development in infancy and child psychiatry**  
*Robert Harmon, M.D.*

**Influence of cultural and linguistic Variables on memory and cognition**  
*Josette Harris, Ph.D.*

**Emotional processes in asthmatic children**  
*Mary Klinnert, Ph.D.*

**Behavioral development in nonhuman primates and psychoneuroimmunology**  
*Mark Laudenslager, Ph.D.*

**Molecular biology of schizophrenia**  
*Sherry Leonard, Ph.D.*

**Sensory integration dysfunction: treatment and research**  
*Lucy Miller, Ph.D., O.T.R.*

**Special problems of American Indian adolescents**  
*Douglas Novins, M.D.*

**Health and developmental problem prevention in low-income, at-risk families**  
*David Olds, Ph.D.*

**Developmental and genetic aspects of childhood learning disorders**  
*Bruce Pennington, Ph.D.*

**Neuromagnetic and electrophysiological imaging of brain function in schizophrenia and other disorders**  
*Martin Reite, M.D.*

**Integrated treatment of adolescent substance abuse and comorbidity**  
*Paula Riggs, M.D.*

**Emotional development: early intervention**  
*JoAnn Robinson, Ph.D.*

**Understanding brain development in developmental disorders and psychotic illnesses**  
*Don Rojas, Ph.D.*

**Perinatal and school-age precursors to schizophrenia**  
*Randy Ross, M.D.*

**Marital and family influences on development**  
*Fred Wamboldt, M.D.*

**Genetic and social determinants of child and adolescent health behaviors**  
*Marianne Wamboldt, M.D.*

This is a 1- to 2-year program with flexible start dates; *applications are considered throughout the year.* Stipends will nominally range from \$34,200 to \$50,808 per year (depending upon the candidate's level of experience) plus fringe benefits. Physician trainees may

qualify for a stipend supplement in exchange for limited clinical activities. Women and minority candidates are encouraged to apply. Applicants must be U.S. citizens or possess a green card. The University of Colorado is an Equal Opportunity/Affirmative Action Employer.

**CONTACT:** For informational brochure write to Martin Reite, M.D., Postdoctoral Training Program Director, Department of Psychiatry, University of Colorado Health Sciences Center, 4200 East 9<sup>th</sup> Avenue, Box C268-68, Denver, CO 80262. Or e-mail Linda.Greco-Sanders@UCHSC.edu; Web site, [www.dprgpostdoc.org](http://www.dprgpostdoc.org).

# From the Practice Research Network (PRN)

## APF Awards 5-Year, \$700,000 Grant to the APIRE PRN

The American Psychiatric Foundation (APF) has awarded a five-year, \$700,000 grant to the American Psychiatric Institute for Research and Education (APIRE) and its Practice Research Network (PRN) for a major research initiative that will assess clinical effectiveness of psychiatric treatments and examine barriers to quality mental health care and strategies to overcome those barriers. The grant is the largest ever made by the Foundation.

This initiative will include numerous elements. Importantly, it will provide the support needed to realize the PRN's goal of collecting longitudinal clinical effectiveness data from psychiatrists and patients to identify which types and combinations of treatments are most effective for specific patient sub-groups. During the first year of the grant, the focus will be on developing and implementing a pilot study of barriers, outcomes and quality of treatment for adolescent major depression. Data collected from this pilot will inform an NIMH-funded grant application for a full scale study on barriers, outcomes, and quality of treatment of adolescents with major depression.

Additionally, the APF grant will examine barriers and outcomes of treatment (as well as cost-effectiveness of treatments) for adults with major depression. This phase of the research program will also generate pivotal data to be used to develop a full scale study of adults with major depression in collaboration with primary care physicians, psychologists and social workers. An important aspect of this work will be to identify efficient data collection technolo-

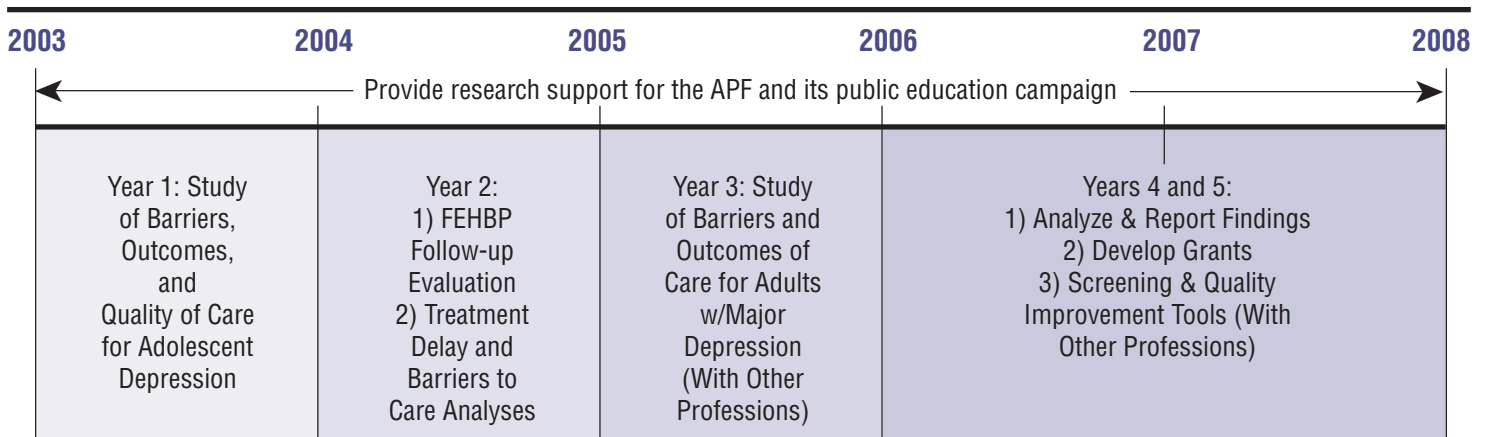
gies that can be used to facilitate longitudinal clinical studies of other mental disorders, including the use of hand-held clinical devices, the internet, and telephone-based interactive voice response systems.

