



Psychiatric Research Report

Research Colloquium for Young Investigators

Since 1996, a unanimously hailed highlight of the APA Annual Meeting has been a day-long workshop, *The APA Research Colloquium for Young Investigators*. Traditionally held on the Sunday in May that falls between the Society for Biological Psychiatry meeting and the official opening of the APA Annual Meeting, the Colloquium is targeted for senior residents, fellows, or junior faculty applicants who are interested in pursuing careers in psychiatric research.

The two-fold goal of the Colloquium is to provide a one-day intensive mentoring experience focused on current or proposed research projects at various stages of development and to provide one-on-one career counseling to a select group of young psychiatrists. These objectives are achieved through a busy and varied agenda involving 45 carefully selected young investigators, 20-30 senior scientists selected as mentors, and a half dozen APA staff members led by Ernesto Guerra, the APA's Director of Psychiatry Research Training Programs.

The dynamics of the meeting begin a full year in advance of each Colloquium when members of the APA Committee on Research Training (CRT) meet at the Annual Meeting to select three substantive areas of research slated to be the foci of the following year's meeting. The senior scientists, leaders in one of the three research areas, are also chosen at this meeting of the CRT and then personally invited to serve as mentors for the next Colloquium. (A table of research areas selected for Colloquia held since the program's inception is given in the sidebar on page 3.)

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Michele T. Pato, M.D., Chair, APA Committee on Research Training

Applications from young investigators and their sponsors are solicited throughout the summer months and by the Fall deadline of November 15, over 100 young researchers have applied for the 45 slots annually available at the workshop.

Each year the Colloquium is held in a university setting adjacent to but distinct from the convention center hubbub of annual meeting activities. This setting provides a retreat-like academic environment as well as the physical accommodations best suited to the day's varied agenda. The 2001 Colloquium (see accompanying photos) was held in conjunction with the Department of Psychiatry at Tulane University, Daniel K. Winstead, M.D., Chair. The 2002 Colloquium will be hosted by Michael J. Vergare, M.D., Chair of the Psychiatry Department at Jefferson Medical College in Philadelphia.

The carefully designed Sunday schedule provides opportunities for peer interaction, formal and informal mentoring, as well as presentations on research career essentials and on the funding process. In the center ring of the Colloquium, however, are the oral slide presentations and poster sessions which each student, or mentee, has come prepared to deliver.

The Colloquium day begins before 8:00 a.m. with a combined continental breakfast and registration session, offering the initial opportunity for trainees to meet each other and the on-site APA staff. The trainees also use this time to mount posters, fill slide carousels, and collect the \$1,000 honorarium intended to defray the cost of travel to the Annual Meeting. Materials handed out during registration include the obligatory name badge and a robust 200-plus page program book that has been long in preparation at APA headquarters in

(continued on next page)

New Research Submissions Due January

Submissions for new research findings for the 2002 APA Annual Meeting in Philadelphia, to be held May 18 through 23, 2002, must be postmarked by January 4, 2002. This late deadline allows the latest research to be included at the meeting and disseminated to the psychiatric community. New research findings may be presented as oral slide presentations or as poster sessions. The oral slide slots are limited, and the majority of accepted new research will be presented as poster sessions. As in previous years, there will be special sessions for young investigators. The APA Committee on Health Services Research would especially like to encourage submissions in the area of health services research. For further information and submission forms, contact the APA Answer Center, 1400 K Street, NW, Washington, DC 20005, (202) 682-6000, 1-888-35-PSYCH, or e-mail APA@psych.org. ■



Walter Goldschmidt, Ph.D., NIMH



Darrel A. Regier, M.D., M.P.H., Executive Director, APIRE

Washington, D.C. The program includes biographies of the faculty mentors and abstracts of the 45 presentations to be made by the trainees.

Shortly before 9:00 a.m. all attendees are assembled in an auditorium for a formal welcome by APA Training Committee Chair, Michele Pato, M.D., for the “cheerleader talk” presented by APA Council on Research Chair, John F. Greden (see accompanying story, “Making It In Research”), and for brief presentations by representatives of the three NIH Institutes (NIMH, NIDA, NIAAA) that are the primary supporters of mental health research and that since 2001 jointly fund the Colloquium through a five-year NIH conference grant. Constance Lieber, President of the National Alliance for Research on Schizophrenia and Depression (NARSAD) also presents elements of her organization’s support mechanisms for young researchers.

By 10:00 a.m. attendees are dispersed into the subject-driven small group sessions that are the hallmark of this innovative training mechanism. Just five trainees and two or three mentors constitute a single group, and each group is closeted together in a separate classroom setting. There are nine such small groupings, three in each of the three substantive areas chosen for the Colloquium the year before by the Committee on Research Training.

During this morning session, only two trainees in each group present research projects; the intimate audience of four student colleagues and a senior researcher or two provide each trainee with extensive feedback, discussion, *and* praise. The amount of time, the intimacy of the setting, and the expertise of the faculty, both as mentors and as researchers, provide students with exposure to and the insights of distinguished scientists outside of their home institutions. This is a first foray for many students into the larger research arena.

Each student presents again in a poster format during a lively one hour and 45 minute luncheon session. Here the group is divided so that half of the mentees present posters while the other half simultaneously view and munch the elaborate buffet. Then the groups switch roles, allowing all to eat and to present posters before the small substance-based groupings reconvene for the afternoon research presentations.

The two and a half hour afternoon session allows the remaining three students in each of the small groups to present findings from their individual research projects. Again, animated exchanges fill the nine classrooms as mentoring and career counseling combine to forge what for some will be a continued dialogue among colleagues and mentors that reaches far beyond the day of the Colloquium.

The day concludes with a plenary session, a chance to regroup, to hear closing remarks from mentors, to evaluate the day's activities and to provide APA staff with suggestions for improvements to this annual event. Stemming from recommendations offered during this evaluative session, APA training staff plan to initiate a listserv to facilitate further dialogue as well as further support and guidance for those who choose to pursue this opportunity electronically.

Although applications for the 2002 *Research Colloquium for Young Investigators* will have been submitted by the time this newsletter appears, planning for the following year and solicitations for new applications are continuous processes. Mentors, sponsors and young investigators alike are invited to follow and to participate in future Colloquia. We look forward to seeing you in Philadelphia, in San Francisco, in New York., and beyond. (For information on future colloquia contact Ernesto Guerra at APA headquarters, eguerra@psych.org.) ■



Constance Lieber, President, NARSAD

History of Colloquium Research Areas

1996	Child	Drug Abuse	Health Services
1997	Women's Mental Health	Molecular Neurobiology	HIV, Alcohol/Drug Abuse
1998	Mood Disorders	Neuroimaging	Alcohol & Drug Abuse
1999	Treatment Research	Genetics & Psychiatry	Geropsychiatry
2000	Anxiety Disorders	Co-morbidity	Psychoses
2001	Molecular Neuroscience	Neuroimaging	Treatment & Services
2002	Special Populations	Cognitive Neuroscience	Translational Research

News from the Council on Research

*Making It In Research**

Muriel R. Asher

Each year at the APA Annual Meeting, the daylong Research Colloquium for Young Investigators opens with an entreaty by John F. Greden, M.D., the inspiration and a continuing force behind efforts to strengthen and sustain research training as an integral part of psychiatric residency programs throughout the nation.

The presentation, "Making It In Research," provides an outline of elements that might, in another setting, comprise the syllabus for a semester-long course on the subject. Some elements are intuitive, others provide emphasis and re-emphasis, others are "news," but all are nurturing, supportive, and convey the enthusiastic message that research is a lifelong privilege. *Go for it!*

This is not a recruitment effort. Greden acknowledges that he is speaking to the choir, those who have chosen a research path and who are far enough along to have been selected from a candidate pool twice again the size of the 45 young investigators present in the audience. It is nevertheless fortification for those who have elected to swim against the tide but may not be entirely familiar with the nature of the currents along the way.

The goal here is to encourage, warn, coax this elite group toward success so as to sustain and retain as many as possible for the long haul, for "The Marathon," Greden quips, of the research career pathway.

Greden demarcates the personal challenges from the institutional challenges, and he is open about the negatives inherent in both. The talk is a mixture of "Here are those things that your department should offer you," and "Here is your part, here is what you must be prepared to do."

Institutional Elements

Greden clearly advocates for an established research training track for young investigators as a way of obviating the time-consuming and frustrating need to invent, negotiate, forage on one's own in order to build the necessary components of a research path.

On the requirements of a suitable research training environment, Greden advises students to look for signposts that acclaim "Research Is A Priority Here!"

Talk to people already in the system, he urges.



*John F. Greden, M.D.,
Chair, APA
Council on
Research*

Ask about the infrastructure that exists to support research activities: are there services to support literature searches, statistical and biometric analyses, computer systems, even scientific editing?

Inquire about the availability of departmental or institutional funds to support activities such as pilot studies, preparation of posters, and travel to scientific meetings to present those posters.

Is there a framework or a mechanism for negotiating protected research time? A research plan, for example, that can be laid

out in conjunction with the faculty.

Mentoring is a key ingredient in a research environment, and good mentoring is an integral part of the learning process, Greden instructs.

What are the elements of a good mentor? A faculty member with an overlapping or, at a minimum, a similar area of interest and expertise; someone who will make the time and who gets a kick out of harvesting bright young minds. This information, admittedly, is not easily addressed directly, but attainable indirectly, through reputation, departmental gossip, and some conscientious digging. For example, does a potential mentor publish with trainees, accede first authorship, include students on grant applications, have a long, or short, line of students who "studied with——." And, where are those students now? (See Figure 1)

Figure 1

Find a GOOD Mentor

<ul style="list-style-type: none"> ● Mentors help with – Ideas – Money – Space – Staff supports 	<ul style="list-style-type: none"> ● And with... – Networking – Contacts – Constructive criticism – Modeling – Nominations
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*This article is based on John Greden's presentation at the APA Research Colloquium for Young Investigators and on an interview appearing in *PRR*, Winter 1998.

Personal Perspectives

Speaking directly to the trainees about what they must bring to the table, Greden exhorts them to “**Do What You Love,**” and the rest will follow. Well, maybe not *that* easily.

You should also have an area of special expertise, Greden advises, and a topic that is both of interest to you and important to your field of interest.

Basic training in research methodology and design, research ethics, statistical analysis and data presentation provide the skills and the mind-set that underlie later success.

A passion to “translate” ideas from the frontiers of research into the practice arena is an essential motivator.

The ability to present ideas effectively through oral presentations as well as in written form is essential for success. Whether for lay or professional audiences, the ability to communicate what has been learned or discovered speaks to the ultimate utility of the research. Communication is not a hallmark of the scientist, admonishes Greden, a paradox that requires steady attention.

Unique Challenges

Dr. Greden acknowledges the challenges that are specific to those pursuing a research path, whether resident, fellow, or junior faculty. These include the need to find a *balance* between clinical responsibilities and investigational responsibilities. Serving two masters, in a sense, within a milieu that traditionally honors only one. To elaborate, competing clinical and research obligations result in constraints that require young investigators to make difficult *choices* and to avoid the seduction of outside activities that do not directly serve research goals.

The dual requirements of a research track may also pose a more subtle challenge. Residents in a research track are often out of sync with their residency cohort; their rotations may differ, their research training is prolonged and their graduation date may even be delayed. Sustaining membership in a peer group under these circumstances requires a special effort to *stay connected*. “Psychologically, it is important to continue to feel an integral part of the overall group,” cautions Greden.

Equally meaningful is the ability to build relationships outside the immediate departmental peer group. It is important to become part of a *national network* of individuals who share similar interests and who can contribute to the fun of a continuing scientific dialogue through e-mails, phone calls, meetings, and other forms of personal communication.

Rewards along the research pathway are not as readily evident as those in a teaching environment or in a clinical setting. Publication or funding successes are not daily, monthly, or sometimes even annual events for the young investigator, and it is almost always more difficult to assess one’s impact. “You do it for the intellectual excitement and because you want to make a contribution,” urges Greden as he continues to rally the student audience.

A particularly critical challenge for the novice researcher has to do with the ability to develop an attitude of receptiveness. Peers as well as mentors can serve as important sources of feedback on ideas (nascent or developed), on manuscript drafts, on grant proposals, on presentations. It is imperative to overcome one’s

defensiveness and sensitivity to these critiques and to see them as means for improving or refining. And begin early on! The sooner the refining begins, the more confidence there will be in the final product.

