

# Penn Psychiatry Perspective

## PENN Behavioral Health - An Innovative Approach to Providing Mental Health Care

Steadily, the Department of Psychiatry has been building an innovative and entrepreneurial model for delivering mental health services.

Called **PENN Behavioral Health (PBH)**, this new paradigm includes all of the Department's nationally acclaimed patient care programs, as well as a new class of services designed specifically for businesses and non-profit organizations, and for their employees and family members.

The Department chose the name PENN Behavioral Health to describe these programs and services. Why isn't psychiatry in the title? Department faculty offer therapies and other modalities that defy easy classification by discipline, often moving beyond what is customarily known as psychiatry, and they treat a wide spectrum of clinical problems, including those that are classified as psychiatric, psychological, mental, or behavioral. PENN Behavioral Health conveys the breadth of the Department's varied health care services and also "brands" its programs in the marketplace, differentiating PBH's programs from others. And, of course, the name PBH emphasizes its home at Penn, one of the world's best universities.

PBH is divided into two components - **PBH Patient Care Programs** and **PBH Corporate Services**. Department Chair Dwight L. Evans, MD provides the leadership for PBH and Rosellen Taraborrelli is its Executive Director. Jody Foster, MD, MBA serves as the Executive Medical Director of PBH Corporate Services.

### **PBH Patient Care Programs**

**PBH Patient Care Programs** encompasses the Department's direct patient care programs, provided by nationally and internationally acclaimed faculty. The Department offers an exceptionally strong and well-balanced program of clinical services, crossing all age groups and subspecialty areas of psychiatry and behavioral health. These programs are well-known and are the reason why the Department's faculty are regularly honored in *Philadelphia Magazine's* "Top Docs" survey and in the "Best Doctors in America," and why Psychiatry at HUP is continually recognized as the best and preferred hospital psychiatry service in Pennsylvania and New Jersey.

This fiscal year, PBH is launching new clinical programs that will add to the Department's abundant range of patient care options. Two new clinical services have already been opened.

■ The *Charles O'Brien Center for Addiction Treatment* began accepting patients this summer. Named for Department Vice Chair Charles P. O'Brien, MD, PhD, one of the world's leading researchers of the causes of and treatments for addiction, the Center is directed by Charles Dackis, MD, Chief of Psychiatry at Penn-Presbyterian and renowned for his work on the pharmacology and neurobiology of addiction. The O'Brien Center treats patients suffering from addictive illness, extending the services previously offered by the Department's Recovery at Penn program and drawing on the research and clinical talent found in the Center for Studies of Addiction and the Treatment Research Center. A full description of this new Center is found later in this issue.

■ The *Center for Pain Medicine, Research and Policy* opened in September. The Center is directed by Rollin ("Mac") Gallagher, MD, MPH, Clinical Professor of Psychiatry and acclaimed pain medicine expert, who is the Director of Pain Management at the Philadelphia VAMC and Editor-in-Chief of *Pain Medicine*, the journal of the American Academy of Pain Medicine. Clinicians at the Center will evaluate and treat patients afflicted with a wide variety of pain ailments, choosing from among a full range of therapies.

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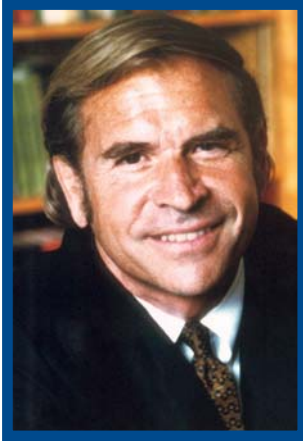
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Dear Reader,



**By Dwight L. Evans, MD**  
*Ruth Meltzer Professor and Chairman  
 Professor of Psychiatry, Medicine and Neuroscience*

Faculty and staff in the Department of Psychiatry skillfully perform the primary missions of our academic medical center, and we are highly regarded regionally, nationally, and internationally for the quality and breadth of our education, research, and patient care programs. This is what we love to do and why we are here.

Every *Penn Psychiatry Perspective* presents information about departmental activities in each of these areas, but this issue's cover story gives special attention to significant new developments in the clinical and service arena. The lead article describes PENN Behavioral Health (PBH) - the Department's clinical and corporate services arm - and some of its on-going and new initiatives. PBH is entirely led and managed by our Department. It includes all of the Department's patient care programs, as well as a set of programs and services designed specifically for businesses and non-profit organizations.

The cover story depicts several newly opened patient care programs, including the Charles O'Brien Center for Addiction Treatment and the Center for Pain Medicine, Research and Policy, as well as developing or expanding programs in weight management, adult attention-deficit/hyperactivity disorder (ADHD), social learning disorders, schizophrenia, forensic

psychiatry, and neuroevaluation. Each of these clinical programs is led by distinguished experts in the appropriate fields, and each is founded on existing research and clinical programs.

The lead article also describes PBH programs and services that have been in place for some time, but may not be familiar to you. These programs and services are known collectively as PENN Behavioral Health Corporate Services. They help participating entities - and their managers, employees and families - recognize and address mental and behavioral problems that may affect employee and organizational workplace performance. PBH Corporate Services provides direct on-site help to clients confronting workplace problems, and also assists clients in accessing information and practical tools that allow them to develop solutions to workplace issues on their own. PBH Corporate Services does much more, too, as our lead story describes.

The Department's renewed emphasis on our clinical and service programs in no way detracts from our focus on education and research. The Department remains committed to all three of our academic missions, and we have exciting initiatives ongoing and planned in education and research, as this issue of *Penn Psychiatry Perspective* also describes.

In fact, as I see it, our three academic missions are inextricably linked - in strengthening one, we also advance the others. There's an old saying that "you can't teach medical students and residents with empty beds" -- nor with empty outpatient rooms, for that matter. Nor is it possible to conduct patient-oriented or clinical research without access to a large patient base. Our Department's outstanding education and research programs depend in large part on our superb clinical programs. Just as we hope to offer the best educational and research programs, we also seek to provide superior patient care, and to attract patients to these programs. This winter and spring, for example, we are making a major effort to announce our new clinical programs to physicians in the surrounding region.

Making sure that each of our academic missions is equally robust also makes our Department more intellectually stimulating. Building faculty and staff expertise in education, research, and patient care creates synergies among each set of programs, and makes our Department an exciting and rewarding place to be. A vibrant Department helps us attract the best faculty and staff, and the best people create the best programs. This is truly a virtuous circle, one that the Department continuously endeavors to maintain.