The grant will also support the follow-up evaluation of the impact of parity on FEHBP federal employees. The first part of this evaluation was funded by the Foundation in 2000. This second phase will look at how the management, financing, and pricing of mental health benefits affects treatment provision and access to care. It will focus on the relationship between health plan financing, delivery arrangements, pathways, and barriers to psychiatric treatment.

In the latter part of the five-year grant period, data related to the development of depression screening and quality improvement tools will be used to report on patterns and outcomes of treatment and how delays and barriers to treatment affect outcomes of care. Tools developed to assess and track clinical outcomes will be used to feed back clinical information to clinicians to enhance treatment adherence and retention and to collaborating organizations to support depression screening and quality improvement efforts.

"This grant demonstrates our commitment to patients and the imperative need to eliminate barriers to care," says Abram M. Hostetter, M.D., immediate past-President of the Foundation. He continues, "This project will have a lasting impact on our profession and patients for many years to come. It would not have been possible without the financial support of our donors." ■

**Figure 1. Timeline of APIRE Projects**



## New Findings from the PRN Document Financing Barriers, and Limited Access to Psychotherapy

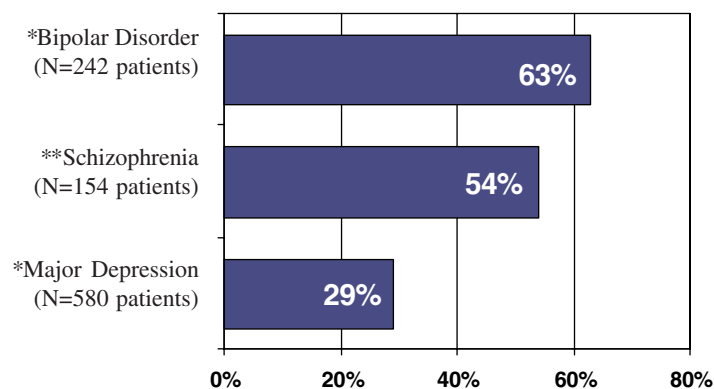
Recent findings from the *APIRE PRN Study of Psychiatric Patients and Treatments (SPPT)* indicate that a significant proportion of psychiatrists' patients do not receive psychotherapy as recommended by evidence-based practice guidelines. 63% of psychiatric patients with bipolar disorder and significant psychosocial problems do not receive psychotherapy (from the psychiatrist or any other provider within the past 30 days) as recommended by the APA's evidence-based treatment guideline recommendations (See figure 1). Similarly, 54% of psychiatric patients with schizophrenia are not receiving individual or group psychotherapy as recommended by APA evidence-based treatment guideline recommendations and 29% of psychiatric patients with major depressive disorder and significant psychosocial problems do not receive psychotherapy as recommended by APA guidelines.

These data indicate the greater time, management, and financial constraints that have been placed on psychiatrists and other mental health providers may be affecting their ability to offer the full range of evidence-based treatments—particularly those involving psychosocial treatment components. A major factor affecting the provision of psychotherapy appears to be the significant financial disincentives for psychotherapy inherent in current fee structures. For example, recent data on average discounted psychiatrists' fees from a large national random sample of 1,189 psychiatrists surveyed through the *APIRE PRN National Survey of Psychiatric Practice*, indicates that psychiatrists can earn approximately 57% more if they provide three medication management (CPT 90862) visits instead of one outpatient individual psychotherapy with medical evaluation and management, 45-50 minutes duration (CPT code 90807).

The overall fee structure in the Medicaid program is considered to provide a major barrier to clinicians interested in providing treatment to this population, particularly since most psychiatrists' patients are treated in solo or group office practice settings in which clinicians need to cover their over-head costs associated with patient care. Although the *2002 APIRE PRN National Survey of Psychiatric Practice* indicated that the average undiscounted fee psychiatrists charged for 45-50 minutes of individual psychotherapy with medical evaluation and management in 2002 (CPT code 90807) was \$128.43 and the average discounted fee was \$79.40, Medicaid fees for this CPT code are significantly lower, with the MediCal rate currently \$49.22 (figure 2).

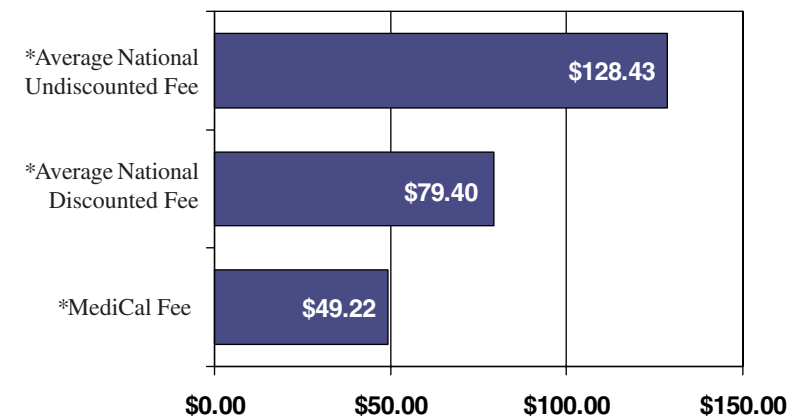
New grant funding support from the American Psychiatric Foundation (APF) will be used to conduct follow up studies using the PRN to further investigate the relationship between specific mental health financing and care management practices and delays and barriers in obtaining needed mental health treatment. ■

**Figure 1. Proportion of Psychiatric Patients with Significant Psychosocial Problems Who Do Not Receive Psychotherapy Consistent with Guideline Recommendations**



\*Data from the 1999 *APIRE PRN Study of Psychiatric Patients and Treatments (SPPT)*  
 \*\*Data from the 1997 *APIRE PRN Study of Psychiatric Patients and Treatments (SPPT)*

**Figure 2. Variations in Fees for Psychotherapy (CPT code 90807) (N=1,189, Psychiatrists Randomly Sampled from the AMA Masterfile of Physicians)**



\*Data from the 2002 *APIRE PRN National Survey of Psychiatric Practice (NSPP)*

## Legislative Forum

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

### ❖ FY04 Funding Finally Approved

On January 23, the long awaited Omnibus Appropriations bill was approved by the Senate in a 65 to 28 vote, sending the spending package to the White House. The bill was signed into law by the President the following day.