Grant Essentials

It all begins with an idea! An appropriately sized idea that can be added to, piece by piece over time and developed into an overarching theme, into a story, and ultimately into answers that will impact the field.

Greden likens this development to the construction of a pyramid. The broad base is laid brick upon brick with one piece of the overall data at a time. Start small, advises Greden, and keep focused. Don’t try to construct the whole pyramid in a single grant application or in a single journal article. Accumulate data, but forego complex proposals that seek to do too much and to answer too many questions, especially in early career stages. (See Figure 2)

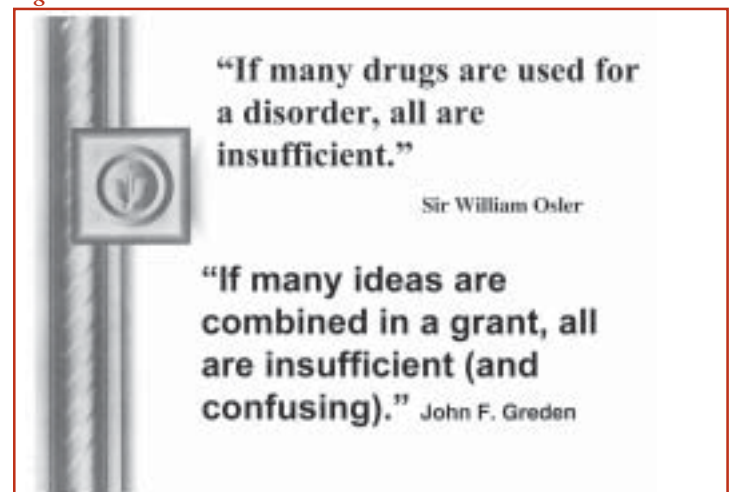
Paraphrasing a famous aphorism of Sir William Osler, Greden cautions, “If many ideas are combined into a single grant, all are insufficient — and confusing.” (See Figure 3)

(continued on next page)

Figure 2



Figure 3



Greden uses the acronym “KISS” to emphasize this approach: Keep It Sweet and Simple - KISS and BUILD.

The same principle applies to funding. Start small. “Start with funds that are awarded within your own institution.” For example, compete for pilot funding from the department of psychiatry, or startup funds from the medical school, or supplemental funding within a university research center or the school’s Clinical Research Center (CRC). Accumulate a record of small funding successes and then take the next step to grants that include formal external peer review but are still targeted towards young investigators.

Before submitting an application to an outside funding source that will entail formal external peer review, have the proposal reviewed “in house.” This should and can occur at several different levels.

At the earliest possible point in development, colleagues and mentors should be asked to cast a critical eye on successive draft versions of the proposal. Ideally, a final step before submission might be a mini-departmental review, a mock IRG (initial review group) that provides formal feedback in the form of a written “summary statement” as well as in face-to-face meetings. This form of collective mentoring at the departmental level gives the young investigator an opportunity to become accustomed to the process of review and to become desensitized to the criticisms that inevitably ensue.

This is an especially important message for young psychiatric researchers. The rate at which psychiatric researchers drop out of the process due to initial failures, discouragements, and frustrations, far exceeds the rate at which Ph.D. candidates abandon the grant-seeking process. The need to succeed, for reasons of finance or career opportunity, poses a threat to mental health research that seeks to answer questions important to psychiatry and to psychiatrists.

Greden seeks to diffuse the expectation of instant and consistent success in grantsmanship by reminding sports fans in the audience that, analogous to baseball, even senior investigators strike out occasionally and that a .333 batting average still constitutes Hall of Fame material. (See Figure 4)

....and Publications

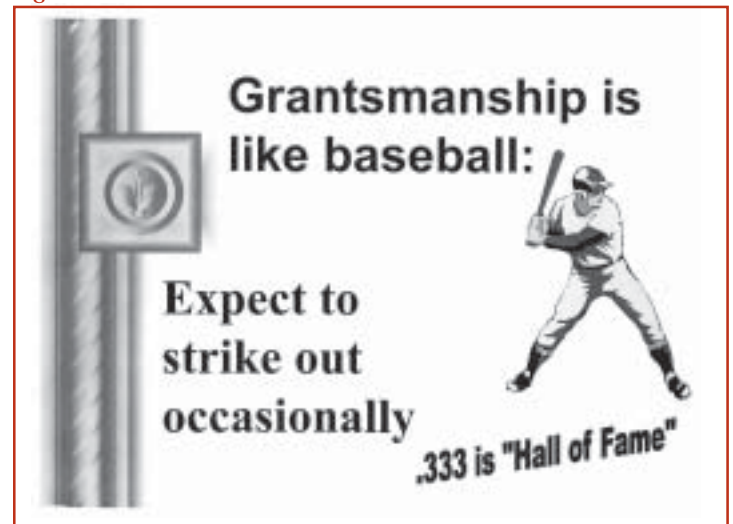
With publications, as with grants, striking out is to be expected. How to cut down on rejections? Greden is forthcoming.

Here is the chance to tell your story he coaches his audience of junior investigators. But again, KISS and focus. Don’t build the entire pyramid in a single manuscript. There will always be another paper. At the same time, avoid submitting the LPU, the Least Publishable Unit. But BUILD, build a body of work.

Seek to know the journals in your field of interest, their editorial panels and policies. When in doubt, submit letters of intent, ideally co-signed by your mentor, to gauge the editors’ interest in specific topics. Submit to the tedious work of outlining, drafting, rewriting, and once again, collegial and mentor reviews. Respond positively to a journal editor’s comments and when resubmitting, indicate changes that respond to the reviewers’ comments. Peer reviewed publication is important for academic success, so don’t make it adversarial, make it part of the learning process.

Dr. Greden concludes his address to the colloquium participants with an imperative: “**Celebrate!** Celebrate your accomplishments, the successes of your colleagues, and of your department. Most of all, celebrate your family and your friends. Make them part of your journey!” ■

Figure 4



[Photos, pages 1-4, courtesy of Dallager Photography]

From the Committee on Research Training

The Future of Research Training

Michele T. Pato, M.D., Chair

In 1982, McGuire and Fairbanks, in their paper on research training, commented that the purpose of research training in a general psychiatry program should be to provide trainees with an understanding of the style and procedure of research and to develop an ability to think critically about research findings. Almost 20 years later the argument for research training as part of general psychiatry training has not changed.

However, an excellent review of the state of research training in psychiatry, published in the Spring 2001 issue of *Academic Psychiatry* by Guest Editors Laura Weiss Roberts and Michael P. Bogenschutz, would seem to indicate we still have a long way to go both in training general psychiatrists about research and in developing a larger cadre of psychiatric researchers for the 21st century. This special issue, titled "Preparing the Next Generation of Psychiatric Researchers," provides a state of the art review of the field from those who fund research, those who do research, and those who teach and mentor researchers. An overview of the issue is presented below.

Many of the authors speak to the ongoing value of a research education. Fitz-Gerald proposes that active research participation is an important part of instilling lifelong scholarly inquiry in any chosen specialty. Shore and El-Mallakh both expand on this stating that one of the most compelling reasons for doing research is the lasting benefit to the scientific mind set. Balon chooses to take a long range view noting that preparedness to carry out a research project could be a critical factor for the field in general by facilitating translation of vast amounts of neuroscience information into the practice of clinical medicine.

A number of the authors comment on the nature of doing research. Pato notes that

the most basic process of research is asking questions that are answerable with the resources at one's disposal, and Yager notes that research questions worth studying are usually those felt most strongly about and those that capture our imagination. Fitz-Gerald goes on to comment that research is a "dynamic endeavor" which El-Mallakh supports with the comment, "Learning research in the classroom is like learning a sport by lectures. Research is an endeavor best understood by doing." These authors address how best to teach a process-driven skill like research in a teaching environment that is often very content driven.

Articles by Balon, Fitz-Gerald, Halpain, El-Mallakh, Clayton and Pato, go on to address specific models that have been used to teach research. Some address the fact that trainees are often intimidated by research and skeptical that they have something to contribute. However, in those studies where pre and post measures of the impact of such teaching were assessed, it was noted that participating in research greatly lessened this skepticism and enhanced not only participation in research but the use of material from the research literature in clinical care.

Another critical issue to the trainees' development in the research arena centers around mentorship. Mentorship, in its broadest sense, provides an environment conducive to doing research. Such environments include not only resources of space, equipment and money but most importantly time, time for research faculty to mentor trainees and time for trainees to do research.

Several models of mentorship are discussed in this issue of *Academic Psychiatry*. Some involve joining trainees with mentors over a brief one week Summer Research Institute (Halpain et al) and then keeping

in contact electronically. Others involve going to an institution steeped in research where part of everyday training exemplifies research principles (see articles by Lieberman, Lyketsos, and Pincus).

No matter how one defines mentorship, there is agreement that it is important to a successful research career. It is with this belief, that the APA Committee on Research Training began its annual Research Colloquium for Young Investigators seven years ago, to provide a mentoring venue for early career researchers outside of their home institutions. The Colloquium brings together 45 trainees with 20-30 mentors focussed on three different topic areas each year, for one day, during the annual meeting. Trainees are given the opportunity to present their work and their career path and to obtain feedback and guidance on ways to move forward.

As a whole, the articles in this special issue of *Academic Psychiatry* encourage all trainees to maintain some level of scholarly inquiry at the same time as they encourage more trainees to choose research careers. In so doing the articles generate a fair amount of optimism that the ensuing two decades will be more fruitful than the previous 20 years in "preparing the next generation of psychiatric researchers."

References:

1. Bogenschutz MP, Roberts LW: Preparing the Next Generation of Psychiatric Researchers. *Academic Psychiatry* 25:1-81, 2001
2. McGuire MT, Fairbanks LA: Research Training, in *Teaching Psychiatry and Behavioral Science*. Edited by J. Yager. New York, Grune & Stratton, 1982 ■



Residents' and Fellows' Corner

Women as Psychiatric Researchers: A Decade Later

Melissa P. DelBello, M.D.

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In light of the tragic events of September 11, 2001, my struggles as a junior investigator are mundane. Nonetheless, the recent terrorist attacks, in conjunction with increased awareness of the oppression of Afghan women, have renewed my appreciation for my family, career, and country. Therefore, it seems timely to reexamine the role of women as psychiatric researchers.

Over a decade ago, Chris McDougale, M.D. and John Seibyl, M.D., co-authored a two part series for this column, entitled "Psychiatric Research and Women: Will Ever the Twain Meet" (*Psychiatric Research Report*, December 1989 and March 1990). The authors concluded that inflexibility, excessive demands, lack of role models, subtle prejudices toward women, and issues of sexuality, making male investigators less willing to supervise female investigators, might contribute to the lack of female psychiatrists who pursue a research career.

More recently, *Academic Psychiatry* devoted an entire issue (Spring 2001) to "Preparing the Next Generation of Psychiatric Researchers." The papers in this issue offered several excellent recommendations for encouraging psychiatry residents to pursue careers in research, however, there was virtually no mention of gender-specific recommendations which are necessary if, in fact, there are gender-specific obstacles. Are the challenges for women who pursue a career in academic psychiatry, and more specifically in psychiatric research, any different than they were a decade ago?

Are women still under-represented as psychiatric researchers?

Data from the APA's National Survey of Psychiatric Practice indicate that the percentage of female psychiatrists rose from 14.5 percent in 1982 to 25 percent in 1996.

Moreover, recent data from the Association of American Medical Colleges (AAMC) reveal that in 1999, 49 percent of all psychiatry residents were women. However, the AAMC's Faculty Roster System reports that only 36 percent of psychiatry faculty and 13 percent of full professors in psychiatry were women, suggesting that there are a disproportionate number of men in academic psychiatry. However, it remains unclear whether women psychiatry residents do not pursue academic careers or whether they begin careers in academics and then leave to pursue alternative career options.

A study following graduates from Yale's psychiatry residency program, 1 to 13 years post-training, reported that 33 percent of men and 33 percent of women responders had full time academic careers, indicating that an equal number of men and women choose a career in academic medicine.¹ Although these data might not be representative of graduates from other psychiatric residency programs, to my knowledge, these are the only gender-related data on career choices of graduates from psychiatry residency programs.

Data are lacking as to what percentage of graduating psychiatry residents choose to pursue a career in research or academic medicine and what percentage of those are female. Furthermore, previous investigations of sex differences in rates of academic psychiatrists have generally surveyed only full-time faculty. Future investigations should also include part-time faculty.