Building our clinical and service programs - as we build our education and research programs - helps keep us at the forefront of American academic psychiatry. PENN Behavioral Health, bringing together our patient care programs with innovative organizational service programs, is an important foundation for our future efforts to remain among the very best psychiatry departments in the world.

Sincerely,

Dwight L. Evans, MD

## PENN Behavioral Health

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Scheduled for launch later in FY2006 are new and/or expanded clinical services in several areas that have also been areas of departmental strength. These programs are led by distinguished experts in the appropriate fields, and are founded on existing research and clinical programs.

- The *Weight Management* program will be directed by Thomas A. Wadden, PhD, Director of the Department's Weight and Eating Disorders Program and Associate Director of the School of Medicine's Institute on Diabetes, Obesity and Metabolism. The program will provide care to patients with a variety of eating disorders and conditions, including anorexia, bulimia, and obesity.
- The *Adult Attention-Deficit/Hyperactivity Disorder Treatment & Research Program* is directed by Anthony L. Rostain, MD, the Department's Director of Education. The program, whose clinical services are being expanded, offers assessment and diagnosis, consultation and recommendations, specialized treatment, and access to clinical protocols for older adolescents and adults who have difficulties related to ADHD.
- The *Social Learning Disorders Program* is also directed by Dr. Rostain. The program, whose clinical services are being expanded, offers assessment and diagnosis, consultation and recommendations, specialized treatment, and access to clinical protocols for those with social learning disorders.
- The *Schizophrenia Service* is directed by Raquel Gur, MD, PhD, Director of the Department's Neuropsychiatry Section, and the Department's Vice Chair for Research Development. Established faculty have extensive experience in the diagnosis and management of schizophrenia and related psychotic disorders. This program's clinical services are being expanded and will include a specialty clinic to encompass adolescents and young adults with new onset psychosis. The program offers assessment, specialized treatment with family education, and liaison to schools, employers and community.
- The *Forensic Psychiatry* program will be directed by Ruben Gur, PhD, Director of the Department's Brain Behavior Laboratory. Dr. Ruben Gur currently provides forensic psychiatry services and will expand his outreach to a wider clientele, primarily to attorneys. The program will provide forensic psychiatry services to both private clients and institutions, and will offer integration of clinical and neurocognitive data with functional and structural imaging as indicated.

- The *Comprehensive Neuropsychiatry Evaluation Service* will be directed by Raquel Gur, MD, PhD. The CNES is a new PBH program and will provide assessment and consultation to patients with acute and chronic brain conditions associated with complex behavioral changes such as concentration, learning, memory and mood. Integrated input from neuropsychiatrists, neuropsychologists, and neuroradiologists, and tests to evaluate brain function will be provided with recommendations for treatment.

### **PBH Corporate Services**

Less familiar to members of the Department, and to the general public, is the second component of PBH - **PENN Behavioral Health Corporate Services (PBHCS)**. PBHCS is a set of corporate and management services specifically designed for businesses and non-profit organizations, and for their employees and family members.

PBHCS fills a growing niche in the mental health care field. Today, companies and other organizations recognize that mental health and substance abuse problems at work lead to reduced workplace productivity and increased absenteeism and short- and long-term disability, and higher workers' compensation costs. PBHCS expands the access of employees and their families to behavioral health resources and trains managers to deal with employees who experience mental health issues, helping to create a more comfortable and productive work environment.

PBHCS was officially established in 2004 under the wing of PENN Medicine's Clinical Practices of the University of Pennsylvania. It is run by the Department of Psychiatry through PENN Behavioral Health.

PBHCS offers a multi-faceted approach to help institutions improve their workers' mental health and their own responses to employees with mental health and family problems. A well-developed website facilitates access to all of PBHCS' services and informational tools for employees and their families, as well as for managers and providers. [www.pennbehavioralhealth.org/](http://www.pennbehavioralhealth.org/)

- The *Employee Assistance Program (EAP)* helps employees and dependents handle personal and professional issues which may adversely impact their job performance. Emphasizing the importance of early intervention to prevent longer term problems, the EAP provides a full range of intervention and information options for individuals at risk, managers, and corporations. These services include consultations with licensed EAP staff, referrals to mental health care

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## PENN Behavioral Health

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providers, wellness programs, on-line educational resources, and seminars. Just as an example, EAP staff have presented seminars to University employees on topics ranging from coping with stress, to developing healthy relationships and achieving work-life balance, to handling elder care issues. The EAP now serves over 20,000 Health System and over 20,000 University employees and their family members, as well as employees and dependents in over 40 other national and regional organizations. In FY2005, roughly ten percent of eligible University and Health System employees and dependents used EAP services.

- **The Administrative Services Organization (ASO)** is similar to a managed care company, in that it helps companies effectively manage their mental health benefits, while not actually providing them. Available on a 24-hour, 7-day a week basis, the ASO's master's-level intake clinicians direct eligible members to mental health and substance abuse benefit-related outpatient and inpatient services, and authorize and review cases to determine whether a service is covered under the member's benefit plan. Currently, the ASO manages mental health benefits for 20,000 Health System and 13,000 University employees and their dependents. In FY2005 alone, almost 800 University employees and 1300 Health System employees utilized ASO services.
- **The Work & Family Life Benefit** program identifies solutions and provides information to help employees address a wide range of "life" needs. It offers participating members practical assistance, support, and information for resolving child, parenting, and elder care issues. It also offers referrals and information on legal, financial, relocation, and adoption issues and makes available educational resources on other work and family concerns. Care consultants are available on a 24-hour basis to give advice and expert coaching on the personal and professional issues that impact clients' lives. This program currently provides services to University and Health System employees, and to those of eight other organizations.
- **Behavioral Health Benefit Management** services help participating members better use their company's mental health benefits. On-line resources provide answers to questions pertaining to the availability and use of covered services and submission of claims forms, for example. Currently, employees of the Health System and University are eligible for this program.
- **The Management Assistance (MAP) and Corporate Assistance (CAP) Programs** provide resources and support for companies, departments, and supervisors to help enhance organizational and employee per-

formance. These programs, while intended for employers, are aligned with EAP programs and help employees address their personal and professional problems. Specifically, MAP works with managers to provide resources for early intervention with troubled employees who may or may not be experiencing performance problems, providing support to managers through executive coaching, training, consultation, and critical incident debriefings. CAP supports entire organizations through wellness programs, educational materials, and safety and policy interventions, and also helps organizations design benefits plans, human resources protocols, and training programs for managers, among other services.