The consolidated appropriations package includes funding for seven of the 13 annual appropriations measures, including the Labor-HHS-Education and VA-HUD bills. The APA Division of Government Relations worked in conjunction with the Ad Hoc Group for Medical Research Funding, the Coalition for Health Funding and the Mental Health Liaison Group on the bill's passage.

The Labor, HHS section of the appropriations package is allocated \$360.4 billion dollars of which \$225.4 billion is for Medicare and for mandatory Medicaid grants to states.

The National Institutes of Health (NIH) receives a \$1 billion increase over FY03 dollars bringing the FY04 appropriation to \$27.9 billion. The NIMH, NIAAA, and NIDA each grow 3.1 percent over FY03, consistent with the 3.1 percent overall increase for NIH. This nominal increase will allow NIH to continue funding grants in progress and award a small number of new grants.

The programs at the Center for Mental Health Services that realized the largest increases over last year are the two programs that were highlighted in the President's budget for FY04, the Projects for Assistance in Transition from Homelessness (PATH) and the Children's Mental Health Services. The Mental Health Block Grant was cut by \$2.4 million, while the total funding level for Projects of Regional and National Significance (PRNS) was cut by \$3.6 million. The funding reductions translate into grants that, once completed, will not be renewed.

Other highlights of FY04 funding include:

- Children's Graduate Medical Education (GME) is funded at \$305 million, \$15 million more than last year. This pool of funds allows medical schools to apply to Center for Medicaid and Medicare Services (CMS) for funding to train more child specialists.
- Centers for Disease Control (CDC) funding at \$4.78 billion, \$262 million above last year and \$439 million above the budget request.
- Community Health Centers are expanded; this is the third year of the President's proposed expansion of health services through the Community Health Centers Program. Funding at \$1.6 billion represents an increase of \$122 million.

<i>Institute/ Program</i>	<i>FY03 Final</i>	<i>FY04 Final</i>	<i>FY05 APA Request</i>	<i>FY05 Admin. Request</i>
NIMH	\$1,341.1m (+\$96.1m)	\$1,382.5m (+\$41.4m)	\$1,555.3m (+\$172.8m)	\$1,421.0m (+\$38.5m)
NIDA	\$961.7m (+\$76m)	\$991.5m (+\$29.8m)	\$1,115.4m (+\$123.9m)	\$1,019.0m (+\$27.5m)
NIAAA	\$416.1m (+\$32.9m)	\$428.9m (+\$12.8m)	\$482.5m (+\$53.6m)	\$442.0m (+\$13.1m)
CMHS Total	\$857m (+\$25.7m)	\$862.4m (+\$5.4m)	\$970.2m (+\$107.8m)	\$913.0m (+\$50.6m)
Block Grant	\$437.1m (+\$4.1m)	\$434.7m (-\$2.4m)	\$489.0m (+\$54.3m)	\$436.0m (+\$1.3m)
Children's MH	\$98.5m (+\$2m)	\$102.4m (+\$3.9m)	\$115.2m (+\$12.8m)	\$106.0m (-\$3.6m)
PATH	\$43.1m (+\$3.2m)	\$49.8m (+\$6.7m)	\$56.0m (+\$6.2m)	\$55.0m (+\$5.2m)
PRNS	\$244.5m (+\$15m)	\$240.9m (-\$3.6m)	\$271.0m (+\$30.1m)	\$271.0m (+\$30.1m)

- Homeland Security/Biodefense programs are supported at \$1.625 billion in NIH, \$1.116 billion in CDC and \$518 million in hospital preparedness.
- Veterans Health Administration receives total resources of \$28.6 billion with \$408 million allocated for Medical Research.

### ❖ Senate Hearing on Alleged NIH Ethics Problems

NIH Director Elias Zerhouni, M.D., testified Jan. 22 at a Senate Labor-HHS-Education Appropriations Subcommittee hearing on NIH actions in response to recent allegations of conflicts of interest by NIH employees who consult for industry. Dr. Zerhouni told the subcommittee he "personally began reviewing ethics policies and procedures last July, when the House Energy and Commerce Committee raised concerns about NIH employees receiving monetary lecture awards." Based on an initial review of policies and procedures, he announced the formation of a new trans-NIH ethics advisory committee in the office of the director "to provide independent peer review of outside relationships and advice for improvements in our policies and procedures."

Dr. Zerhouni said he also “ordered an immediate review, not only of the allegations in the press, but of all existing outside activities, to ensure that there have not been breaches of current rules, and to determine the entire scope of these activities.”

He rejected “press reports [that] have implied that NIH and its employees willfully used alternative federal pay systems to avoid disclosing their outside activities.”

Dr. Zerhouni also stated he has asked a Blue Ribbon Task Force “to review all NIH ethics practices, ponder what types of collaborations with non-government organizations are necessary and appropriate, and make recommendations to me on reforms of our policies and procedures within 90 days.”

Questions from Subcommittee Chair Arlen Specter (R-Pa.) and ranking member Tom Harkin (D-Iowa) focused on whether regulatory or statutory changes were needed, how quickly regulatory changes could be implemented; whether relationships involving stock options should be treated differently than fee-for-service arrangements; whether there should be full financial disclosure for all NIH employees; whether a blanket prohibition on all NIH employee relationships with industry should be imposed, and what the effect of such a prohibition on NIH recruitment and retention would be.