At our institution, I know of at least two part-time women faculty members who have productive research careers. Future investigations should also differentiate between Ph.D. and M.D. faculty members,

for whom the clinical demands may be different. Additionally, future studies should distinguish between a career in academic psychiatry and a career as a researcher. There are many full-time clinical faculty members, who, by choice, do not actively engage in research activities. Therefore, first and foremost, before we can conclude whether compared with men, women psychiatrists are not pursuing, remaining in or advancing in academic or research careers, updated and more detailed data are necessary.

Excessive demands and inflexibility

In the study of Yale residency graduates¹, women who pursue academic careers were less likely to be married and were more likely to spend their time teaching than their male counterparts. What needs to be determined is whether married women decide not to pursue a career in psychiatric research or whether the demands of a research career result in women choosing not to marry or having marriages that end in divorce.

For both men and women early career psychiatrists achieving a balance between family and career is a constant struggle. However, there are biologically inherent differences between women and men which result in greater demands for women, the most indubitable of which is pregnancy.

It is essential for women early-career psychiatric researchers to have flexible, understanding, and supportive families. For those with children, stable and dependable child-care is an absolute necessity. In contrast, many of the men faculty have spouses who are stay-at-home moms and therefore can assume the majority of child-care responsibilities.

Traveling to present data and attend meetings is an essential part of developing a productive research career. In most families, regardless of the extent to which the father is involved with the children, the mother is the primary caregiver. Therefore, travel might be more difficult for women than men early-career researchers.

Recently, a senior researcher commented that during the first few years following his residency he often needed to work at home and at night, particularly to write manuscripts and chapters. Although this was reassuring to me, since I often need to work at night and on weekends to accomplish any decent amount of writing, working after “work” hours might be especially difficult for women, particularly in families with dual careers and small children. Therefore, a supportive family environment might be more of a requirement for women than men.

Studies^{2,3} have found that one of the best predictors of career success as a psychiatric researcher is “a research experience” during residency and that women were less likely than men to have had such an experience. Although data are lacking, the factor of research experience may be even more predictive of future career success for women than for men. The more first-hand research experience one has earlier in a career, the sooner research skills are likely to develop. Therefore, if early career women researchers encounter greater domestic demands than men, seeking research experiences during residency might be a useful way to jump start a career.

Job flexibility is necessary for both men and women, particularly those with young children, to successfully launch a career in psychiatric research. For example, in order to be productive as a researcher, protected and dedicated time for research and for writing is critical. Additionally, I have been encouraged by my mentor to occasionally work from home. It took me a while to realize that everyone benefits when I do this. I save time by avoiding the commute and can therefore spend more time with my family, and I am much more productive when I am not answering the phone or responding to frequent knocks on my office door.

Mentoring and role models, does gender matter?

As a woman, my initial impression is that the genders of mentor and mentee do not matter. In my opinion, what does matter is that you can get along with your mentor and that he or she is a productive researcher and a good teacher. Although it is helpful to know that senior women investigators do exist and have survived the battles of raising children and balancing a family with a career, I know of several examples of women junior investigators whose work styles and expectations were not compatible with those of their women mentors. Good mentorship is essential for developing a productive research career, regardless of gender.

What I do find helpful and encouraging is to have women colleagues who are going through similar family and early-career crises. To find these people is no easy task, as you can imagine they are few and far between. However, one place to seek out other women junior researchers might be outside of your department. Regardless, commiserating with those who have similar concerns is often useful. I was relieved when at a recent national meeting a women psychiatric researcher expressed her difficulty in balancing evaluations of children for psychiatric studies, which often need to be done after school and into the evening, with being home at a reasonable hour for her own children. I was reassured that I was not the only one struggling with this issue. Perhaps there is a need for a more formal process by which early-career women psychiatric researchers communicate with each other. This might already exist, but several of my women colleagues are not aware of such a forum. If such an organization or forum currently exists, it is not adequately targeting its audience.

While I did not think that issues of sexuality might lead male academics to be less willing to mentor women investigators, to get a better perspective I asked an unmarried male colleague whether this would be a concern for him. His instinctive response was “no.” Then he reconsidered, telling me how uncomfortable he felt asking a woman medical student to go to lunch without making certain that the resident who worked with them would also be able to attend. He added that he would not have thought twice about going to

lunch with a male student. Therefore, in some situations, issues of sexuality might keep women from receiving adequate supervision, since mentoring often occurs in informal settings and the majority of senior psychiatric investigators are men.

Subtle (or not so subtle) prejudices

Recently, our department was attempting to recruit a male researcher, and a few of the male faculty were taking him to a baseball game after a research symposium. I was invited to present at the symposium, but when I asked why I wasn’t invited to the baseball game, I was informed (half jokingly), “You are female and this is a male activity, so you don’t want to go to the baseball game, do you?” I can assure you that having grown-up a few miles away from Yankee Stadium, I have attended more major league baseball games per year than many of my male colleagues.

Subtle (or maybe not so subtle) gender biases exist. Consider the tendency to commend men for their “assertiveness” and “leadership,” while an assertive woman is more likely to be “pushy” or “complaining.” These biases are equally evident in psychiatric research.

These subtle prejudices are difficult to change, but “complaining” about them wastes time. I am in no way suggesting that actual gender discrimination related to career development should not be taken seriously. However, I am not convinced that subtle gender biases impair career development. As Drs. McDougale and Seibyl observed, there is still that “old boy” feel to the field. Although the old boy feel might also be difficult to change, senior researchers should be aware and make an effort to encourage the self-esteem and abilities of women junior investigators. This might be an area in which women mentorships are useful.

Overall, it does not appear that much has changed over the past decade. Future investigations are necessary to assess whether there are specific obstacles that inhibit women from pursuing or achieving a career in psychiatric research. If these obstacles exist, we need to identify them and their potential solutions in order to advance our understanding of the role of women in psychiatric research during the next decade.

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References:

1. Reiser LW, Sledge WH, Fenton W, Leaf P: Beginning careers in academic psychiatry for women—Bermuda Triangle? *American Journal of Psychiatry* 150:1392-1397, 1993
2. Pincus HA, Dial TH, Haviland MG: Research activities of full-time faculty in academic departments of psychiatry. *Archives of General Psychiatry* 50:657-664, 1993
3. Leibenluft E, Dial TH, Haviland MG, Pincus HA: Sex differences in rank attainment and research activities among academic psychiatrists. *Archives of General Psychiatry* 50:896-904, 1993 ■

Erratum: *The table of “Future Oral Exams – ABPN Part II” that was given at the end of the Residents’ and Fellows’ Corner in the Summer 2001 issue of PRR was in error concerning the date cited for the exam to be given in Baltimore, Maryland. The last exam in the year 2002 will be given in Baltimore from September 29 – October 1, 2002.*

Also, please note the *change* in date for the last exam in the year 2001: new date, December 7 - 9.

A corrected and extended table of dates is given below.

Future Oral Exams – ABPN Part II

December 7 - 9, 2001	Denver, Colorado
January 20 – 22, 2002	San Antonio, Texas
May 5 – 7, 2002	New York, New York
Sept. 29 – Oct.1, 2002	Baltimore, Maryland
January 10 - 12, 2003	Seattle, Washington
May 11 - 13, 2003	Chicago, Illinois
September 12 - 14, 2003	Indianapolis, Indiana
January 8 - 10, 2004	Phoenix, Arizona
April 18 - 20, 2004	Boston, Massachusetts
September 10 - 12, 2004	Dallas, Texas

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Edited by
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American Psychiatric Institute for Research and Education

From the Division of Research

Disaster Psychiatry

Kate E. Nicholson and Darrel A. Regier, M.D., M.P.H.

In the aftermath of the attacks on New York City and Washington, D.C., psychiatrists were immediately called upon to respond to the urgent needs of the victims, rescue workers, and family members who crowded into hospitals looking for their loved ones. At St. Vincent's Hospital, the closest medical facility to the World Trade Center, psychiatrists faced thousands in need of care. As physicians, their initial response was to provide assistance to those with physical injuries. The horror of the events, nevertheless, rapidly propelled psychiatrists into contact with those emotionally overwhelmed and in need of support. In response to this urgent need, psychiatrists at the scene rapidly created a Family Care Center to attend to survivors and their families as well as to the families of those missing. Routine clinical experience, however, had done little to prepare them for what lay ahead.

There is a substantial body of research-based knowledge on the mental health consequences of disasters. This knowledge base stems largely from work carried out in response to natural disasters such as hurricanes, earthquakes and floods, but most directly from work that emerged following the Oklahoma City bombing which similarly affected an entire community. The events of September 11th, however, created an urgent need for access to this information in a concise format that could enable the application of clinical skills in this unusual context.

APA Web-based information

The APA moved quickly to fill this gap via postings on the APA Web site (www.psych.org). A scroll down the APA home page offers easy access to the following range of information: A Message to Members from APA President Richard Harding, M.D.; Resources, Tools, and Other Links for Coping with a National Tragedy;* Committee on Disaster Psychiatry Home Page; Coping with Trauma and Other Books on Disaster Response from APPI; Disaster Services Fund Established by American Psychiatric Foundation;

Congressional Action on the "Post Terrorism Mental Health Improvement Act"; News Releases on Coping with Bioterrorism Anxiety; and, Medem's Coping with the Impact of America's Tragedy. (*See selected portions of this menu below.)

Successive links from each of these menus brings clinicians and researchers an abundance of guidance and opportunities to participate in post disaster efforts. The menu for the APA Committee on Disaster Psychiatry offers a large number of critical links to information and organizations. One link, for example, accesses journal articles that discuss normal and abnormal reactions to tragedy, population subgroups at risk for developing longer lasting psychiatric problems, and effective ways to reduce traumatic stressors. Another link on the Committee's menu accesses a publication, "Field Manual For Mental Health and Human Service Workers in Major Disasters," jointly prepared and published by the Federal Emergency Management Agency (FEMA) and the Center for Mental Health Services (CMHS).

APA Outreach

Drawing from this body of knowledge, staff and members of the American Psychiatric Association have concentrated efforts on providing information to psychiatrists, emergency workers, political leaders and the many others who are eager to help but unfamiliar with the psychological effects of disaster or how to respond appropriately. At the request of the New York City Office of the Commissioner for Health and Mental Health, the APA's Division of Research has been working to identify means of credentialing volunteer psychiatrists willing to respond to the many requests for assistance from the Family Care Center and from corporations affected by the loss of employees.

APA staff members also continue to disseminate information to psychiatrists in this country and around the world. Ongoing consultations continue with psychiatrists in hospitals close to the

events, workers in the New York State Office of Mental Health, at Columbia University, CMHS, the National Institute for Mental Health (NIMH), and the World Psychiatric Association.

In the days immediately following September 11th, the APA Division of Research, working with the World Psychiatric Association, organized an international videoconference, "The Commitment and Role of Psychiatrists in Disasters: Lessons from the September 11th Terrorist Attacks in the U.S.A." The videoconference included leading experts in the field of disaster psychiatry, the Commissioners of the NY City and NY State Departments of Mental Health, Chairs of university departments of psychiatry, and representatives of the World Health Organization. The conference was conducted from sites in Spain, Washington, D.C. metro area, and New York City. This conference was critical in initiating an ongoing dialogue through which the strengths and weaknesses of past as well as current responses to disasters can be evaluated.

NIMH Support

There is much more to be learned, however, about the most effective ways to intervene following such an enormous disaster. Accordingly, the National Institute of Mental Health (NIMH) has issued a notice to announce funding for "Research in Response to Terrorist Acts Against America." The notice can be accessed from a link on the NIMH home page (www.nimh.nih.gov) or directly from the online NIH Guide to Grants and Contracts (see Notice MH-01-012). The notice was issued as an "Addendum" to a previous program announcement, PA-91-04, the "Rapid Assessment Post Impact of Disaster (RAPID) Research Grant Program, also available via the NIMH home page.

The NIMH addendum, issued on October 9, will be administered "with maximum flexibility" that includes raising the \$50,000 cap for a single year of support that is specified for the RAPID grant program.

The NIMH notice states, "In order to respond appropriately and in a timely manner to the psychological distress likely to occur in the context of any disaster, it is necessary to better understand the nature of the problems people experience, the types of help they seek, and the readiness of our health and human service delivery systems to provide needed care and treatment."