### PENN Behavioral Health - Linking Patient Care Programs and Corporate Services

Connecting PBH Patient Care Programs and Corporate Services are two critically vital elements that cross-cut and provide services to both components.

- The **PBH Specialty Network** extends the reach of the Department's in-house clinicians to the broader region by providing access to over 400 mental and behavioral health specialty providers - psychiatrists, psychologists, and social workers -- in the tri-state Greater Delaware Valley. The Specialty Network providers are an important source of care for participants in all PBH programs, particularly in allowing PBH Corporate Services to fulfill its contractual obligations to manage and direct care for members over a geographically dispersed area.
- The **PBH Contact Center** serves as the central access point for all PBH Corporate Services, and for many of the Department's patient care programs. Callers to the Center speak to trained professionals and receive information about PBH's behavioral health and substance abuse programs, services, and informational resources. They also receive guidance on mental health issues and, when necessary, are assisted in making clinical appointments.

In the future, the Department will continue to build, refine, and expand the programs available through PBH Patient Care Programs and Corporate Services. PBH Patient Care Programs has a well-deserved and longstanding reputation for the clinical services offered to patients, and PBH Corporate Services is well on its way to establishing an equally favorable reputation among corporations and other institutions.

## Research Development News

**Gary Aston-Jones, PhD** is the chairman of the Neurobiology of Motivated Behavior study section at the NIH beginning in October, 2005. His research team recently had a paper published in *Nature*. Harris, G., Wimmer, M. and Aston-Jones, G., A novel role for lateral hypothalamic orexin neurons in reward seeking. *Nature*: 437:556-9, 2005

Dr. Aston-Jones is the director of the new Neuroscience of Addiction Research Center (NARC), dedicated to the basic neuroscience of addictive processes. NARC is broadly interested in addiction and will include all drugs of abuse and obesity. This center will interface with other clinical centers already in place at Penn, including the Treatment Research Center, Tobacco Use Research Center, Charles O'Brien Center for Addiction Treatment, Weight and Eating Disorders Program, and the Institute of Diabetes, Obesity and Metabolism. A retreat was held in mid-January.

An article authored by **Kyle Kampman, MD** was highlighted on the cover of the June 2005 issue of *NIDA Notes*, "Topirmate Shows Promise in Cocaine Addiction."

**Caryn Lerman, PhD (Principal Investigator) and Wade Berrettini, MD, PhD (Co-PI)** have received a four-year \$1.6 million Commonwealth of Pennsylvania grant titled "Treating Tobacco Dependence in Underserved Smokers." This randomized placebo-controlled trial will test the efficacy of modafinil for smoking cessation.

**Irwin Lucki, PhD** and his colleagues in the Neuroscience Discovery Department at Wyeth Research Laboratories in Princeton NJ have been awarded \$1.8 million by the NIH to search for new mood-disorder drugs. Dr. Lucki is the Principal Investigator of the Penn component of the three-year grant which will establish a National Cooperative Drug Discovery Group for the Treatment of Mood Disorders. The aim is to develop new antidepressant drug treatments based on the role of neurogenesis - the process by which neurons are produced -- in regulating stress and depression. "The NIH wants drug-development programs to jump-start new approaches for creating drugs to treat depression," explains Dr. Lucki.

In September 2004, **Helen Pettinati, PhD** received a P50 grant, a National Institute on Drug Abuse (NIDA) award of over \$6 million - "Innovated Approaches for Cocaine Pharmacotherapy."

## More News.....

In June, Chair **Dwight L. Evans, MD** hosted a cocktail reception for the Department's clinical faculty at Evviva in Narberth. Over 60 of our clinical faculty were welcomed by Dr. Evans who praised the clinical faculty as the "best in the country."

**Jacques Barber, PhD** has been appointed Foreign Adjunct Professor in the Department of Clinical Neuroscience at the Swedish Karolinska Institutet in Stockholm where he is currently supervising three doctoral theses in psychotherapy research.

At the March meeting of the American Association of Directors of Psychiatric Residency Training (AADPRT), **Anthony Rostain, MD** and **Rick Summers, MD** presented two workshops: one on maternity leave issues in residency (spurred by the interests of **Wendy Baer, MD**) and the other on the Department's family systems curriculum (with **Ellen Berman, MD** who came to Tucson just for the workshop).

### At the Treatment Research Center:

The **Treatment Research Center** is running a pilot study entitled, "Open-label study of Atomoxetine combined with Motivational Interviewing Therapy for the treatment of marijuana dependence."

**Charles P. O'Brien, MD, PhD** and **Helen M. Pettinati, PhD** participated in a Candlelight Dinner Symposium at the most recent annual meeting of the American Psychiatric Association in Atlanta on May 24, entitled: "Alcoholism: Translating Emerging Science into Clinical Practice." Dr. O'Brien co-chaired the symposium with Dr. Raymond Anton from the Medical University of South Carolina. He spoke on "Brain Imaging of Craving and the Effects of Anti-craving Medications," and Dr. Pettinati spoke on "Advances in the Pharmacotherapy of Alcoholism." Over 400 psychiatrists attended this symposium.

**Charles P. O'Brien, M.D., PhD** and the Treatment Research Center sponsored a symposium in January 2005 on the ethics of treating parolees with naltrexone, funded by Annenberg and to be published as a monograph.

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## Responding to the World's Crises - CTSA Steps Up



*Edna B. Foa, PhD*

2005 was a difficult year. The human misery caused by the tsunami in South-east Asia, the hurricanes in the southern United States, and the Iraq War, among other traumatic events, has been enormous, and so have been the relief efforts to aid the victims. The Department of Psychiatry's Center for the Treatment and Study of Anxiety

(CTSA), an internationally recognized clinical, research, and training center on Posttraumatic Stress Disorder (PTSD) and other anxiety disorders, is doing its share to aid those who need help in the ways it knows best.

As it has done many times, CTSA faculty and staff have established programs to train mental health professionals to deal with the psychological impact of these catastrophes, worked with the media and government and non-profit organizations to disseminate accurate information to the public about the psychological effects on victims, and planned scholarly studies to learn more about how natural and man-made disasters have impacted those caught up in them.