### ❖ *President's FY05 Budget Request Highlights*

The Bush Administration released its budget requests for FY2005 on Monday, February 2nd. As expected, the money allocated for health services and biomedical research does not keep pace with current need or medical inflation.

The President's proposed budget for Health and Human Services is \$580 billion of which, 50.3 percent is allocated for Medicare and 31.5 percent for Medicaid.

The National Institutes of Health would receive an overall increase of \$764 million, a 2.5 percent increase that translates into a \$38.5 million increase for the NIMH, \$27.5 million increase for NIDA and an additional \$13.3 million for the NIAAA.

Center for Mental Health Services (CMHS) would receive a \$50.6 million increase with the bulk of those funds directed towards a new program, State Incentive Grants for Transformation. These new grants will support the development of comprehensive State mental health plans to reduce system fragmentation.

The Children's Mental Health grant program to improve community-based services would receive a \$3.6 million increase and the PATH homeless program is slated for a \$5.2 million increase. The community grant programs for jail diversion and the elderly were not selected for proposed increases.

The Center for Substance Abuse Treatment would receive a large increase of \$150.4 million for state and community programs to expand service delivery.

The APA will continue to work in concert with the Ad Hoc Group for Medical Research Funding, the Coalition for Health Funding, and the Mental Health Liaison Group to support the Administration's requests as a baseline, and will call for Congress to provide additional funds for vital programs.

For additional information please contact Lizbet Boroughs, APA Division of Government Relations at [lboroughs@psych.org](mailto:lboroughs@psych.org) ■

The APA will keep membership advised of further budget and appropriations developments via the Advocacy Page on the APA Web site. Online links also allow APA members to contact their elected officials by letter or by e-mail. From the APA Web site ([www.psych.org](http://www.psych.org)) click on “Advocacy Action Center” under the ADVOCACY heading to access the Legislative Action Center menu displayed here.

The screenshot shows the APA's Legislative Action Center interface. At the top, it says "Welcome to the American Psychiatric Association www.psych.org". Below that is a navigation menu: Home • Contact Us/Issues • Issues • Election • Media. The main heading is "Legislative Action Center". Underneath is an "ACTION ALERT!" section for "NH FY2005 Appropriations". There are five main categories, each with a search box and a "GO" button: "CONGRESS & PRESIDENT" (to write to your members of Congress), "STATE OFFICIALS" (find state reps), "ISSUES & LEGISLATION" (important issues), "ELECTION & CANDIDATES" (for election reports), and "GUIDE TO THE MEDIA" (to get your ZIP Code and ICC). At the bottom, there is a "CONGRESS TODAY" section with "Today's House Schedule" and "Today's Senate Schedule", and a "Congressional Search" box. There are also links for "Talk to Us" and "Web Sites".

## AWARD Announcements

### Award for Research in Psychiatry

The APA invites submissions for the *2005 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 the 2005 APA Annual Meeting. Candidates for the award must be citizens of the U.S. or Canada and must be nominated by a sponsor who is a member of the APA. Sponsors should submit: a book, paper, or group of representative, thematically linked publications; a summary statement emphasizing the primary theme of the work and its scientific implications; an up-to-date curriculum vitae; and an up-to-date bibliography. Submission deadline, August 27, 2004. Contact Harold Goldstein, Ph.D., APA Division of Research, (703) 907-8623, or by e-mail, goharold@psych.org.

### Ittleson Research Award

The APA presents the Blanche F. Ittleson *Award for Research in Child and Adolescent Psychiatry* to a psychiatrist or a group of psychiatric investigators for the published results of research that has resulted in, or promises to lead to, a significant improvement in promoting the mental health of children and adolescents. The award includes a \$2,000 prize and a plaque presented at the APA Annual Meeting. Candidates for the award must be citizens of the United States or Canada. The work submitted for the award must have been published within the past five years or accepted for future publication. Submission deadline for the 2005 award is August 15, 2004. Contact Jane Edgerton (jedgerton@psych.org) for information on submission requirements.

### Career Achievement in Child and Adolescent Psychiatry

The APA Agnes Purcell McGavin *Award for Distinguished Career Achievement in Child and Adolescent Psychiatry* is awarded each year at the APA Annual Meeting to a psychiatrist who has demonstrated success in research, publishing, clinical care or policy in the field of child and adolescent psychiatry. The award consists of \$1,500 and a plaque, presented at the Convocation of the APA Annual Meeting. Nominations for this award may be made by any APA member by means of a letter describing the nominee's significant contributions to the field and by submission of the nominee's curriculum vitae. Five copies of each should be submitted by August 10, 2004, to Myron Belfer, M.D., c/o Jane Edgerton, APA, 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209. For further information please contact Jane Edgerton by phone (703-907-8579) or by e-mail at jedgerton@psych.org.

### New Minority MH Award

The American Psychiatric Foundation (APF) has established a new *Minority Mental Health Awards* program, with the support of Otsuka America Pharmaceutical, Inc., to recognize psychiatrists, other mental health professionals, and/or mental health programs that have undertaken innovative and supportive efforts to: raise awareness of mental illness in minority communities; increase access to quality care for minorities; improve the quality of care for minorities, particularly those in the public health system or those with severe mental illness. The award winners will receive an award check in the amount of \$5,000 and recognition in APF and APA publications and at the APA Annual Meetings in May and October. Application deadline for the 2005 awards will be November 1, 2004. For submission information, see [www.psychfoundation.org](http://www.psychfoundation.org).