"Current research needs in relation to the attacks of September 11, 2001 include:


- Epidemiological research on exposures and reactions, the mental and physical health impact on victims and survivors, families, emergency workers, and community members;
- Research on the settings in which direct and indirect survivors present for care, including studies of the impact of locating mental health services in non-traditional mental health settings (e.g., churches, community centers, work settings, health clinics, schools) on access, referral, and acceptability of services;
- Research on methods for assessing risk and for triaging based on severity of risk;
- Observational and descriptive studies to identify factors that promote or impede effective health provider training in screening, assessment, referral and treatment;
- Research on the organization and delivery of crisis intervention care by mental health and non-mental health providers and federal, state and local agencies;
- Research on social support systems and coping mechanisms as mediators of psychological response to emergency events;
- Research on intervention and treatment to reduce the risk of psychopathology, symptom severity, and disability."

As with all research involving human subjects, sensitivity and compassion are of the utmost importance. These criteria assume an even greater significance in research focussed on the events of September 11th. Thus the NIMH notice emphasizes "doing no harm, placing the care and safety of victims and survivors above all else, and coordinating with local assistance efforts." This precautionary statement will be translated to the design of research on the psychological impact of the attacks or on the effectiveness of various interventions.

One potential strategy would be to coordinate a limited number of research

initiatives by competent local research institutions as a way of minimizing redundant queries and maximizing the value of the information obtained. This approach was used successfully following the Oklahoma City bombing when the Chair of Psychiatry at the University of Oklahoma coordinated all evaluation efforts including the excellent study conducted by Dr. Carol North. A similar strategy to ensure the safety and comfort of those dealing with the negative psychological effects of the attacks of September 11th should make it possible to learn from this experience about how to respond more effectively to future disasters, be they natural or man-made. ■


American Psychiatric Association
Practice of Psychiatry



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- ▶ [Coping with Bioterrorism Anxiety](#)
- ▶ [Talking to Children about War and Terrorism: 20 Tips for Parents](#)
- ▶ [Helping Children Cope with a National Tragedy](#)
- ▶ [Helping Children Cope After a Terrorist Attack](#)
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Legislative Forum

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

❖ *FY02 Appropriations*

Both the House and Senate Appropriations Committees acted on FY02 budgets for Labor, Health and Human Services, and Education the week of October 9th. The National Institutes of Health (NIH) and the Substance Abuse and Mental Health Administration (SAMHSA) received increases over President Bush's spending requests for those entities.

As in past years, the Senate, led by Senators Specter (R-PA) and Harkin (D-IA), strengthened federal investment in biomedical research and added \$3.4 billion to the NIH budget. The House version of the FY02 budget only included a \$2.5 billion increase for NIH. The difference will be worked out when the chambers meet in conference committee. Usually, the higher Senate number prevails.

Senate discussion of the Labor, HHS appropriations bill was dominated by concerns over stem cell research. It differs from the House bill by including language to codify the President's decision to restrict federal funding for stem cell research to already established lines.

The Senate measure includes routine language blocking funding for research that uses or destroys human embryos. Then it adds language to permit federal money to be used at the discretion of the President for stem cell research on discarded embryos with written consent from the donors. Senator Specter said that the language would authorize the president to broaden stem cell research at a later date.

The House version of the bill would not codify the President's stem cell directive. It includes non-binding language in the committee report declaring that laws prohibiting destruction or research on embryos do not contradict the President's decision. Differences will be settled in conference committee.

❖ *House version*

SAMHSA's Center for Mental Health Services (CMHS) received an eight percent increase from the House. This was unexpected good news since the President's budget called for a two percent decrease in CMHS spending. The Senate version of CMHS spending mirrors the President's lower funding requests. It is expected that the higher House numbers will prevail in conference committee.

The House version of the bill includes \$5 million to fund the jail diversion program (also known as mental health courts). The APA lobbied for passage and funding of this program which is designed to help municipalities redirect persons with mental illness from jails into appropriate treatment. In addition, \$5 million was also earmarked for direct mental health services to seniors.

House FY2002 CMHS Funding Highlights

<i>Program</i>	<i>FY01</i>	<i>FY02</i>	<i>Difference</i>
MH Block Grant	\$420m	\$440m	+\$20m
PATH*	\$36.9m	\$39.9m	+\$3m
Children's MH Services	\$91.7m	\$97.7m	+\$6m
*[PATH: Projects for Assistance in Transition from Homelessness]			

For NIH, the House committee provided \$22.8 billion, an increase of \$2.5 billion (12.7 percent) over FY 2001. However, committee documents indicate that the "evaluation tap" (the amount of money deducted from NIH to pay for evaluation studies at other PHS agencies) will be \$210.8 million in FY 2002, an increase of nearly \$17 million over last year. The committee transferred another \$100 million to the Global HIV/AIDS Fund, which leaves a program level of \$22.564 billion, a \$2.463 billion (12.3 percent) increase over last year. However, the Committee singled out two programs of particular interest to APA members for special mention:

"Alzheimer's Disease: The Committee encourages NIMH to make Alzheimer's research a high priority and continue to collaborate with National Institute on Aging and other Institutes.

Senior Citizen Mental Health: Older Americans are at greater risk of mental disorders and their complications than younger people. However, depression does not have to be an inevitable part of the aging process and many of these illnesses can be accurately diagnosed and successfully treated. The Committee is pleased that NIMH has renewed and strengthened its

emphasis in this area and notes the launch of an intra-NIMH consortium of scientists concerned with mental disorders in the aging population with a goal of increasing coordinated research efforts, expanding recognition of disorders in the elderly, developing new treatments and reducing stigma. The Committee urges NIMH to expand research in this area extramurally through all available mechanisms, as appropriate.”

In addition, the committee appropriated \$285 million for children’s hospitals graduate medical education, a \$50 million (21.3 percent) increase.

❖ *Senate version*

The Senate provided a much larger increase for NIH than the House version of the FY02 Labor, HHS Appropriations bill. The Senate followed through on its commitment to double the NIH budget over a five-year time period by endorsing a \$3.4 billion increase for NIH.

Senate FY02 NIH Funding Highlights

<i>Institute</i>	<i>FY01</i>	<i>FY02</i>	<i>Difference</i>
National Institute on Alcoholism and Alcohol Abuse	\$340.5m	\$390.7m	+\$50.2m
National Institute on Drug Abuse	\$779.5m	\$902.0m	+\$122.4m
National Institute on Mental Health	\$1.103b	\$1.279b	+\$176.3m

❖ *Pediatric Research on Medications*

The Best Pharmaceuticals for Children Act (S. 838) sponsored by Senators Chris Dodd (D-CT) and Mike DeWine (R-OH), must be passed by Congress in order to reauthorize the FDA’s successful pediatric studies program. This legislation passed the Senate HELP Committee and will go to the Senate Floor in October. The House committees of jurisdiction passed the House companion bill, H.R. 2887, and the bill is pending a final vote on the House floor.

Enacted as part of the FDA Modernization Act, the pediatric studies program has dramatically increased the number of pediatric clinical trials, from eleven in the seven years prior to its creation, to over 400 since 1998, making it one of the most successful federal child health initiatives. As a result, psychiatrists now have much better information about the safety and efficacy of the medications they prescribe for children and adolescents with mental illnesses.

The bill also strengthens the program by funding studies on older, off-patent drugs (such as Ritalin), speeding up the labeling process for drugs studied under the program, and creating an Office of Pediatric Therapeutics at the FDA to coordinate activities related to children.

❖ *Surgeon General Meets with APA Member*

Dr. Satcher met with Dr. Roxanne Dryden-Edwards who serves on APA’s Committee on Children with Mental or Developmental Disorders. The Surgeon General is launching an initiative to examine the specialized needs of children with mental retardation and mental or behavioral health challenges. Dr. Dryden-Edwards shared her expertise in treating and coordinating services for this population. Her comments will be incorporated into a report Dr. Satcher will release during the winter of 2002. ■

From the Practice Research Network (PRN)

2002 National Survey of Psychiatric Practice

Josh Wilk, Ph.D.

Early next year, the PRN staff will launch the *2002 National Survey of Psychiatric Practice* (NSPP). The 2002 NSPP is an important research initiative that tracks trends in the psychiatric workforce and studies current policy and clinical issues of particular interest that cannot readily be studied by other means. In the past, data from the NSPP has been valuable in documenting a decrease in the supply of practicing psychiatrists, an increase in the time psychiatrists spend on administrative activities related to patient care and dispelling the myth that psychiatrists primarily treat the “worried well” by providing data on the proportion of patients psychiatrists treat with severe mental illness.

The 2002 NSPP will gather information on routine practice from psychiatrists across the country, collecting information on psychiatrists’ professional work activities, demographics, patient caseloads, and factors affecting the provision of psychiatric care such as the organizing and financing of mental health services. Information on national trends in psychiatric practice will be available when the results of the 2002 NSPP are combined with those of the 1996 and 1998 NSPP.

A total of 2,000 psychiatrists will be sampled, including members of APA and the PRN, as well as non-members of the APA by using the AMA Physician Masterfile. With this sample, findings will represent the practice characteristics of psychiatrists across the U.S. Unlike previous implementations of the NSPP, the 2002 NSPP will be available for completion on the Internet.

The new version of the NSPP will collect data on several special topics that are of particular interest to policy makers and clinicians. Special topics to be studied include: 1) quantifying the shortage of psychiatrists and limited access to psychiatrists for new patients; 2) factors affecting clinicians’ readiness to treat opiate dependent patients in office-based settings with opiate agonists; 3) how patient informed consent issues in communicating with family members affects levels of communications with family members; 4) administrative time psychiatrists and their office staff spend in dealing with health plans, insurance companies and managed care; and 5) the scope of consultation/liaison psychiatry to understand the roles of psychiatrists in this increasingly important area. Also included will be a few questions to inform evaluation of the Federal Employees Health Benefit Program (FEHBP) parity initiative, a study launched by the American Psychiatric Institute for Research and Education (APIRE) and the PRN staff in December 2000. The second wave of this study will take place in January 2002.

In addition to characterizing psychiatry at a national level, data from the 2002 NSPP will be used in combination with other data to track national trends in psychiatric practice and to inform future PRN studies.

Attention Researchers

An outline of domains of information collected from the NSPP studies is presented below. Researchers interested in using this unique database to develop and disseminate mental health clinical and services research findings are encouraged to contact the PRN Director, Joyce C. West, Ph.D., M.P.P., at jwest@psych.org or telephone 1-800-713-7123. ■

National Survey of Psychiatric Practice (NSPP)

Psychiatrist Characteristics

- ❖ Age and gender
- ❖ Race and ethnicity
- ❖ Training

Professional Activities/Work Setting

- ❖ Type of activity and time spent in activity during last typical work week
- ❖ Type of work setting for direct patient care and time spent during last typical work week
- ❖ Medical school affiliation status

Patient Care Workload

- ❖ Number of patients seen during last typical work week
- ❖ Number of new patients seen during last typical work month

Characteristics of Patients Seen During Last Typical Work Week (Caseload Estimates)

- ❖ Age and gender
- ❖ Race and ethnicity
- ❖ Setting and locus of care
- ❖ Insurance coverage and health plan
- ❖ Primary diagnostic category and treatments

Characteristics of Reimbursement for Direct Patient Care

- ❖ Total income
- ❖ Type of reimbursement
- ❖ Fee discounting

News and Notes

Hyman, Leshner, Gordis, to Leave NIH

During the month of October, Directors of the three NIH institutes most closely associated with mental health research announced plans for immediate departure.

Steven E. Hyman, M.D., Director of the National Institute of Mental Health (NIMH) since 1996, will assume a new position as Provost of Harvard University on December 10. Before coming to NIMH, Hyman had spent the previous two decades at Harvard, first as a medical student, resident, fellow and postdoctoral fellow, then as faculty member, director of Psychiatry Research at the Massachusetts General Hospital, and as the first faculty director of the University's Interfaculty Initiative on Mind, Brain, Behavior.

National Institute on Drug Abuse (NIDA) Director Alan Leshner, Ph.D., will become the new CEO of the American Association for the Advancement of Science (AAAS) and publisher of the Association's peer-reviewed journal, *Science*. Leshner served at NIMH from 1988 until 1994, including two years as acting director of the institute, before assuming the NIDA directorship. Leshner's new appointment will begin on December 3.

Enoch Gordis, M.D., Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) since 1986, will retire from federal service on December 31. Before coming to NIAAA, Gordis was professor clinical medicine at Mount Sinai School of Medicine and a staff member of the Elmhurst Hospital in Elmhurst, N.Y., where he founded and directed the hospital's alcoholism program from 1971 until his appointment to NIAAA.