Traumatic events may impact victims in numerous ways, explains Edna B. Foa, PhD, Professor of Psychology in Psychiatry and Director of the CTSA. Survivors may be haunted by intrusive recollections of the event and by flashbacks which make them feel as if the event is happening again, driving them to take extreme measures to avoid thinking about the event or going to places associated with it. A numbing feeling, alienation from others, nightmares, sleeplessness, outbursts of anger, and a diminution of emotional closeness may also follow exposure to a traumatic event. With large-scale disasters, the accompanying loss of family and friends exacerbates trauma-related problems as a result of separating victims from personal and community networks that could provide key psychological support, and by causing feelings of grief and bereavement in addition to fear and anxiety.

The good news, Dr. Foa tells us, is that most people recover naturally from even overwhelmingly traumatic events. Studies of flood victims in Mexico indicate that 24 percent showed signs of PTSD after one year, a figure that decreased to 11 percent after two years. However, in some severely affected communities, 51 percent of those studied developed PTSD. Alarmingly, those who show signs of PTSD or depression after 18 months are unlikely to recover. The challenge is to identify individuals who need professional care and to deliver appropriate treatments at the right time.

Looking at our national tragedy on the Gulf Coast, Dr. Foa estimates that "at least 15 percent of Katrina's victims will have PTSD symptoms severe enough to need help." Initially, Dr. Foa emphasizes, meeting people's material needs – food, clothing, and shelter – getting them accurate information, encouraging them to get adequate sleep, and reconnecting survivors to family and community support systems is paramount. Treating psychological symptoms at this early stage is secondary. But within three to six months, treating victims with recurring symptoms of PTSD and depression becomes important.

The CTSA is responding to each of the major events that have stirred the world's sympathies. In May, and again in October, the CTSA met with mental health professionals from Thailand and Indonesia to launch efforts to teach care-givers how to treat those suffering from PTSD as a result of the tsunami. In August, Dr. Foa and Elizabeth Hembree, PhD conducted a four-day intensive workshop in Atlanta to train 20 PTSD therapists from seven Veterans Administration sites and they will train an additional 20 therapists in San Diego at the end of January. The aim of these workshops is to teach these therapists how to treat returnees from the Iraq and Afghanistan Wars with Prolonged Exposure therapy, the treatment program developed at the CTSA. This therapy has received the best empirical support for its efficacy in alleviating PTSD, and has been successfully disseminated to mental health professionals in the U.S. and around the world over the past fifteen years. In Israel alone, 250 therapists have been trained to use this treatment.

The CTSA is also preparing a training course for mental health professionals from Pakistan to teach them how to help the victims of the recent earthquake. And the CTSA has trained mental health professionals from Japan, Korea, and several European countries in how to

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## World's Crises - CTSA Steps Up

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overcome the psychological consequences of trauma. By training therapists and supervisors around the world, CTSA faculty are encouraging the wide use of a powerful and effective approach for helping trauma survivors.

Closer to home, the Center, in partnership with researchers from Louisiana State University, is preparing a proposal to the National Institute of Mental Health to study the psychological impact of Katrina on the Gulf Coast population. The CTSA is also planning to work with the VA's National Center for PTSD to train health care providers to care for individuals showing signs of PTSD and depression as a result of Katrina. Most effective long-term treatments include some form of exposure therapy, in which patients are asked to call up their memory about the trauma repeatedly, think about it, and describe it in detail. The ultimate goal is to allow patients to put the traumatic event in context, to think about the event as occurring in the past and not in the present.

Educating the media and developing resource materials for health care providers have also been CTSA priorities. Dr. Foa has spoken with journalists from *The Washington Post* and *The New York Times*, and has conducted an interview, available on-line, with Medscape, a free web resource for physicians. In October, Dr. Foa presented at a conference in Boston sponsored by The Nieman Foundation for Journalism at Harvard University. The gathering informed about 60 journalists from around the world who report on trauma about the latest knowledge regarding causes, impact on victims, and treatments. Dr. Foa has also contributed to several publications for the Centers for Disease Control and Prevention designed to help physicians and allied health professionals address psychological effects in hurricane survivors and evacuees.

The national and world response to help the victims of the recent calamities has been unprecedented, and our own CTSA is contributing to the overall effort.

## More News...

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### At the Center for the Treatment and Study of Anxiety (CTSA):

On May 21-23, the **CTSA** hosted a 3-day meeting with a Thailand delegation of mental health professionals headed by Dr. Somchai Chakrabhand, Director General of the Department of Mental Health. The aim of the meeting was to coordinate the training of Thai mental health professionals by CTSA faculty on how to treat victims of the Tsunami suffering from posttraumatic stress disorder (PTSD).

On June 22-23, **Edna B. Foa, PhD** participated in a Conference on Stress and Fear Circuitry Disorders in preparation for the DSM-V. The conference was funded and organized by the American Psychiatric Association and by the National Institute of Mental Health. Each of 23 experts in anxiety and stress disorders presented a lecture that summarized their area of expertise. Dr. Foa presented a lecture on the "Role of Cognitions in Anxiety Disorders".

On July 5-9, **Dr. Foa** conducted a 4-day workshop in Israel to train 40 mental health professionals for various mental health clinics. The aim of the workshop was to teach therapists how to effectively treat PTSD related to terrorist attacks and combat experiences.

On August 2-5, **Drs. Foa and Elizabeth Hembree, PhD** conducted a 4-day intensive workshop in Atlanta to train 20 PTSD therapists from seven VA sites. The aim of the workshop was to teach these therapists how to treat Iraqi returnees with PTSD with Prolonged Exposure therapy, the treatment program that has been developed at the CTSA. Under a contract from the VA, Drs. Foa and Hembree will supervise these therapists in the coming year.

From October 5-18, the CTSA held a training program for five psychiatrists from Indonesia and four psychiatrists from Thailand on how to conduct effective treatment for PTSD and how to disseminate this knowledge to mental health professionals and para-professionals who work with Tsunami victims suffering from psychological problems from Tsunami-related experiences.

On November 5, **Dr. Foa** delivered a Keynote Address on "Dissemination of Effective Treatments for PTSD: Successes and Challenges" at the Annual Meeting of the International Society for Traumatic Stress Studies in Toronto.

**Martin Franklin, PhD** gave workshops on cognitive behavioral therapy for pediatric OCD at the national meeting of the OC Foundation in San Diego, CA in July, and gave a workshop at the annual meeting of the Association for Behavioral and Cognitive Therapies (ABCT) in Washington, DC in November.