### Young Investigator Award

The National Education Alliance for Borderline Personality Disorder (NEA-BPD) will award its first annual *Young Investigator Award* in October 2004, in collaboration with the National Alliance on Research for Schizophrenia and Depression (NARSAD) and the Borderline Personality Disorder Research Foundation (BPDRF). The award will honor the best research on a topic relevant to borderline personality disorder completed by an investigator who is within five years of completing her or his training. Submissions may consist of a reprint of a published research paper; a preprint of a research paper accepted for publication; other journal-length manuscripts describing a research study. Submission deadline for the 2004 awards is May 15, 2004. Decisions will be announced September 1, 2004.

The presentation of the award will be an annual event at NEA-BPD conferences. A plenary session at the conferences will be devoted to presentations by the winner(s) of the award(s). The first awards will be given at the 2004 NEA-BPD conference, October 16-17, 2004, in Los Angeles. The theme of this year's meeting is "Family Perspectives on Borderline Personality Disorder: BPD Across the Life Span." The awards will include a monetary prize as well as travel to the conference, hotel accommodations and meals. Additional information is available at [www.borderlinepersonalitydisorder.com](http://www.borderlinepersonalitydisorder.com).

### Julius Axelrod Mentorship Award

The *Julius Axelrod Mentorship Award* is a new award to be presented by the American College of Neuropsychopharmacology (ACNP) to an ACNP member who has made an outstanding contribution by mentoring and developing young scientists into leaders in the field of neuropsychopharmacology. The Award consists of a monetary prize and a plaque to be presented at the ACNP annual meeting in San Juan, Puerto Rico, December 12 –

16, 2004. Nominations are due before May 21, 2004 and should include: a nominating letter describing the candidate's contribution to mentees; a representative list of people who have been mentored by the candidate, their job titles, and their contributions to the field; letters of support from no more than three scientists who have been mentored by the candidate; and the candidate's curriculum vitae. Eight copies of the nomination package should be sent to the ACNP Secretariat, Honorific Awards, 2014 Broadway, Suite 320, Nashville, TN 37203.

### Basic/Translational Research Award

The *Daniel H. Efron Basic/Translational Research Award* is presented by the American College of Neuropsychopharmacology (ACNP) to an individual who has made outstanding contributions to basic/translational research. The contributions may be preclinical or work that emphasizes the interface between basic and clinical research. The Efron Research Award consists of an expense paid trip to the ACNP Annual Meeting in Puerto Rico, December 12 – 16, 2004, a monetary award, and a plaque. The nominee must be 45 years of age or younger and does *not* have to be a member of the ACNP or a citizen of the United States. Any scientist, worldwide, may submit nominations to include a nominating letter; a curriculum vitae; no more than three scientific papers representing the nominees scientific contributions. Nominations due before May 21, 2004; eight copies of the nomination package to be sent to ACNP Secretariat, Honorific Awards, 2014 Broadway, Suite 320, Nashville, TN 37203.

### Clinical/Translational Research Award

The *Joel Elkes Research Award* is presented by the American College of Neuropsychopharmacology (ACNP) to a young scientist in recognition of an outstanding clinical/translational contribution to neuropsychopharmacology. The contribution may be based on a single discovery or a cumulative body of work. Of particular interest are contributions that further our understanding of self-regulatory processes affecting mental function and behavior in disease and in well-being. The Award consists of an expense paid trip to the ACNP annual meeting in San Juan, December 12 – 16, 2004, a monetary prize, and a plaque. The nominee must be 45 years of age or younger and does *not* have to be a member of the ACNP or a citizen of the United States. Any scientist, worldwide, may submit a nomination package to include: a nominating letter; a curriculum vitae; no more than three scientific papers representing the contributions upon which the Award will be based. Nominations must be received before May 21, 2004; send eight copies of each submission to ACNP Secretariat, Honorific Awards, 2014 Broadway, Suite 320, Nashville, TN 37203.

### ACNP/NIMH Minority Travel Awards

The objective of the ACNP/NIMH *Minority Travel Award* is to encourage the development of young scientists of ethnic and racial minorities who have, through their research, teaching, or clinical activities, demonstrated professional and scientific interest in the field of neuropsychopharmacology. The award will enable five recipients to attend the 2004 annual meeting of the ACNP in San Juan, December 12 – 16. The award includes: roundtrip airfare, seven nights lodging, registration fee, opportunity to present a poster, \$100 ground transportation, \$50 per diem, invitation to attend the next two ACNP annual meetings with paid registration fee and opportunity to present posters at each meeting. Applications must be received by April 16, 2004; successful candidates will be notified in mid-July. Applications available online, [www.acnp.org/postdoc.php](http://www.acnp.org/postdoc.php); phone (615) 322-2075; or e-mail, [acnp@acnp.org](mailto:acnp@acnp.org)

### Memorial Travel Awards

The ACNP *Memorial Travel Awards* were established in 1997 to commemorate deceased College members. These awards support the attendance of young investigators at the ACNP annual meeting. The objective is to encourage the involvement and development of young teacher-scientists in neuropsychopharmacology through exposure to members and scientific events of the ACNP. Ten fellowships will be awarded in 2004 in memory of: Marian Weinbaum Fischman (1939-2001), Louis S. Lasagna (1923-2003), Arnold J. Friedhoff (1923-2001), Leo Hollister (1920-2000), Seymour Kety (1915-2000), Heinz E. Lehmann (1911-1999), Jerry Sepinwall (1940-1998), Menek Goldstein (1926-1997), Daniel X. Freedman (1921-1993), and Gerald L. Klerman (1928-1992). Applications are available online ([www.acnp.org/travel.php](http://www.acnp.org/travel.php)) and must be submitted by April 16, 2004.

### Bristol-Myers Squibb Travel Fellowships

The ACNP *Bristol-Myers Squibb Travel Fellowships* provide an additional opportunity for twelve fellows with an active career interest in neuropsychopharmacology to attend the 2004 ACNP annual meeting, December 12 – 16, in San Juan. These awards include roundtrip coach air fare, seven nights lodging, registration fee for recipient and spouse, opportunity to present a poster, \$100 ground transportation, \$50 per diem, invitation to present posters at the next two ACNP annual meetings. Applicants should be nominated by an ACNP member; each department may submit only one nominee. Applications are due April 16 and may be accessed online, [www.acnp.org/graduate.php](http://www.acnp.org/graduate.php). Phone, (615) 322-2075, e-mail, [acnp@acnp.org](mailto:acnp@acnp.org).