Acting directors will assume the leadership of all three institutes until new appointments are made.

2002 NARSAD Independent Investigator Award

The National Alliance for Research on Schizophrenia and Depression (NARSAD) announces award opportunities up to \$50,000/yr. for 2 years (maximum \$100,000) to enable scientists, at the academic level of associate professor or equivalent, who have won national competitive support as principal investigators, to facilitate innovative research opportunities. Research must be relevant to schizophrenia, major affective disorders or other serious mental illnesses.

Guidelines and accompanying face sheet are available for download on 12/1/2001, at www.narsad.org. Application submission deadline is March 5, 2002, with notifications made in August, 2002. Earliest grant start date is September 15, 2002. Contact: Audra Moran, Director, Research Grants Program, 516-829-5576 or amoran@narsad.org (e-mail answered daily).

The Rhoda and Bernard Sarnat Prize

The Institute of Medicine annually awards the International Rhoda and Bernard Sarnat Prize in Mental Health to individuals, groups, or organizations for outstanding achievement in improving mental health. The award, a medal and \$20,000, recognizes: contributions in basic or clinical research; innovations in mental health services; and public policy contributions that foster science or improve services.

The prize has been awarded since 1992; among the recipients have been Rosalynn Carter, Herbert Pardes, Seymour S. Kety, and Leon Eisenberg. The 2001 honorees were Solomon H. Snyder, of Johns Hopkins University School of Medicine, and Michael L. Rutter, of the Institute of Psychiatry, University of London. Snyder and Rutter were honored at the IOM annual meeting, in Washington, D.C., on October 16.

The IOM has issued a Call for Nominations for the 2002 Prize. Any individual or organization may submit nominations, to be postmarked no later than March 29, 2002, and sent to Lora K. Taylor at the IOM. Further information is available by telephone (202-334-3387), by e-mail (mmassey@nas.edu), or on the IOM Web site (www.iom.edu).

New: *DSM-IV-TR Handbook of Differential Diagnosis*

Michael B. First, M.D., Allen Frances, M.D., and Harold Alan Pincus, M.D., are the authors of this addition to the *DSM-IV-TR Library*. The volume provides: the six crucial steps in differential diagnosis that must be considered for every patient; 27 decision trees that teach how to go from the most common presenting symptoms to a final diagnosis; 62 differential diagnosis tables, each of which provides a head-to-head comparison of a disorder with differential diagnostic contenders; a unique symptom index for *DSM-IV-TR* that lists in a convenient form those disorders that should be considered when formulating a differential diagnosis given a particular symptom in the patient's presentation. By presenting the problem from a number of different perspectives, the *Handbook* provides convenience for busy practitioners as well as a valuable overview for trainees. With a 2002 publication date, the *Handbook* is 240 pages in length; the paperback cost is \$37.50.

Association for the Accreditation of Human Research Protection Program

A new non-profit Association for the Accreditation of Human Research Protection Programs (AAHRPP) was incorporated in April 2001 in Rockville, MD. The association's goal is to "raise the bar in human research protections by assisting institutions to reach standards that surpass the threshold of state and federal requirements."

(continued on next page)

The association plans to initiate certification of all institutional review boards (IRBs) that volunteer to participate beginning in February 2002. Pilot testing of the draft standards will begin in December 2001, with a focus on the 14 intramural IRBs of the NIH intramural research programs.

The proposed 22 standards are broken into five domains including organization, institutional review board, investigator, sponsor and participant. The initial step in the accreditation process will be for an organization to engage in a thorough self study. Subsequently, a site visit of at least two site visitors chosen by AAHRPP will be conducted to evaluate the program.

The interim standards were open for public comment until December 3; following this stage, AAHRPP will compile results and finalize the standards. The Interim Accreditation Standards and Procedures are accessible on the association's Web site: www.aahrpp.org.

The Executive Director of AAHRPP is Marjorie Speers, Ph.D., who previously served as senior consultant to the National Bioethics Advisory Commission (NBAC) and as director of the Commission's report on oversight, "Ethical and Policy Issues in Research Involving Human Participants."

AAMC Urges Bioterrorism Courses

In an initiative launched on November 1, the Association of American Medical Colleges (AAMC) encourages medical schools and teaching hospitals to train the nation's physician workforce to respond to terrorist attacks. The initiative and plan, "First Contact, First Response," recommends that medical schools immediately identify and incorporate bioterrorism courses into the curriculum for resident physicians. The association will bring together a panel of bioterrorism experts to guide medical schools on course content related to biological agents, radiation and chemical exposure. As part of the plan, AAMC will also convene a coalition of health education organizations to collaborate on the development of resources.

NIMH Workgroup on Minority Mental Health Research and Researchers

A NIMH workgroup report has offered recommendations to the National Mental Health Advisory Council on measures needed to improve the quality of research in minority and ethnic communities and to monitor the development of investigators emanating from these communities. The workgroup was co-chaired by Roy Wilson, M.D., Missouri Department of Mental Health, and by Javier Escobar, M.D., University of Medicine and Dentistry of New Jersey.

The report recommends a system to track NIMH-supported minority trainees that goes beyond the recipients of minority supplements. Additional resources are also recommended for postdoctoral, junior investigator and doctoral levels of career development. In FY 1999, only 5.2% of total grant applications to NIMH were submitted by minority investigators; 3.9% of NIMH-funded grants in that year were awarded to minority researchers.

The workgroup report identifies IRG composition as a factor in the quality of funded research. Because stigma, issues of access, and a lack of trust make the conduct of research in minority and ethnic communities exceedingly difficult, IRG membership should be reviewed in order to assure the participation on review panels of individuals who are involved on the front lines and who are keenly sensitive to the issues that must be addressed when designing and reviewing research focused on mental illness and its treatment in these communities.

Attention to the disparities in conducting mental health research "must be imbedded in the [NIMH] routines from RFAs to IRGs," cautioned Dr. Escobar in transmitting the workgroup report to the NIMH Advisory Council.

Child and Adolescent Interdisciplinary Research Networks

The National Mental Health Advisory Council has approved a proposed NIMH initiative for implementation of Child and Adolescent Interdisciplinary Research Networks (CAIRN). The networks, intended to "strengthen and accelerate research on intervention development and deployment" will seek integrative approaches to research problems common across disciplines through the support of collaborative research activities.

Three networks are intended to provide the incentive for interdisciplinary work in their respective areas: Developmental Basic Science and Clinical Intervention; Treatments and Services Practice; Implementing Evidence-based Practice. Plans to operationalize the initiative are still being drafted.

It has been proposed that the networks provide funds through a "glue grant," a mechanism used to support large, groups of scientists addressing multifaceted problems inaccessible to individual investigators. In addition, partnering with other federal agencies to fund the CAIRNs will be encouraged.

HHS to Eliminate Ineffective Human Subjects Regulations

Among the ongoing efforts to improve protections for human research participants is a workshop planned by the HHS Office for Human Research Protections (OHRP) for Fall 2001. The two-day session has a unique goal, to *eliminate* federal regulations that do not effectively contribute to human subjects protection. Attendees will "look at every conceivable reg...and get rid of regulations that don't serve some valuable purpose," according to Greg Koski, M.D., Ph.D., OHRP Director. Koski seeks to move toward a proactive and performance-based system, which will require "getting rid of every ineffective regulation that we can."

Attendees will include representatives from 50-60 organizations that represent academic, scientific, bioethical, and patient communities, as well as representatives from the 17 federal agencies and departments that support human subjects research. The results of the deliberations will be presented to the advisory committee that oversees and guides the work of the OHRP.

News from NIH Office of Extramural Research

Indirect Costs to Foreign Grantees. On March 14, NIH Institute and Center Directors agreed to provide limited Facilities and Administrative (F&A, previously known as Indirect Costs), costs to foreign and international organizations. Previously, NIH had banned foreign overhead costs, but extramural researchers protested the policy on the grounds that it severely limited international research collaborations. An inquiry led by Wendy Baldwin, Ph.D., Director, Office of Extramural Research, and by Gerald Keusch, M.D., Fogarty International Center Director, led to adoption of the amended policy. Effective in October 2001, NIH has agreed to institute a flat rate of 8% for F&A costs, the same rate as applied to K awards, the series of Career Development Awards.

Female Grantees. The Office of Extramural Research, NIH, has data to indicate that the difference in total dollar value between grants awarded to female investigators and grants awarded to male investigators reflects differences in the types of grants applied for and awarded male and female researchers. There does not appear to be a difference in dollars awarded to women and to men for RO1, investigator-initiated, grants. The Office of Extramural Research plans to analyze the data more extensively.

Investigator Overload. The Office of Extramural Research also has figures indicating that approximately 140 investigators are funded by five NIH grants, some from four or five different institutes and centers. The Office plans to review this indicator of *overcommitment* in cases of approximately 30 investigators who hold six or more NIH grants.

Prevention Research. Prevention research represents approximately 25% of the NIH extramural budget and has kept pace with overall increases in agency funding. Approximately 6.7% of NIH project awards and 9% of research grants and contracts qualify as "population-based prevention research." The agency provides about \$982 million in grant support to university schools of public health.

Streamlined Documentation Process

Approximately one year ago, NIH implemented a policy requiring education on the protection of human research participants for all key personnel submitting NIH grant applications. Before any funds are dispersed for applications or contract proposals involving human subjects, documentation must be submitted that all key personnel have received training in the protection of human subjects.

In an effort to streamline the submission of the required documentation, NIH staff will now accept a letter signed by the official authorized to represent the institution submitting the grant or contract proposal. It is not required that the principal investigator also sign the letter. The education requirement also applies to key personnel at consortium institutions or performance sites if they are participating in research that involves human subjects. If the grantee organization is having difficulty obtaining this documentation, NIH may consider issuing awards that restrict the third party participation until the documentation has been received. This will streamline award issuance in situations where the third party participation is not essential to the start of the project.

NRSA Application Forms

Application forms for Individual National Research Service Awards (PHS 416-1) and Continuation Applications (416-9) have been revised again and submission has been made to the Office of Management and Budget. Until approval of the new forms is granted, the current versions of the PHS 416-1 and 416-9 should be used.

The NIH will publish an announcement in the NIH Guide for Grants and Contracts (<http://grants.nih.gov/grants/guide/>) when the new forms are available for use. There will be a transition period when the new and old forms will be accepted. Inquiries regarding this issue may be addressed to Ms. Jan Heffernan, (301) 435-0940, e-mail: heffernj@od.nih.gov.

Revised OMB Reporting on Race and Ethnicity

The NIH has adopted revised Office of Management and Budget (OMB) minimum standards for maintaining, collecting, and presenting data on race and ethnicity for all grant applications. The OMB standards include two ethnic categories (Hispanic or Latino, and Not Hispanic or Latino) and five racial categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White). In using self-reporting or self-identification to collect an individual's data on ethnicity and race, investigators should use two separate questions with ethnicity information collected first followed by the option to select more than one racial designation. Collection of this information and use of these categories is required for research that meets the NIH definition of clinical research. This policy applies to all new applications and proposals as of January 10, 2002. Specific details and guidance on these policies are available through the NIH Guide to Grants and Contracts available on the NIH Web site (www.nih.gov). Search for Notice OD-01-053. ■

Research Training Opportunities

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

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

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

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

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

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

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

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

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

DEADLINE: January 15, 2002

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

■ **SPONSOR:** National Alliance for Autism Research (NAAR)

■ **POSITION:** Postdoctoral Fellowships in Autism Research

DESCRIPTION: Support in the amount of \$50,000 per year for two years is available for postdoctoral research fellowships designed to train academic researchers devoted to understanding, preventing, and treating autism and related disorders. The fellowships will be awarded to candidates who evidence significant research potential, have a demonstrated interest in autism spectrum disorders, an established autism researcher as mentor and a supportive training environment.

DEADLINE: January 15, 2002

CONTACT: Eric London, M.D., VP-Medical Affairs, NAAR, 99 Wall St., Research Park, Princeton, NJ 08540; (888) 777-NAAR, fax: (609) 430-9163; e-mail: naar@naar.org, Web site: www.naar.org.