**Martin Franklin, PhD** gave grand rounds lectures on pediatric OCD and trichotillomania this fall in Montefiore Medical Center's Department of Psychiatry, Columbia University's Department of Child and Adolescent Psychiatry, and in the Department of Psychiatry at the The Cooper Health System/Robert Wood Johnson Medical School/UMDNJ.

## Awards & Honors

### Departmental Honors

The *Albert Stunkard Faculty Recognition Award* is given annually to four faculty members who are outstanding teachers and mentors. The graduating resident class selects award winners who have significantly influenced their education and training. Named for Albert J. Stunkard, MD, Emeritus Professor of Psychiatry and former Chair of the Department, this award recognizes Dr. Stunkard's enormous contribution to the education, training, and support of Department housestaff. **Jeffrey Staab, MD, John O'Reardon, MD, Claudia Baldassano, MD, Sarah DeMichele, MD, and Alexandra McLean, MD** were awarded this honor in 2005.

The 2005 *PGY-3 & 4 Teaching Award* was awarded to **John O'Reardon, MD** and the 2005 *PGY-1 & 2 Teaching Award* was awarded to **James Stinnett, MD**. These awards were created to honor those individuals whom the residents believe were the most effective teachers of the academic year and exemplary in shaping their overall education.

**Ellen Berman, MD** was the 2005 recipient of the *Earl Bond Award*. Initiated by the efforts of Dr. William Peltz, this annual award is given to a Department member who has distinguished himself/herself for teaching at the medical student, resident and/or graduate level.

**Moira Rynn, MD** was awarded the 2005 *Martin P. Szuba Award for Excellence in Clinical Teaching and Research*. This award is presented annually to a Department faculty member with outstanding teaching abilities, ongoing clinical research, and a focus on translating research concepts into clinically useful teaching, all of which Dr. Szuba embodied in his work.

**B. Perry Ottenberg, MD** was the first recipient of the *Annual Award for Volunteer Faculty* which has been funded by a clinical faculty member. Dr. Ottenberg was honored for his almost 50 years in the Department "in gratitude for his long commitment to the growth and development of residents and students". The beautiful hand-calligraphed certificate was presented to Dr. Ottenberg by Dr. Evans.

**Maria-Paz Santibanez, MD** was presented with a certificate for completing a Post-Doctoral Fellowship in the Mood and Anxiety Disorders Section at the Department's Residency Graduation on June 17, 2005.

### School of Medicine & University Honors

**Henry Bleier, MD** has been awarded the *Provost's Award for Distinguished Teaching* for 2004-05. Only two of these awards are conferred each year by the University, one for the Health Sciences and one for the School of Arts and Sciences.

**Charles Dackis, MD** received the 2005 *Dean's Award for Excellence in Clinical Teaching (At An Affiliated Hospital)*. This award recognizes clinical teaching excellence and commitment to medical education by outstanding faculty members from affiliated hospitals in the University of Pennsylvania Health System.

**Karen Groff, MD** received a 2005 *Penn Pearls Teaching Award*. This award is given by the medical students to honor their best clinical teachers, both faculty and residents.

### National & International Honors

**Wendy Baer, MD** received the *Ginsburg Fellowship* award from the American Association of Directors of Psychiatric Residency Training (AADPRT) in March.

**Jacques Barber, PhD** has been appointed as fellow of the Society of Clinical Psychology (division 12 of the American Psychological Association).

The International Academy for Suicide Research presented the *Morselli Medal* to **Aaron T. Beck, MD** in October, 2005 in New York City. This award is for a lifetime of research in the field of suicide and is the highest honor given by the Academy. It is awarded every two years. **Dr. Beck** will also be the 2006 recipient of the *Adolf Meyer Award* at the American Psychiatric Association's Annual Meeting in May in Toronto. This award is the highest honor conferred by the APA.

**Stanley Caroff, MD** has been selected by the American Psychiatric Association Committee on Medical Student Education as a recipient of the *Nancy C.A. Roeske, M.D. Certificate of Recognition for Excellence in Medical Student Education*.

**Delane Casiano, MD** received a *Minority Fellowship* from the American Psychiatric Association. She will use her fellowship to develop a project looking at the shifting socioeconomic opportunities for African Americans and the resulting impact on their professional development, families, and children.

**Melissa Y. DeJesus, MD** was awarded a *Minority Medical Student Travel Scholarship* from the American Psychiatric Association to attend the APA's Annual Meeting in May 2005 in Atlanta, Georgia.

**Charles P. O'Brien, MD, PhD** received the *Edward J. Sachar Award in Biological Psychiatry* from Columbia University in December 2005. The Sachar Award honors individuals who have made extraordinary contributions to the field of psychiatric research, especially those with demonstrated or potential clinical applications, and stimulated and promoted the research careers of younger colleagues.

**David Oslin, MD** was presented with the *Caron Foundation Research Award*. The award honors individuals or groups that have made a difference in the areas of addiction education, awareness, or treatment.

**Albert J. Stunkard, MD** was awarded the *Gold Medal for Distinguished Academic Accomplishment* from Columbia University's College of Physicians and Surgeons, where he earned his medical degree in 1945. The medal, presented by Columbia's Alumni Association, is its highest honor in recognizing outstanding achievement.



## Research Highlights

The following sponsored research funding was received by departmental investigators during the period January 1, 2005 through December 31, 2005...

### NEW GRANTS

#### NIH

Name	Sponsor Description	Project Title
Amsterdam, Jay	NIH	Relapse Prevention of Bipolar Type II Disorder
Amsterdam, Jay	NIH	Chamomile Therapy for Generalized Anxiety Disorder
Arnold, Steven	NIH	Neurobiology of Dysbinoin in Schizophrenia and SDY Mouse
Aston-Jones, Gary	NIH	Alterations in Reward Processing During Drug Abstinence
Crits-Christoph, Paul	NIH	Combined Treatment for GAD
Fabricatore, Anthony	NIH	A Trial for Two Diets for Weight and Diabetes Management
Forman, Robert	NIH	Opioid Medications Without Prescriptions on the Internet
Gyulai, Laszlo	NIH	Acute Pharmacotherapy of Late Life Mania
Hughes-Halbert, Chanita	NIH	Multi-Dimensional Cultural Values
Hughes-Halbert, Chanita A.	NIH	West Phila Consortium to Address Disparaties
Lucki, Irwin	NIH	Regulation of Neurogenesis by Stress And Antidepressants
Mandell, David	NIH	Understanding the Delay in the Diagnosis of Autism
Metzger, David	NIH	Penn HIV Vaccine Trials Unit/HVTN 502 Funds
Sarwer, David	NIH	Changes in Sexual Function Following Bariatric Surgery