## *A Call for Nominations...*

# The Rhoda and Bernard G. Sarnat Award

# IOM



An International Award to

**Recognize Outstanding Achievements  
in Mental Health**

**T**he Institute of Medicine (IOM) is accepting nominations for the Rhoda and Bernard Sarnat Award in mental health. The international award recognizes individuals, groups, or organizations for outstanding achievement in improving mental health and is accompanied by a medal and \$20,000. Rhoda and Bernard Sarnat established the award in 1991 out of a commitment to improving the science base and delivery of mental health services. The purpose of the Sarnat Award is to recognize:

- contributions to improve understanding of or treatment for mental disorders (basic biomedical or clinical research);
- innovations in mental health services (counseling, clinical care, prevention, amelioration of symptoms, or promotion of mental health); or
- public policy change that fosters science or improves mental health services.

To encourage a broad range of candidates, there are no constraints on the education, profession, or specific discipline of individuals or organizations. The award will be given without regard to nationality.

Any individual or organization may submit nominations. Nominations should include a detailed description of the nominee's accomplishments and an explanation of why those accomplishments merit the Sarnat Award (not to exceed four pages in length); a select bibliography of up to 10 publications or other documentation of accomplishments. E-mail nominations are encouraged. Letters of endorsement are not necessary and will not be considered. All materials will be kept confidential. Nominations should be postmarked no later than April 1, 2004 and sent to:

Allison M. Panzer, Sarnat Award Nominations  
Institute of Medicine, The National Academies  
500 Fifth Street, N.W., W830,  
Washington, DC 20001

Tel: (202) 334-33633, Fax: (202) 334-1317

Email: [sarnataward@nas.edu](mailto:sarnataward@nas.edu), Website: [www.iom.edu/sarnat](http://www.iom.edu/sarnat)

# News and Notes

## Psychosomatic Medicine Subspecialty

The American Board of Medical Specialties (ABMS) has approved the issuance of subspecialty certificates in psychosomatic medicine by the American Board of Psychiatry and Neurology (ABPN). Daniel K. Winstead, M.D., chair of the department of psychiatry at Tulane University, will lead the test development committee. The first certification examination is scheduled for June 7, 2005. The application will be available for download in May 2004, and the deadline for submitting applications is August 1, 2004.

Training requirements for the subspecialty have been approved by the Psychiatry Residency Review Committee. For the first five years that the examination is administered (the "grandfathering" period), there are two alternatives to ACGME-accredited training. One is non-ACGME-accredited residency training in psychosomatic medicine; the other is 25% practice time devoted to psychosomatic medicine for a minimum of two years. After the grandfathering period, applicants will be required to successfully complete one year of ACGME-accredited residency training in psychosomatic medicine.

## 2005 Residency Match

Beginning with the 2005 National Resident Match, graduate medical education programs will be required to provide applicants with copies of the contracts they would be expected to sign if matched to that particular graduate program. The current rule *recommends* that graduate programs provide a sample contract to those who interview for the program; the new rule will make this practice a *requirement*. The American Medical Student Association strongly advocated for this change working through the two voting medical student members of the National Resident Matching Program Boards of Directors; there are also two non-voting student members on the Board. Other measures that have been adopted in response to medical student advocates include the rule allowing married couples to match together and the rule permitting students to match to a shared residency position. In 2003, more than 21,000 students were matched to residencies in the Main Match, and over 2,000 were matched to subspecialty positions.

## Funding and Grants Seminars

The NIH announces two 2004 Regional Seminars in Program Funding and Grants

Administration: May 5-7, hosted by University of Miami and Florida A&M University; June 23-25, hosted by University of Washington School of Medicine, Seattle. The seminars will provide information about the entire NIH extramural funding process from opportunity identification through post award administration. Presentations are targeted toward researchers new to NIH, postdocs and trainees. Also offered in conjunction with each of the seminars will be hands-on computer training in NIH electronic research administration. One lab will be targeted toward principal investigators, another toward grants administrators, and a third specifically on preparation of financial status reports. Contact Megan Columbus, NIH Regional Seminar Coordinator, [megan.columbus@nih.gov](mailto:megan.columbus@nih.gov), (301) 435-0937.

## IACUC 101 for Scientists

A half-day workshop, "IACUC 101 for Scientists: Dealing with Problem Areas," will be presented on Saturday, April 17, from 11 a.m. to 3 p.m., at the *Experimental Biology 2004* meeting (April 17 - 21) in Washington, D.C. The workshop will provide information useful both to IACUC members and to researchers whose protocols require IACUC review. The workshop will move beyond basic IACUC issues to address areas that require special attention. Participation of women, racial/ethnic minorities, persons with disabilities and others who have been traditionally underrepresented in science is encouraged. Contact Alice Ra'anan, [araan@the-aps.org](mailto:araan@the-aps.org), (301) 634-7105.

## Comorbidity Conference

*Complexities of Co-Occurring Conditions: Harnessing Services Research to Improve Care for Mental, Substance Use, and Medical/Physical Disorders*, a conference, will be held June 23 - 25, 2004, in Washington, D.C. The conference is cosponsored by NIMH, NIDA, NIAAA, AHRQ, HRSA, and SAMHSA, a collaboration that recognizes the dynamic relationship between research and practice through the Science-to-Services paradigm. Co-occurring disorders challenge traditional models of service delivery so that new evidence-based practices must be developed, adopted, and implemented for the prevention and treatment of co-occurring disorders. Attendees will benefit from the interdisciplinary approaches featured in the conference program. A series of concurrent Pre-Conference Research Methodology Workshops on research design, methodology, and implementa-

tion will be held on the morning of Wednesday, June 23. Pre-registration dates, February 1 to June 11; onsite registration opens June 23. For updated information, visit [www.cccconference.com](http://www.cccconference.com).