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

■ **POSITION:** NARSAD Awards

DESCRIPTION: NARSAD is the largest non-government, donor-supported organization for the support of brain disorder research. Three research grant

programs are supported for scientists conducting basic research, clinical research, or a combination of both. Research must be relevant to schizophrenia, major affective disorders, or other serious mental illnesses. The **Young Investigator Award** supports scientists at the advanced post-doctoral or assistant professor level; awards are for two years at \$30,000 per year. Young investigators are eligible for a maximum of two Young Investigator Awards. In 2001, 131 young investigators received this award. The **Independent Investigator Award** provides support for investigators during the critical period between the initiation of research and the receipt of sustained funding. Support for two years at \$50,000 per year is provided to scientists at the associate professor level or equivalent who have won national competitive support as a principal investigator. In 2001, 40 independent investigators received this award. The **Distinguished Investigator Award** provides support for scientists at the full professor level. The award is designed to enable established investigators to create unique scientific opportunities, for example, the development of critical resources or the rapid initiation of research in innovative areas. The award provides \$100,000 for one year of support. Nine investigators received this award in 2001.

DEADLINE: Young Investigator Application, July 25, 2002 with a July 1, 2003 start date

Independent Investigator Application, March 5, 2002 with a September 15, 2002 start date

Distinguished Investigator Application, May 15, 2002 with a May 1, 2003 start date

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

■ **SPONSOR: The Robert Wood Johnson Foundation (RWJF)**

■ **POSITION: Clinical Scholars Program**

DESCRIPTION: The Robert Wood Johnson Clinical Scholars Program allows young physicians committed to clinical medicine to acquire new skills and training in non-biological sciences important to medical care systems. The program offers two years of university-based, post-residency study and research in priority areas designated by the participating institutions. The program supports training in specialty fields including psychiatry. Currently seven universities participate in the program and are recruiting Scholars for July 2003: UCLA, University of Chicago, Johns Hopkins, University of Michigan, University of North Carolina, Chapel Hill, University of Washington, Seattle, and Yale. Faculty and resources are available in a broad array of disciplines including epidemiology, biostatistics, medical information sciences, economics, ethics and law. Each institution has developed core programs to introduce Scholars to disciplines and methods used in health care research. Enrollment in formal coursework is an option in some programs. Scholars are expected to complete graduate-level research projects in their priority areas. Up to 20 percent of a Scholar's time may be spent maintaining clinical skills. Each year, 26 first-year Clinical Scholar positions are funded by RWJF, and the Department of Veterans Affairs supports eight additional positions through VA Medical Centers affiliated with participating institutions.

DEADLINE: February 15, 2002

CONTACT: Annie Lea Shuster, University of Arkansas for Medical Sciences, 5800 West 10th Street, #605, Little Rock, AR 72204; (501) 660-7551, fax: (501) 660-7543; Web site: www.uams.edu/rwjfsp.

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

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

DESCRIPTION: The Department of Psychiatry and Behavioral Sciences at MSKCC invites applications for postdoctoral research positions in psycho-

logical and behavioral aspects of cancer. Fellowships provide two years mentored training in areas of psychosocial interventions for cancer patients and their families; behavioral medicine approaches to symptoms management in cancer patients; neuropsychology and pediatric psycho-oncology; assessment of quality of life in cancer. Fellows will actively participate in all aspects of project development, grant writing, supervision of data collection, liaison with multidisciplinary co-investigators, data analyses, and dissemination of findings via oral presentations and manuscript preparations.

DEADLINE: Open

CONTACT: Jamie Ostroff, Ph.D., Department of Psychiatry and Behavioral Science, MSKCC, 1275 York Avenue, New York, NY 10021; (212) 583-3015, fax: (212) 230-1953; e-mail: ostroffj@mskcc.org.

■ **SPONSOR: Columbia University**

■ **POSITION: Postdoctoral Research Fellowships in Psychobiological Sciences**

DESCRIPTION: Postdoctoral positions are available immediately, with flexible starting dates, for M.D.s or Ph.D.s interested in designing and conducting research with guidance from one of the program's faculty. Research training is supplemented with a weekly seminar in which the process of research design is intensively discussed, with medical school colloquia, and with optional coursework. The program offers training in a broad range of disciplines including Developmental Psychobiology, Psychophysiology, Psychoendocrinology, and Neuroscience. The program emphasizes developmental studies but is not restricted to this type of work. Research questions can be pursued using both human subjects and animal models. Close collaborative arrangements with the Division of Perinatology at Columbia-Presbyterian Medical Center and many laboratories in the Psychiatric Institute provide an unusual breadth of research training opportunities.

DEADLINE: Open, ongoing recruitment

CONTACT: Myron A. Hofer, M.D. or Michael M. Myers, Ph.D., Program Co-Directors, NY State Psychiatric Institute,

Unit 40, 1051 Riverside Drive, New York, NY 10032; (212) 543-5692, fax: (212) 543-5467; e-mail: mmm3@columbia.edu, Web site: www.columbia.edu.

■ **SPONSOR: University of Pittsburgh**

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

DESCRIPTION: The Department of Psychiatry, University of Pittsburgh School of Medicine, and Western Psychiatric Institute and Clinic have postdoctoral positions available in the area of clinical research training in psychiatry (adult and geriatric). These NIMH-funded fellowships are designed for post-residency psychiatrists and Ph.D.s in the behavioral sciences. The two to three-year program provides strong grounding in both biologic and social sciences as they relate to clinical neuroscience and intervention research in psychiatry. The program also allows geriatric psychiatrists to establish eligibility for ABPN added qualification in geriatric psychiatry. Strong emphasis is placed on teaching fellows how to write grant applications and to compete successfully for extramural support, including K-awards. Fellows work in association with a renowned group of clinical researchers who serve as role models and mentors. Stipends range from \$28,260 to \$44,412 depending upon the number of years of postdoctoral experience.

CONTACT: Charles F. Reynolds III, M.D., Professor of Psychiatry, Neurology and Neuroscience, Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Pittsburgh, PA 15213; (412) 624-2358, fax: (412) 624-2841; e-mail: reynoldscf@msx.upmc.edu.

■ **POSITION: Postdoctoral Research Fellowship in Psychiatry - 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 offer a two-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 health care settings and populations.

There will be opportunities for fellows to collaborate with the RAND-University of Pittsburgh Health Institute. The work of the Institute focuses on traditional aspects of health services research (financing, organization, quality and access). In addition, postdoctoral fellows can take advantage of established collaborations between the University's Center for Research on Health Care, the Graduate School of Public Health, and the hospitals of the UPMC Health System. The Department of Psychiatry is also home to the Robert Wood Johnson Foundation national program on depression in primary care.

DEADLINE: Open

CONTACT: Kelly Kelleher, M.D., Professor of Psychiatry, Pediatrics, Health Services Administration, 10 Fifth Ave., Suite 1, Pittsburgh, PA 15213; fax: (412) 692-7844; e-mail: kelleherkj@msx.upmc.edu; or Harold A. 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.

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

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

DEADLINE: Open

CONTACT: David A. Brent, M.D., Professor of Psychiatry, Pediatrics, and Epidemiology, University of Pittsburgh

School of Medicine, Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Suite 112, Pittsburgh, PA 15213, fax: (412) 624-7997; e-mail: brenta@msx.upmc.edu, Web site: www.wpic.pitt.edu.

■ **SPONSOR: University of Rochester**

■ **POSITION: Institutional NRSA Fellowships in Aging Research**

DESCRIPTION: The University of Rochester Department of Psychiatry has sponsored NIMH-funded NRSA fellowships since 1988. Two new positions are available for M.D.s each year to foster clinical- or laboratory-based research careers in the mental disorders of aging. Research fellows in geriatric psychiatry work for two or more years with established faculty investigators whose areas of expertise include the psychological, social, and biological correlates of late-life affective disorders and suicidal behavior, the mechanisms and pharmacologic treatment of dementias, and basic science research into the biological underpinnings of normal and pathological aging. Course work on geriatric mental health covers social, psychological, and biomedical aspects, as well as research design, data management, and biostatistics. Each fellow works with a primary research mentor in designing an individualized program of study. Research activities are complemented by clinical placements designed to both foster the understanding and knowledge of geriatric psychopathology as well as inform the research agenda.

DEADLINE: Open, continuous recruitment with application encouraged at least six months prior to anticipated start date.

CONTACT: Eric D. Caine, M.D., Professor of Psychiatry and Neurology, University of Rochester Medical Center, 300 Crittenden Boulevard, Rochester, New York 14642-8409, (716) 275-3572; fax: (716) 273-108; e-mail: eric_caine@urmc.rochester.edu.

■ **POSITION: Psychoneuroimmunology Research Fellowship**

DESCRIPTION: The Center for Psychoneuroimmunology Research provides two-year postdoctoral research fellowships in psychoneuroimmunology. This interdepartmental program offers opportunities for collaboration with faculty

from the Departments of Psychiatry, Neurobiology and Anatomy, and Microbiology and Immunology in basic and clinical research. The several general areas of current research include interactions of the neuroendocrine and immune systems, effects of stress on immune function and on susceptibility to autoimmune and infectious diseases, immune system effects on behavior and neuroendocrine function, and the role of conditioning in the modulation of immune responses.

DEADLINE: Open

CONTACT: Robert Ader, Ph.D., Director, Center for Psychoneuroimmunology Research, Department of Psychiatry, University of Rochester Medical Center, Rochester, NY 14642-8409; (716) 275-5922; e-mail: robert_ader@urmc.rochester.edu.

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

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

DEADLINE: Open

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

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

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

DESCRIPTION: This two-year National Research Service Award (NRSA) for research training at the interface of psychiatry and primary care is designed to provide methodological skills acquisition in addition to research experience with an established investigator. Research emphases

include epidemiology of psychiatric disorders in primary care, somatization, comorbidity of psychiatric and medical disorders, and the effect of psychiatric disorders on health services utilization.

DEADLINE: December 25

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

■ **SPONSOR:** Yale University

■ **POSITION:** Clinical Research Fellowships in Schizophrenia

DESCRIPTION: Yale University Department of Psychiatry is recruiting outstanding PGY 5+ candidates for a one to three year fellowship in schizophrenia research beginning July 1, 2002. Fellows will participate in research and research training programs associated with the Veterans Administration Schizophrenia Biological Research Center and the Schizophrenia Research Program of the Abraham Ribicoff Research Facilities of the Connecticut Mental Health Center. Research opportunities include experimental psychopharmacology, cognitive neuroscience (fMRI, electrophysiology), molecular neuroimaging (SPECT, PET), molecular genetics, magnetic resonance spectroscopy (1H, 13C), and transcranial magnetic stimulation (TMS).

CONTACT: D. Cyril D'Souza, M.D., VA Schizophrenia Biological Research Center, VA Connecticut Healthcare System, 950 Campbell Ave., West Haven, CT 06519; (203) 932-5711 ext. 2594, fax: (203) 937-4860; e-mail: deepak.dsouza@yale.edu.

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

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

institutions with limited or no expertise in mental health services research.

DEADLINE: Open

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

■ **POSITION:** Research Training in Childhood Onset Neuropsychiatric Disorders

DESCRIPTION: This two-year program is designed to provide patient-oriented research training to an interdisciplinary group of postdoctoral fellows interested in a broad range of scientific disciplines relevant to childhood neurobiological disorders. The long-term objective of the program is to increase the number and quality of investigators entering this field.

CONTACT: James F. Leckmen, M.D., Yale University, I-269 SHM, Child Study Center, 230 South Frontage Road, New Haven, CT 06520-7900; (203) 785-2511, fax: (203) 785-7611; e-mail: james.leckman@yale.edu.

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

■ **POSITION:** Mentored Scientist Development Award in Research Ethics

DESCRIPTION: The NIH invites applications for awards that will support training in research ethics for health professionals working at academic and other health-related institutions in biomedical, behavioral and public health research. The program will support two kinds of individuals: those with an established career in another field who want to move into research ethics, and those already in the field of research ethics who need a period of mentored career development in order to become independent scientists. Candidates must have the doctorate degree or its equivalent and must identify a mentor with extensive research and academic experience in ethical issues related to biomedical research. This announcement refers to PAR-01-144 in the NIH Guide to Grants and Contracts.

DEADLINE: March 12

CONTACT: Lawrence Friedman, National Heart, Lung, and Blood Institute; (301) 496-9899; e-mail: lawrence_friedman@nih.gov.

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

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

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

DEADLINE: February 1, June 1, and October 1

CONTACT: Cindy Miner, Ph.D., NIDA, 6001 Executive Boulevard, MSC 9591, Bethesda, MD 20892-9591; (301) 443-6071; e-mail: cminer@nida.nih.gov.