#### OTHER FEDERAL AGENCIES

Name	Sponsor Description	Project Title
Dinges, David	NSBRI	Minicog: A Portable and FAsT Assessment of Cognitive Functions
Dinges, David F.	Air Force	Effects of Cognitive Task Difficulty on Sleep-Wake Homeostasis
Katz, Ira	Department Of Veterans Affairs	Pilot Testing And Validation Of Changes To The Minimum Data Set For VA Nursing Homes

#### OTHER AGENCIES

Name	Sponsor Description	Project Title
Barber, Jacques	Children's Hospital Of Philadelphia	Primary Care Network For Adolescent Smoking Cessation
Beck, Aaron/Wenzel, Amy	American Foundation For Suicide Prevention	Predictors Of Suicide In Attempters And Ideators: A Prospective Study
Borgmann-Winter, Karin	NARSAD	Studies Of The Neuroprotective Effects Of Antipsychotics In Adolescent And Young Adult Psychosis
Brown, Gregory	Children's Hospital Of Philadelphia	Preventing Youth Suicide In Primary Care: A Family Model
Dinges, David	Mainway Services	Department Of Transportation
Dinges, David	American Transportation Research	Additional Analysis Of Fatigue Management Technologies Pilot Test Data

## Research Highlights

### NEW GRANTS

#### OTHER AGENCIES

Name	Sponsor Description	Project Title
Faith, Myles	Children's Hospital Of Philadelphia	Primary Care Obesity Prevention: One Vs Multiple Targets
Foa, Edna	Bar-Ilan University	Treating Terror Related PTSD In Adolescents
Gur, Raquel	NARSAD	Hippocampal Dysfunction In Early Schizophrenia
Hahn, Chang-Gyu	Stanley Foundation	Dysregulation Of Neuregulin 1-ERB4 Signaling In Postmortem Brains
Lerman, Caryn	Commonwealth Of PA	Improving Tobacco Dependence Treatment In Unserved Smokers
Markris, Angie	International Life Science Institute	The Effects Of Low And High Glycemic Index Foods And Protein On Glycemic Response And Food Intake
Moberg, Paul	NARSAD	Olfactory Dysfunction In Schizophrenia: A Model System To Investigate Aberrant Neurodevelopment
Wadden, Thomas	Children's Hospital Of Philadelphia	Behavioral And Pharmacologic Therapy Of Adolescent Obesity

### RENEWALS

#### NIH

Name	Sponsor Description	Project Title
Ferraro, Thomas	NIH	Quantitative Genetic Studies Of Seizures
Levinson, Douglas	NIH	Genetics Of Recurrent Early-Onset Depression
Woody, George	NIH	Delaware Valley Node Of The Clinical Trials Network

### CLINICAL TRIALS

Name	Sponsor Description	Project Title
Amsterdam, Jay	Eli Lilly And Company	Mild To Moderate Mania Associated With Bipolar I Disorder
Gur, Raquel	Merck & Co.	CLTR: Neurocognitive Deficits In Relation To Regional Brain Activation In Schizophrenia
Gyulai, Laszlo	Bristol-Myers Squibb Foundation	CLTR: A Multicenter, Randomized, Double-Blind, Placebo Controlled Study Of Aripiprazole In The Treatment Of Patients With Bipolar I Disorder With A Major Depressive Episode Long-Term Extension Phase
Katz, Ira R	Neurochem, Inc	A Phase III Study Of The Efficacy And Safety Of Alzhemed Inpatients With Mild To Moderate Alzheimer's Disease
Katz, Ira R	Wyeth-Ayerst Research	A Six Month Open Label Evaluation Of The Long-Term Safety Of Dvs-233 SR in Elderly Outpatients With Major Depressive Disorder
Rynn, Moira	Forest Laboratories	A Double Blind Flexible Dose Study of Escitalopram in Pediatric Patients with Major Depressive Disorder
Rynn, Moira	Astra Zeneca	A 26 Week, International, Multicenter, Open-Label IIIB Study Of The Safety and Tolerability of Quetiapine Fumarate Immediate-Release Tablets In Daily Doses Of 400 MG to 800 MG In Children and Adolescents With Bipolar 1 Disorder and Adolescents With Schizophrenia.
Wadden, Thomas	Amylin Pharm, Inc.	CLTR: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Dose-Ranging, Multicenter Study To Examine The Effects Of Pramlintide.
Wadden, Thomas	Merck & Co.	A Two Year Study To Assess The Effectiveness, Safety, and Tolerability Of L-000899055 In Obese Patients.

## Cornerstones

*In recognition of the significant contributions that our faculty & staff make to the Department Mission, Cornerstones is dedicated to highlighting their achievements and activities.*

### An Employee Snapshot Suzanne Dominick



#### A Fond Thank You

This fall, Suzanne Dominick looked forward to a December trip to Vienna and a cruise up the Danube, to events at the Walnut Street Theater and the Academy of Music, to helping her youngest daughter get situated in a new house, and to spending even more time with her two daughters, son, and 10 grandchildren.

After 22 years of dedicated work as the Patient Service Representative in the Department's Outpatient Center, Suzanne retired on October 28 and began a new phase of her life. It's a well-earned change, coming after a lifetime of working and raising a family.

Suzanne's position - where she checked patients in and out, scheduled patient appointments, and shouldered a host of other responsibilities that all add up to "command central" - was markedly different from her earlier employment. For 20 years, she worked for a general contractor where she could "see a building rise from a hole in the ground to the final product." She learned how to do cost estimates, and it was her job to go to the bid site, call in the final number, and wait for the results. "It was exciting to wait for the bids to be read," she recalls, "and great if you were the low bidder. You always hoped you and the second bidder were reasonably close in numbers or one of us had made a mistake." Following this position, Suzanne worked for an insurance company for seven years, before coming to the Department to the first and only position she applied for.

For Suzanne, working in the Department was "a great experience" and she is grateful for the opportunity to be part of "a great place." The memories are good ones. She says she will miss "all the people she worked with, and even some of the patients. It has been fun to watch the various groups of doctors come and go. Some meet while here, marry, and have children. Others go on to greater fame and glory."

Suzanne keeps her mental images of the Outpatient Center with her, and she has some visual reminders, too, documenting the movement of the clinic from 9 Gates, to 36th and Walnut, to 3600 Market Street, to its current location on the second floor of 3535 Market Street. "I have kept photo albums in the chart room from 9 Gates forward, and it's fun to go back and look at old pictures."