## SAMHSA Seeks Grant Reviewers

The three centers that comprise the Substance Abuse and Mental Health Services Administration (SAMHSA) are seeking professional reviewers to evaluate grant applications the areas of mental health services, substance abuse prevention, and evidence-based substance abuse treatment services. To be considered for the FY 2005 grant cycle, applications must be received by June 30, 2004, however, applications are accepted at any time. Applications may be submitted online, via e-mail, or in hard copy. Complete information on reviewer requirements, rewards, and application instructions is available under the "grants" heading at [www.samhsa.gov](http://www.samhsa.gov).

## Psychiatric Services Editor Designate

Howard H. Goldman, M.D., Ph.D., has been selected as the new Editor of the APA journal, *Psychiatric Services*. Dr. Goldman will take over the position, after a several month transition period, from John A. Talbott, M.D., who has served the journal as editor since 1981. Dr. Goldman is Professor of Psychiatry at the University of Maryland School of Medicine, where he is also Director of Mental Health Policy Studies and the Co-Director of the Center for Mental Health Services Research. He is the author or co-author of over 200 publications in the professional literature and currently, he serves on several editorial boards. Dr. Goldman edits a textbook for medical students, *Review of General Psychiatry*, now in its 5th edition and served as the Senior Scientific Editor of the *Surgeon General's Report on Mental Health* from 1997-1999, for which he was awarded the Surgeon General's Medallion.

## Frank Named DBSA Chair

The Depression and Bipolar Support Alliance (DBSA) Board of Directors has named Ellen Frank, Ph.D., as the first woman chair of the DBSA Scientific Advisory Board. Dr. Frank is the director of the Western Psychiatric Institute and Clinic's Depression and Manic Depression Prevention Program and a professor of psychiatry and psychology at the University of Pittsburgh School of Medicine. ■

# Research Funding Opportunities

■ **SPONSOR: Obsessive-Compulsive Foundation**

□ **SUBJECT: Effective Treatment Research Awards**

**DESCRIPTION:** The Obsessive Compulsive Foundation is an international advocacy organization that has been awarding research grants since 1994. In 2003, the foundation awarded six grants totaling \$200,000 in a full range of basic, clinical, treatment and outcome studies. The foundation is interested in funding any aspect of OCD or an OC Spectrum Disorder that will lead to prevention and treatment advances: brain chemistry, basic neurobiology, genetics, epidemiology, treatment failures or successes, multi-site studies, etc.

**DEADLINE:** January 30 of each year

**CONTACT:** Obsessive-Compulsive Foundation, Research Awards, 676 State Street, New Haven, CT 06511, [www.ocfoundation.org](http://www.ocfoundation.org).

■ **SPONSOR: American Foundation for Suicide Prevention**

□ **SUBJECT: Suicide Research**

**DESCRIPTION:** The AFSP supports every aspect of suicide research, clinical, neurobiological, psychosocial, and genetic. The foundation has a special interest in treatment research as well as in research with survivors. AFSP supports both established and junior investigators who bring fresh approaches to the study of suicide. Four categories of research grants are supported:

- **Pilot Grants** of up to \$10,000 per year for a two-year period *or* \$20,000 for one year. These grants provide seed money for new projects and are awarded to individual investigators without regard to academic rank or previous experience with suicide research.
- **Standard Grants** of up to \$30,000 per year are awarded for a two-year period to individual investigators.
- **Young Investigator Grants** are awarded for up to \$35,000 per year for a two-year

period including a mentor fee of \$5,000 (total of \$70,000). Awards are made to investigators at the level of Assistant Professor and lower.

- **Distinguished Researcher Awards** up to \$50,000 per year are awarded for a two-year period 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.

**DEADLINES:** Pilot grant applications are accepted on April 15, August 15, and December 15, with funding decisions three months after receipt of application; Standard, Young Investigator, and Distinguished Researcher grant applications have a once-a-year application deadline, December 15, for May funding decisions.

**CONTACT:** AFSP, 120 Wall Street, 22<sup>nd</sup> Floor, New York, NY 10005; phone: (212) 363-3500, fax: (212) 363-6237, Toll Free: 888-333-AFSP, e-mail: [inquiry@afsp.org](mailto:inquiry@afsp.org), [www.afsp.org](http://www.afsp.org).

■ **SPONSOR: Borderline Personality Disorder Research Foundation**

□ **SUBJECT: Quick Action Small Grant Program**

**DESCRIPTION:** The BPDRF announces a Quick Action Small Grant Program to substantially facilitate the development of borderline personality disorder research grant applications to a NIH institute or other funder. The applications can be for any of the various research grant mechanisms, including research training, e.g., pre- and postdoctoral fellowships or research career development awards. Examples of work eligible for support: travel to learn a new procedure to be incorporated into a research application; demonstration of ability to identify and recruit potential subjects; preliminary data collection to demonstrate subject cooperation or promise of the research; innovative secondary data analyses to provide support for a new line of inquiry in borderline personality disorder. Grants of up to \$5,000 will be awarded.

**DEADLINE:** Applications may be submitted at any time. The foundation plans a two-month review and funding cycle to begin on the first day of each month.

**CONTACT:** Andrew W. Skodol, M.D., Co-Chair, Scientific Advisory Board, Quick Action Small Grant Program, BPDRF, 650 Madison Avenue, 18<sup>th</sup> Floor, New York, NY 10022; [aes4@columbia.edu](mailto:aes4@columbia.edu); [www.borderlineresearch.org](http://www.borderlineresearch.org).