■ **SPONSOR:** National Institute of Mental Health (NIMH), Intramural Research Program (IRP)

■ **POSITION:** Clinical Fellowships in Molecular Imaging Research

DESCRIPTION: The Molecular Imaging Branch of the NIMH Intramural Research Program will have a 1 to 3 year clinical medical fellowship position available on July 1, 2002. This newly created Branch has embarked on major neuroimaging research using state of the art PET/SPECT techniques and newly developed neuroreceptor radioligands to study neuropsychiatric disorders, including schizophrenia, mood disorders, and neurodegenerative disorders such as Alzheimer's disease and Parkinson's disease. The fellow will have ample opportunities to learn from experts in the field and

acquire skills required to pursue PET/SPECT imaging research in neuropsychiatry. Applicants are typically 0–2 years post residency but must be board certified or board eligible in Psychiatry, Neurology, or Nuclear Medicine/Radiology.

DEADLINE: Immediate

CONTACT: Robert Innis, M.D., Ph.D., Chief, Molecular Imaging Branch, NIMH, Building 1, Room B3-10, 1 Center Drive MSC 0135, Bethesda, MD 20892-0135; e-mail: robertinnis@nih.gov.

■ **POSITION: NIMH Intramural Fellowship Training Program**

DESCRIPTION: The NIMH Intramural Fellowship Training Program is an integrated multidisciplinary training program. Within the program, trainees are expected to carry out discrete portions of research studies and/or to operate highly specialized equipment as an integral part of the training activities essential to the development of independent investigators. The combined opportunity for study and for practical work experience is a distinguishing feature of fellowship training in the intramural program. Eight programs are administered by the NIMH Intramural Fellowship Training Program: Summer Internship Program; Summer Research Fellowship Program; Clinical Electives Program; PGY-4 Residency Training Program; Clinical Associates Program; Predoctoral Intramural Research Training Awards; Postdoctoral Intramural Research Training Awards; Visiting Program for Foreign Scientists. For detailed information on each of these programs, please visit the IRP Web site: <http://intramural.nimh.nih.gov/training>.

DEADLINE: Immediate

CONTACT: Barry B. Kaplan, Ph.D., Office of Fellowship Training, NIMH, NIH Clinical Center, Room 4N222, 10 Center Drive MSC 1381, Bethesda, MD 20892-1381; (301) 496-8032; e-mail: kaplanb@irp.nimh.nih.gov.

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

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

DESCRIPTION: NINDS will award National Research Service Award (NRSA) Short-Term Institutional Training Grants (T35) to eligible institutions to provide research training opportunities for medical students who are preparing for careers in basic or clinical neurological sciences research. The goal of the program is to encourage the interest of potential clinician scientists early in their education and accelerate entry to independent research.

DEADLINE: May 10 annually

CONTACT: For all NINDS entries please contact Henry Khachaturian, Ph.D., Training, Career Development and Referral Officer, NINDS, 6001 Executive Boulevard, Room 2154, MSC 9531, Bethesda, MD 20892; (301) 496-4188, fax: (301) 594-5929; e-mail: hk11b@nih.gov, Web site: www.ninds.nih.gov.

■ **POSITION: Medical Student Scholars Program**

DESCRIPTION: NINDS will award individual fellowships (F31) to eligible individuals to provide research training opportunities for medical students who are preparing for careers in basic or clinical neurological sciences research. The goals of the program are to encourage the interest of potential clinician scientists early in their education, and accelerate entry to independent research.

DEADLINE: April 5, August 5, and December 5

CONTACT: Henry Khachaturian, Ph.D., see contact information given above.

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

DESCRIPTION: NINDS invites applications for individual National Research Service Award (NRSA) fellowships for M.D./Ph.D. and M.D./M.P.H. students. There is a critical need for clinician-scientists with the medical training and research experience to investigate problems of disease in humans. This program is primarily focused on individuals pursuing the M.D. degree.

DEADLINE: April 5, August 5, and December 5

CONTACT: Henry Khachaturian, Ph.D., see contact information given above. ■

Research Funding Opportunities

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

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

■ **SPONSOR:** Alcoholic Beverage Medical Research Foundation (ABMRF)

■ **SUBJECT:** Alcohol Research

DESCRIPTION: The ABMRF is a nonprofit independent research organization that provides support for interdisciplinary research in the biological, medical, behavioral, and epidemiological aspects of alcohol use and misuse. Of particular interest is research on mechanisms underlying the biomedical effects of alcohol, factors influencing the transition from moderate to excessive use of alcohol, the effects of moderate use of alcohol on health and behavior, and the etiology of alcohol misuse. The Foundation seeks to fund innovative, high quality research and to support promising new investigators through four types of grant support: Research Project Grants, New Scientist Awards, Data Analysis Grants, Pilot or Preliminary Studies.

DEADLINE: Applications due February 1 and September 1 for June 1 and January 1 start dates, respectively.

CONTACT: ABMRF, 1122 Kenilworth Drive, Suite 407, Baltimore, MD 21204; (410) 821-7066 ext. 11, fax: (410) 821-7065; e-mail: info@abmrf.org, Web site: www.abmrf.org.

■ **SPONSOR:** American Cancer Society, Inc. (ACS)

■ **SUBJECT:** Psychosocial and Behavioral Research

DESCRIPTION: The American Cancer Society is the largest non-government sponsor of cancer research in the United States. The Society's research program focuses on beginning investigators, a program of targeted research, and an enhanced commitment to psychosocial and behavioral research, to health services, health policy, and epidemiological research. In September 1995, the Society established the Behavioral Research Center as a step toward expanding cancer prevention and control research and supporting psychosocial and behavioral research. Two research opportunities are of particular interest for psychiatric researchers. *Research Scholar Grants in Psychosocial and Behavioral Research* are awarded to independent investigators at any career stage to support projects centered on the psychosocial and behavioral aspects of cancer. Senior principal investigators are strongly encouraged to include an early career investigator as co-principal investigator. Initial awards are made for up to five years and for up to \$500,000 per year. *Research Scholar Grants in Health Services and Health Policy and Outcomes Research* are also awarded to independent investigators at all career stages. Initial awards under this mechanism are made for up to four years and for up to \$250,000 per year.

DEADLINE: Applications for both opportunities are due April 1 and October 15.

CONTACT: American Cancer Society, Inc., Extramural Grants Department, 1599 Clifton Road, NE, Atlanta, GA 30329-4251; (404) 329-7558, fax: (404) 321-4669; e-mail: grants@cancer.org, Web site: www.cancer.org.

■ **SPONSOR:** American Federation for Aging Research (AFAR)

■ **SUBJECT:** AFAR Research Grants

DESCRIPTION: AFAR administers ten grant programs a year, providing medical students and scientists with over \$9.2 million in research funding. AFAR-supported investigators study a broad range of biomedical and clinical topics including, but not limited to, the causes of cellular senescence, the role of estrogen in the development of osteoporosis, the genetic factors associated with Alzheimer's disease, the effects of nutrition and exercise on the aging process. Of particular interest to psychiatric researchers are the following programs: *AFAR Research Grants Program*, providing up to \$50,000 for a one- to two-year award to junior faculty (M.D.'s and Ph.D.'s) to do research that will serve as the basis for longer term research efforts (application deadline, December 14, 2001); *John A. Hartford Foundation and AFAR Medical Student Geriatric Scholars Program* awards short-term \$4,000 scholarships designed to encourage medical students to pursue careers as geriatric researchers (application deadline, February 7, 2002); *Glen and AFAR Scholarships for Research in the Biology of Aging* provides M.D. students with \$5,000 and the opportunity to conduct a three-month research project under the auspices of a mentor (application deadline, February 26, 2002). Additional opportunities are described on the AFAR Web site.

DEADLINE: See individual grant programs, above.

CONTACT: AFAR, 1414 Avenue of the Americas, New York, NY 10019; (212) 752-2327, fax: (212) 832-2298; e-mail: amfedaging@aol.com, Web site: www.afar.org.

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

■ **SUBJECT:** Established Investigator Award

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

■ **SUBJECT:** Standard Research Grants

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

■ **SUBJECT:** Pilot Grants

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

DEADLINE: December 15, 2001

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

■ **SPONSOR:** National Alliance for Autism Research (NAAR)

■ **SUBJECT:** Biomedical Research in Autism Spectrum Disorders

DESCRIPTION: Up to \$120,000 for two-year awards and up to \$60,000 for one-year awards are provided to investigators researching the causes, prevention, treatment and cure of autism spectrum disorders. NAAR aims to support research in all areas that may advance its mission,

including basic and applied research, both clinical and non-clinical in nature. NAAR will focus its support on (i) research that reflects innovative approaches and techniques, (ii) research that will develop necessary pilot data for seeking larger awards from the NIH and other funding sources, (iii) new investigators who demonstrate promise and who have a supportive research environment, and (iv) research undertaken by scientists expert in areas other than autism but whose expertise is or may be relevant to autism.

■ **SUBJECT:** Communications Research in Individuals With Autism

DESCRIPTION: Up to \$120,000 for two-year awards and up to \$60,000 for one-year awards are available for research relevant to understanding and improving the communication capabilities of individuals with autism, particularly those who are nonverbal or minimally verbal. Possible strategies might include the use of novel tools (for example, MEG, PET, MRI, neurochemical and genetic techniques) to investigate the neurologic basis of different facets of communication, including auditory speech perception, expressive and pragmatic language, visual processing, attention and other aspects of cognition (as related to language), motor and imitation capabilities and communicative intent. Studies of technological and task adaptations necessary to productively use available neuroimaging techniques in autistic individuals are needed. Scientifically rigorous, innovative treatment studies with a sound biomedical basis are encouraged from a variety of disciplines, including investigations of the effects of interventions on brain plasticity and development.

DEADLINES: Letter of Intent: December 19, 2001 (flexible); Application: February 13, 2002

CONTACT: Eric London, M.D., VP-Medical Affairs, NAAR, 99 Wall St., Research Park, Princeton, NJ 08540; 1-888-777-NAAR, fax: (609) 430-9163; e-mail: naar@naar.org, Web site: www.naar.org.

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

■ **SUBJECT:** Ethics and Values Studies

DESCRIPTION: The Ethics and Values Studies Program focuses on improving knowledge of ethical and value dimensions in science, engineering, and technology. A wide range of topics are funded, from ethical issues for research on vulnerable populations to ethical scientific decision making in industry, government, academia and nonprofit organizations. Support is given through Standard Grants, Scholars Awards, Postdoctoral and Professional Development Fellowships, Small Grants for Training and Research.

DEADLINE: February 1 and August 1, yearly

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

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

■ **SUBJECT:** Substance Abuse Policy Research Program

DESCRIPTION: The foundation requests proposals for research projects that will produce policy-relevant information on ways to reduce the harm caused by the use of alcohol, tobacco, and illegal drugs in the United States, including the advantages and disadvantages and potential impact of these policies.

DEADLINE: Letter of Intent: February 4 2002; Application: June 3, 2002

CONTACT: Tracy Enright Patterson, Substance Abuse Policy Research Program, Department of Public Health Services, Wake Forest University School of Medicine, 2000 West First Street, Piedmont Plaza II, Suite 101, Winston-Salem, NC 27104; (336) 716-5170; e-mail: tpatters@wfubmc.edu, Web site: www.rwjf.org.

■ **SPONSOR:** Agency for Healthcare Research and Quality (AHRQ)

■ **SUBJECT:** Impact of Payment and Organization on Cost, Quality, and Equity

DESCRIPTION: AHRQ requests applications to conduct research related to the effects of payment and organizational structures and processes on the cost, quality, and equity of health care services.

DEADLINE: November 14

CONTACT: Irene Fraser, Ph.D.; (301) 594-6192, fax: (301) 594-2314; e-mail: cods@ahrq.gov.

■ **SUBJECT: Consumer Assessment of Health Plans Study**

DESCRIPTION: Funding is provided for applications to build on and expand the project known as Consumer Assessment of Health Plans Study. This program is designed to enrich the evidence base concerning consumer assessment and reporting.

DEADLINE: November 14

CONTACT: Maria Wey; (301) 594-6626, fax: (301) 594-2155; e-mail: mwey@ahrq.gov.