All of us in the Department wish Suzanne well as she embarks on her new journey, and we all thank her for all of her hard work and efforts.



*Suzanne Dominick*

Please write to let us know about staff awards, initiatives or committee work that may not be captured in other areas of the newsletter: Tina Callaghan, [tinac2@mail.med.upenn.edu](mailto:tinac2@mail.med.upenn.edu)

## Alicia Maria Conill, MD - Profile of a Member of the Department's Voluntary Faculty and the Conill Institute for Chronic Illness

EACH ISSUE, PENN PSYCHIATRY PERSPECTIVE PROFILES A MEMBER OF THE DEPARTMENT'S VOLUNTARY FACULTY, EACH NOTABLE FOR HIS OR HER CAREER ACHIEVEMENTS AND EXCEPTIONAL SERVICE TO THE DEPARTMENT.

**Alicia Marie Conill, MD** has led a life marked by reversals of fortune.

As a three-year old, she was spirited out of Castro's Cuba by her mother and maternal grandparents to begin a new life in America.

Receiving her baccalaureate, master's, and medical degrees from Georgetown University and trained as an internist at Mount Sinai Medical Center in New York, she is now a Clinical Associate Professor of Psychiatry.

As a child, her life was altered by the prospects of political and economic injustice in her native land. As an adult, her life and career have been involuntarily rearranged by the effects of an implacable disease -- multiple sclerosis.

A committed physician deeply devoted to her patients, Dr. Conill was forced to give up her practice and is now a nationally respected educator and advocate, helping health care providers better understand the needs and special circumstances of the chronically ill.

Dr. Conill experienced the first signs of MS in 1986, shortly before coming to Penn. Her illness progressively worsened, even as she earned appointment as Assistant Professor of Medicine in 1988 and built a flourishing clinical practice with several thousand patients. "Seeing patients was my heartsong," she says. "I practiced medicine the old-fashioned way, with a focus on the well-being of the patient, not on the dollars or numbers." To her dismay, MS eventually limited her ability to care for patients, and she ended her direct clinical activities in 1995.

To reveal her thoughts about what was happening to her, Dr. Conill turned to writing poetry for the first time, "taking snippets of my experience in small bites." Between 1995 and 1997, she penned 150 pieces which, though unpublished, remain in a bound volume in her possession.



*Alicia Maria Conill, MD*

***There are certain things  
you just cannot do when  
your legs don't work***

***no adaptation,  
acquiescence,  
ambition,  
accommodation,  
acceptance,  
anger  
can alter that***

***who ever said  
things would  
be fair?***

Dr. Conill was only six when she first decided that she wanted to become a doctor, and now disease had taken that from her. At about the same time, her stepfather - who had formally adopted her and was the only father she really knew - died and she and her romantic partner separated. She fell into a deep depression, even contemplating suicide.

With medication, therapy, and solid family support, Dr. Conill emerged from her depression, and now faced an equally daunting challenge - what to do? She could have become a passive spectator in life. But, with her mother strongly behind her, she chose a rigorous path.

In 1997, Dr. Conill, drawing on the inheritance from her father, founded the non-profit Conill Institute for Chronic Illness to create educational programs for people living with chronic illness and for those who care for and about them. The Institute offers health care providers, and providers in training, a window to the daily experiences of the 54 million Americans living with some level of physical or mental disability. Imparting this understanding is not commonly part of formal medical education and training. Writing in the *Journal of the American Medical Association* in 1998,

*(continued on page 13)*

## Alicia Maria Conill, MD - Profile of a Member of the Department's Voluntary Faculty and the Conill Institute for Chronic Illness

(continued from page 12)

Dr. Conill described this omission as only one could who saw the world from both sides, "It was not until I myself became a patient facing the diagnosis of a chronic, unpredictable disease, multiple sclerosis, that I finally understood."

The Conill Institute began as a completely independent entity, which it remains, but it has since found a welcoming organizational home in the Department of Psychiatry. Dr. Conill's positive interactions over the years with Jody Foster, MD, Albert Stunkard, MD, and Anthony Rostain, MD persuaded her that Psychiatry might afford a good environment for the Institute. Dwight Evans, MD was enthusiastic about the idea, and the Conill Institute is now firmly under the Psychiatry umbrella. The disciplinary jump from internal medicine to psychiatry was not as great as one might imagine. Dr. Conill notes that "general medicine has a psychiatric bent to it. Primary care physicians see many patients dealing with depression and serious life changes."

In the nine years since its founding, the Conill Institute has designed educational programs and training curricula for diverse institutions, including Lucent Technologies, the Villanova University College of Nursing, and the Penn School of Medicine. Hundreds of corporate employees and nursing and medical students have participated in the Institute's signature program - the Disability Experience. In this program, able-bodied providers or providers-in-training role play as individuals with disabilities, right down to confinement in wheel chairs and implementation of other physical restraints.

At Penn, all second-year medical students are required to undergo a four-hour "wheelchair experience" as part of the "doctoring" course, after which they submit a one-page paper describing their reactions. "Many who were resistant to taking part in the exercise," says Dr. Conill, "express very powerful

feelings in their subsequent written assignment." A major future goal for the Institute is to convince other medical schools and health care training institutions to incorporate similar programs into their curricula, to "train the trainers" about the physical and emotional barriers that people with disabilities encounter daily. A related goal is to develop a measurement tool to gauge whether such programs make a difference in how providers actually practice.

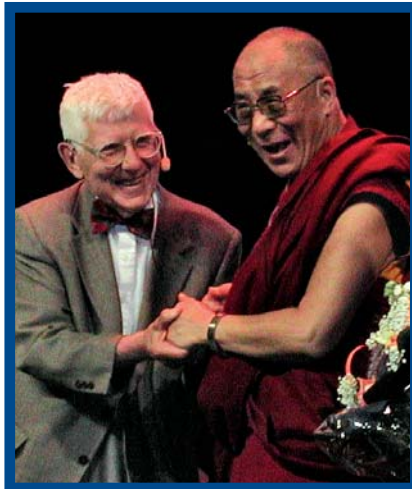
Dr. Conill and the Conill Institute have earned national recognition. Dr. Conill is the recipient of the National Multiple Sclerosis Society's Achievement Award and the Health Care Heroes Award of the *Philadelphia Business Journal*. But when asked whether her work as the CEO of the Institute can ever supplant caring for patients, Dr. Conill does not hesitate in her reply, "Absolutely not." A decade has passed since she closed her practice, but she says that "building a practice in medicine is still my highest professional achievement. I am proud of the way I took care of my patients." And they have been equally loyal, as many continue to keep in touch with her.