■ **SPONSOR: Substance Abuse and Mental Health Services Administration**

□ **SUBJECT: Service-to-Science Grants**

**DESCRIPTION:** SAMHSA announces the intent to solicit applications for Service-to-Science grants. These grants will document and evaluate innovative practices that address critical substance abuse and mental health service gaps but have not yet been formally evaluated. Applicants who seek to stabilize, document, and evaluate promising practices should apply for awards under this announcement. Grants will be funded in two phases. The options for applicants are: a combined Phase I and II grant, or a Phase II grant *only*; there is not a Phase I only option. Awards for Phase I of the combined grants will be for up to \$150,000 per year for up to two years; Awards for Phase II will be \$300,000 - \$500,000 per year for one to three years. Awards for combined Phase I and II grants may not exceed five years. The program announcement currently available describes general program design and provides application instructions. The availability of funds for specific Service-to-Science Grants will be announced in supplementary Notices of Funding Availability (NOFA).

**DEADLINE:** A NOFA for the Service-to-Science Grant Announcement is not as yet posted on the SAMHSA Web site.

**CONTACT:** The general program description is available on the SAMHSA Web site ([www.samhsa.gov/grants](http://www.samhsa.gov/grants)), choose "SAMHSA Standard Grant Announcements," and then "Service-to-Science." ■

# Research Training Opportunities

■ **SPONSOR:** American Foundation for Suicide Prevention

□ **POSITION:** Suicide Postdoctoral Research Fellowships

**DESCRIPTION:** Postdoctoral Research Fellowships are awarded by the AFSP for full-time training projects to enable young investigators (M.D. or Ph.D.) to qualify for independent careers in suicide research. The training can be in either basic or clinical research and must be full-time. That is, fellows are expected to devote at least 40 hours per week to a training program and may not hold any significant clinical responsibilities during the funding period. An AFSP postdoctoral training fellowship may not be held concurrently with any other postdoctoral fellowship. However, additional funds may be secured by the fellow to support costs associated with the research project. Fellowships may be for a period of one or two years, with the second year contingent upon first year performance. A stipend of \$42,000 is provided in the first year; \$46,000 is provided in the second year (if applicable), plus an Institutional Allowance of \$6,000 per year. Fellowship applications must be endorsed by the applicant's proposed mentor and by the head of the department in which training will be received.

**Deadlines:** December 15 of each year, for grants beginning on July 1, following year; preliminary notification, May 1; final award letters, June 1.

**Contact:** American Foundation for Suicide Prevention, 120 Wall Street, 22<sup>nd</sup> Floor, New York, NY 10005; phone: (212) 363-3500, fax: (212) 363-6237, Toll Free: 888-333-AFSP, e-mail: inquiry@afsp.org, www.afsp.org.

■ **SPONSOR:** University of Massachusetts Medical School

□ **POSITION:** Psychopharmacology Fellowship

**DESCRIPTION:** The Psychopharmacology Program offers a full-time, one-year PGY5 research fellowship position beginning July 1, 2004. Fellows will participate in clinical research in affective and psychotic disorders, have a project of their own under the supervision of Dr. Anthony Rothschild and

will also participate in ongoing psychopharmacology research projects in the Department of Psychiatry. Fellows will have 100% protected research time and opportunities to travel and present at meetings. Candidates must have completed an approved residency in psychiatry. University of Massachusetts is an Affirmative Action/Equal Opportunity Employer.

**DEADLINE:** Open

**CONTACT:** Please send CV and two letters of recommendation to Anthony J. Rothschild, M.D., Professor and Director of Clinical Research, Department of Psychiatry, U. Massachusetts Medical School, 361 Plantation Street, Worcester, MA 01605 or e-mail rothscha@umhc.org. Web site: www.umassmed.edu/psychopharm.

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

□ **SUBJECT:** Research Education Grants

**DESCRIPTION:** The National Institute on Drug Abuse Research Education Grant is a flexible but specialized mechanism designed to foster the development of drug abuse researchers through creative and innovative educational programs. Of particular interest are programs that focus on preparing cross-disciplinary and/or translational researchers who are physician scientists, underrepresented minority scientists, and/or adolescent, pediatric and geriatric scientists interested in pursuing research relevant to the NIDA mission. Innovative training programs targeted at all levels of professional career development will be considered. Educational partnerships between institutions such as research institutions, drug abuse treatment facilities, or primary care organizations are highly encouraged. Formats for research training may vary to include a series of short

courses, seminars, workshops, structured short-term or long-term research experiences; curriculum development as well as design, implementation and evaluation activities are also eligible under this mechanism. (PAR-04-054)

**DEADLINES:** February 1, June 1, and October 1

**CONTACT:** Suman A. Rao, Ph.D., Deputy Research Training Coordinator, Office of Science Policy and Communications, NIDA, (301) 443-6071, srao@mail.nih.gov.

■ **SPONSOR:** National Institute of Health

□ **SUBJECT:** Stipend Increases

**DESCRIPTION:** Stipend levels for Ruth L. Kirschstein-NRSA institutional training grants and individual fellowship awards have been increased beginning with Fiscal Year 2004 awards (awards beginning October 1, 2003). All levels of training are affected: undergraduate, predoctoral, postdoctoral trainees and fellows. Budget categories for Training Related Expenses and for Institutional Allowance have not been increased. Retroactive adjustments or supplementation of stipends may not be made. Stipends at the predoctoral level have been increased to \$20,772; stipends at the postdoctoral will range from \$35,568 (for 0 years of experience) to \$46,992 (five years of experience), \$48,852 (six years of experience), and \$51,036 (for seven or more years experience). These stipends will be administratively applied to all applications currently in the process of review.

**CONTACT:** Walter L. Goldschmidts, Ph.D., Acting Research Training Officer, Office of the Director, NIH, (301) 435-4225, e-mail: goldschw@od.nih.gov. ■

*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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