■ **SPONSOR: Agency for Healthcare Research and Quality (AHRQ) and National Institute of Mental Health (NIMH)**

■ **SUBJECT: Patient-Centered Care: Customizing Care to Meet Patients' Needs**

DESCRIPTION: Research is needed to support the redesign and evaluation of new care processes that lead to greater patient empowerment, improved patient-provider interaction, easier navigation through healthcare systems, and improved access, quality, and outcomes.

CONTACT: Helen Burstin, M.D. or Kelly Morgan, AHRQ; (301) 594-1782, fax: (301) 594-3721; e-mail hburstin@ahrq.gov or kmorgan@ahrq.gov; Junius J. Gonzales, M.D., NIMH; (301) 443-3364; e-mail: jgonzale@mail.nih.gov.

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

■ **SUBJECT: Pilot Research Grant Program**

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

DEADLINE: March 20, July 17, and November 16

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

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

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

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

DEADLINE: February 1, June 1, and October 1

■ **SUBJECT: Health Services Research on Alcohol-Related Problems**

DESCRIPTION: The National Institute on Alcohol Abuse and Alcoholism is inviting applications on the delivery of treatment and prevention services for alcohol-related problems. Areas include: managed care practices, treatment cost, treatment coordination, and interventions delivered in institutions that are not primarily concerned with health care.

DEADLINE: February 1, June 1, and October 1

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

■ **SUBJECT: Medications for Alcohol Dependence and Related Disease**

DESCRIPTION: NIAAA invites applications for research on the clinical use of medications for alcohol abuse and alcohol-related diseases. NIAAA encourages research on: pharmacological agents that prevent or reduce alcohol intake by decreasing alcohol craving and urge to drink or reduce or alleviate withdrawal symptoms; evaluations of pharmacological agents to clinically treat alcohol-induced diseases, such as alcoholic liver disease, pancreatitis and bone disease; and exploration of human laboratory paradigms to screen candidate agents for subsequent phase II and phase III trials.

DEADLINE: January 13 for letters of intent, February 13 for applications

CONTACT: Joanne Fertig, (301) 4430635, fax: (301) 443 8774; e-mail: jfertig@willco.niaaa.nih.gov.

■ **SUBJECT: Pharmacotherapy for Alcoholism**

DESCRIPTION: NIAAA seeks research to: clarify the mechanisms of action of current drugs believed to be effective in animal and human studies; identify candidate molecular targets and promising therapeutic compounds; and develop animal and human laboratory models with high predictive validity for clinical problems associated with alcohol abuse that can be rapidly tested.

DEADLINE: December 28 for letters of intent, January 28 for applications

CONTACT: Mark Egli, (301) 594-6382, fax: (301) 594-0673; e-mail: megli@willco.niaaa.nih.gov.

■ **SUBJECT: Alcohol-Related Problems Among College Students: Epidemiology and Prevention**

DESCRIPTION: NIAAA is requesting research grant applications on alcohol use by college students. Investigations are needed which focus on the epidemiology and natural history of college student drinking and related problems and on designing and testing interventions to prevent or reduce alcohol-related problems among college students.

DEADLINE: Letter of Intent: January 18; Application: February 19

CONTACT: Vivian Faden, Ph.D., (301) 594-6232; e-mail: vfaden@willco.niaaa.nih.gov.

■ **SUBJECT: Research on Alcohol Health Disparities**

DESCRIPTION: Support is provided for research to identify, characterize, and reduce through prevention, treatment, and health services interventions alcohol-related health disparities in American ethnic and cultural populations.

DEADLINE: Letter of intent: December 28; application: January 17

CONTACT: Thomas Gentry, Ph.D., (301) 443-6009, fax: (301) 480-2358; e-mail: tgentry@mail.nih.gov.

■ **SUBJECT: Non-human Primate Models of Neurobiological Mechanisms of Adolescent Alcohol Abuse and Alcoholism**

DESCRIPTION: NIAAA requests applications using primate models to focus on the following areas: neurobiological mechanisms and risk factors for alcoholism during late childhood through adolescence; the relative contribution and interaction of genetic, environmental, and social factors; evaluation of the immediate and long-term consequences of heavy drinking during adolescence on cognition; and the contribution of early alcohol exposure to excessive drinking and abnormal cognitive and social functioning during subsequent developmental stages.

DEADLINE: Letter of Intent: January 21; Application: February 19

CONTACT: Ellen D. Witt, Ph.D., (301) 443-6545, fax: (301) 594-0673; e-mail: ewitt@willco.niaaa.nih.gov.

■ **SPONSOR: National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)**

■ **SUBJECT: Neuropsychiatric Systemic Lupus Erythematosus**

DESCRIPTION: Applications are invited for research on the pathogenesis of neuropsychiatric manifestations of systemic lupus erythematosus and on the development of innovative therapeutic approaches and diagnostics for this form of lupus.

DEADLINE: December 14

CONTACT: Elizabeth Gretz, Ph.D.; (301) 594-5032, fax: (301) 480-4543; e-mail: gretze@mail.nih.gov.

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

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

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

DEADLINE: February 1, June 1, and October 1

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

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

■ **SUBJECT: Research Units on Pediatric Psychopharmacology and Psychosocial Interventions**

DESCRIPTION: The purpose of this initiative is to expand the network of existing research units on pediatric psychopharmacology. This initiative will expand the scope of research by including multi-site clinical trials on psychosocial treatments in addition to psychopharmacologic interventions, and will encourage the development of multimodal treatment models as clinically appropriate.

DEADLINE: Letter of Intent: December 11; Application: January 11

CONTACT: Ann Wagner, Ph.D.; (301) 443-4283, fax: (301) 443-4045; e-mail: awagner@mail.nih.gov.

■ **SUBJECT: Mechanism for Time-Sensitive Research Opportunities**

DESCRIPTION: NIMH encourages investigator-initiated research applications that seek to address problems of major public mental health significance in which the opportunity to conduct research is time limited.

DEADLINE: Letter of intent: Four weeks prior to the planned submission date; Application: 9th of each month

CONTACT: Denise Juliano-Bult, M.S.W.; (301) 443-1638, fax: (301) 443-4045; e-mail: djuliano@nih.gov.

■ **SUBJECT: Modular Phenotyping for Major Mental Disorders**

DESCRIPTION: Applications are requested for research that applies recent advances in cognitive and affective science, measurement theory, and psychometrics to identify and assess biological and behavioral indicators related to the onset, progression, and treatment responsiveness of major mental disorders such as schizophrenia, bipolar disorder, unipolar major depression, and obsessive-compulsive disorder.

DEADLINE: Letter of Intent: November 15; Application: December 14

CONTACT: Robert Heinssen, Ph.D., NIMH; (301) 435-0371, fax: (301) 443-4611; e-mail: rheinsse@mail.nih.gov.

■ **SUBJECT: Autism Centers of Excellence**

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

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

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

■ **SUBJECT:** Research on Quality of Care for Mental Disorders

DESCRIPTION: The NIMH invites research grant applications for multidisciplinary, mixed methods research that will characterize, examine and assess the quality of mental health services provided to people with mental disorders. Mental health researchers are encouraged to question current conceptualizations and assessments of quality, to work collaboratively with social and behavioral scientists, including those who study organizations and marketing, to develop conceptualizations that can be measured, are reliable and valid within or across populations, and to design studies of quality that can lead to real improvements in how mental health services are delivered. This announcement will use the: small grant, exploratory or developmental grant, and the research project grant award mechanisms.

DEADLINE: February 1, June 1, October 1

CONTACT: Karen Oliver, Ph.D., Division of Services and Intervention Research, NIMH; (301) 443-3364, fax: (301) 443-4045; e-mail: koliver1@mail.nih.gov.

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

■ **SUBJECT:** Multimodal Integration Research Networks in Cognitive Neuroscience

DESCRIPTION: Applications are invited for the formation of cross-disciplinary networks of scientists interested in studying the neural mechanisms of cognition and other complex behaviors.

DEADLINE: Letter of Intent: December 17; Application: January 18

CONTACT: Emmeline Edwards, Ph.D., NINDS; (301) 496-9964, fax: (301) 402-2060; e-mail: ee48r@nih.gov.

NATIONAL INSTITUTES OF HEALTH: Multiple Institutes and Agencies

■ **SPONSORS:** NIA and NIMH

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

DESCRIPTION: The National Institute on Aging and the National Institute of Mental Health invite submissions for research grants directed toward the discovery of novel compounds for the treatment of cognitive impairment and behavioral symptoms associated with Alzheimer's disease.

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

■ **SPONSORS:** NIMH, NIA, NICHD,

■ **SUBJECT:** Exploratory/Developmental Grants in Social Neuroscience

DESCRIPTION: NIMH and two sister institutes invite applications examining the neural processes involved in social behavior. This program is designed to act as a catalyst for a newly emerging area of interdisciplinary research merging social, personality, and affective psychology with neuroscience in order to elucidate fundamental mechanisms of social behavior.

DEADLINE: Letter of Intent: December 11; Application: January 11

CONTACT: Carolyn C. Morf, Ph.D., NIMH, (301) 443-3942, fax: (301) 443-9876, e-mail: cmorf@mail.nih.gov; Daniel B. Berch, Ph.D., NIA, (301) 594-5942, fax: (301) 402-0051, e-mail: berchd@nia.nih.gov; Lisa Freund, Ph.D., NICHD, (301) 435-6879, fax: (301) 480-7773, e-mail: freundl@mail.nih.gov.

■ **SPONSORS:** NINDS, NIMH, NIA, NIDA

■ **SUBJECT:** Cognitive Neuroimaging: Understanding the Link Between Neuronal Activity and Functional Imaging Signals

DESCRIPTION: NIH invites research grant applications that offer to provide exceptional technical and conceptual advances in our understanding of the nature of the signal being recorded in hemodynamic brain imaging techniques.

DEADLINE: November 28

CONTACT: Emmeline Edwards, Ph.D., NINDS, (301) 496-9964, fax: (301) 402-2060, e-mail: ee48r@nih.gov; Kevin Quinn, Ph.D., NIMH, (301) 443-1576, fax: (301) 443-4822, e-mail: kquinn@mail.nih.gov; Molly Wagster, Ph.D., NIA, (301) 496-9350, fax: (301) 496-1494, e-mail: wagsterm@nia.nih.gov; Thomas Aigner, Ph.D., NIDA, (301) 435-1314, fax: (301) 594-6043, e-mail: ta17r@nih.gov.

■ **SPONSORS:** NIDDK and NIMH

■ **SUBJECT:** Depression and Mental Disorders in Diabetes, Renal Disease, and Obesity/Eating Disorders

DESCRIPTION: The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and NIMH seek to increase research activity in the field of mental disorders in relationship to diabetes mellitus, chronic renal disease, and obesity and eating disorders.

DEADLINE: Letter of Intent: January 18, 2002; Application: February 20, 2002

CONTACT: Sanford Garfield, Ph.D., NIDDK, (301) 594-8803, fax: (301) 480-3503, e-mail: sg50o@nih.gov; Peter Muehrer, Ph.D., NIMH, (301) 443-4708, fax: (301) 443-4415, e-mail: pm29v@nih.gov.

■ **SPONSORS:** NIMH, NIDA, and NIA

■ **SUBJECT:** Development of PET and SPECT Ligands for Brain Imaging

DESCRIPTION: NIMH, NIDA, and NIA are requesting applications on the development of novel radioligands for positron emission tomography and single photon emission computed tomography imaging in the human brain, and that incorporate pilot or clinical feasibility evaluation in pre-clinical studies, model development, or clinical studies.

DEADLINE: Letter of intent: November 12; application: December 11

CONTACT: Linda Brady, Ph.D., NIMH, (301) 443-5288, fax: (301) 402-4740, e-mail: lb@helix.nih.gov; Steven Grant, Ph.D., NIDA, (301) 443-4877, fax: (301) 443-6814, e-mail: sgrant@nida.nih.gov; Molly Wagster, Ph.D. and Neil Buckholtz, Ph.D., NIA, (301) 496-9350, fax: (301) 496-1494, e-mail: wagsterm@nia.nih.gov; buckholn@nia.nih.gov.

■ **SPONSORS:** NIMH, NIAAA, NIDA and NIEHS (National Institute of Environmental Health Sciences)

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

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

DEADLINE: February 1, June 1, and October 1

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

■ **SPONSORS:** NIMH, NIDA, NICHD, Office of Behavioral and Social Sciences Research (NIH), Office of Research on Women's Health (NIH)

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

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

DEADLINE: February 1, June 1, and October 1

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

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