In a larger sense, Dr. Conill's new-found calling is a direct extension of her career as a practitioner of the healing arts. "The time has come," she wrote in the JAMA commentary, "for physicians in training to learn about living with a disability," and it is this mission that the Conill Institute faithfully performs. With perseverance, talent, and courage, Dr. Conill has brought together her personal and professional lives to assist those suffering from chronic illness. "My highest personal achievement has been being able to disclose - while never accepting -- my situation, without feeling ashamed of it. I've worked very hard through therapy and reading where I can disclose what my life is like in a way that helps others."

# Faculty Spotlight

## Aaron T. Beck, MD

A Sage Publications series - *Key Figures in Counselling and Psychotherapy* - recounts the lives and contributions of ten leading innovators in twentieth-century psychiatry and psychology. One of those featured is **Aaron ("Tim") T. Beck, MD**, University Professor Emeritus of Psychiatry and a member of the Department since 1954.



*Aaron T. Beck, MD and  
The Dalai Lama (Sweden, 2005)*

disorders. The founder of Cognitive Therapy (CT), the fastest growing psychotherapy in the world, Dr. Beck successfully translated his understanding of the psychological impact of cognitive distortions into a practical therapy to improve the lives of those afflicted with mental illness.

Dr. Beck earned a BA from Brown University and an MD from Yale University, before residency training in pathology and psychiatry, and briefly in neurology. His fellowship in psychiatry at the Austen Riggs Center in Stockbridge, Massachusetts from 1950 to 1952 launched his lifelong interest in psychotherapy.

Dr. Beck entered psychiatry in an era when psychoanalytic theories dominated the discipline. These theories held that unconscious motivation, unknowable to the subject without the aid of a trained psychoanalyst, was the principal source of mental and behavioral disorders. In the late 1950's and early 1960s, Dr. Beck set out to confirm several psychoanalytic hypotheses by exploring the dreams of depressed patients. Instead, his clinical observations and planned experiments led him in a very different direction, toward a recognition that cognitive distortions or dysfunctional beliefs, discoverable by patients and therapists working together, might hold the key to treating mental illness.

Another of the elite ten is Sigmund Freud - pretty select company for a fellow faculty member.

Dr. Beck, author of over 500 articles and 17 books, is acknowledged internationally as a pioneer in identifying the role played by an individual's self-perceptions - or cognition - in mental

Adopting research techniques and methodologies commonly used by experimental psychologists, Dr. Beck published a series of papers between 1962 and 1964 that formed the basis for the theory and practice of CT. He first reported the value of CT for treating depression, later demonstrating its application in treating emotional disorders; anxiety and panic disorders including post-traumatic stress disorder and phobias; discord among couples; personality disorders; substance abuse; anger and hostility; bipolar disorder; chronic pain; and suicidality. CT has also been shown to treat other psychiatric and medical maladies, including eating disorders.

CT is revolutionary in concept and practice, fostering in patients a level of control and self-reliance often not encouraged by other psychotherapies. In collaboration with their therapists, patients take an active role in ameliorating their illness by first recognizing and then changing their negative self-perceptions. In today's language, CT "empowers" patients to take personal responsibility for their recovery.

Dr. Beck's research has also helped physicians and scientists better understand the root causes of mental illness - its psychopathology. His work has also led to the development of widely adopted techniques to assess the severity of various disorders, including the Depression Inventory, Anxiety Inventory, Hopelessness Scale, Suicide Intent Scale, and Cognitive Insight Scale.

Dr. Beck's contributions have transcended the disciplinary boundaries too often separating psychiatry, psychology, neurology, medicine, and biology, unifying insights gained from each of these fields into an integrative therapeutic strategy. The breadth of Dr. Beck's honors reflects the scope of his intellectual reach. Dr. Beck is the only psychiatrist to receive research awards from both the American Psychological Association and the American Psychiatric Association, and he has been elected a Member of the Institute of Medicine of the National Academy of Sciences, showing, in his words, that CT is "recognized as a legitimate discipline in the whole range of medical specialties."

Much of the power of Dr. Beck's work derives from the simple fact that CT works, founded on meticulous empirical testing and research. Fashioning a psychotherapeutic strategy based on actual data was a novel approach at the time Dr. Beck was developing his initial breakthroughs, and a considerable challenge. As he explains the sequence, "Initially, I would get my ideas from observations of patients. The first big challenge was to convert these rather crude and raw data into

*(continued on page 17)*

## The Annenberg Adolescent Mental Health Initiative (AMHI)

It is estimated that one in five youths in the United States suffers from a current developmental, emotional, or behavioral problem, but many young people who experience mental health disorders are neither adequately diagnosed nor treated.

Faced with this virtually unrecognized public health crisis, Kathleen Hall Jamieson, PhD, former Dean of the Annenberg School for Communication and now Director of the Annenberg Foundation Trust at Sunnylands and the Walter and Leonore Annenberg Director of the Annenberg Public Policy Center at Penn, enlisted Dwight L. Evans, MD, Ruth Meltzer Professor and Chair of Psychiatry, and Martin E.P. Seligman, PhD, Fox Leadership Professor of Psychology, to lead a national effort to educate mental health professionals and the lay public about the treatment and prevention of mental health disorders in adolescents.

The result has been the Adolescent Mental Health Initiative (AMHI). It is funded by the Annenberg Foundation Trust at Sunnylands, made possible by the generosity and vision of Ambassadors Walter and Leonore Annenberg. The project is administered through the Annenberg Public Policy Center in partnership with the Oxford University Press.

The AMHI was officially launched in 2003 when seven scholarly commissions made up of over 150 leading psychiatrists and psychologists from around the country were convened in Philadelphia and New York. Six commissions were charged with assessing the state of scientific research on those mental disorders typically first occurring between the ages of 10 and 22 - anxiety, schizophrenia, substance and alcohol abuse, depression and bipolar disorder, eating disorders, and suicide. The seventh commission focused on achieving positive youth development.

Besides Drs. Evans, Department of Psychiatry faculty members Edna B. Foa, PhD, Raquel Gur, MD, PhD, and Charles P. O'Brien, MD, PhD each chaired the commissions in their respective areas of expertise. In all, 19 members of the Department served as commission members.

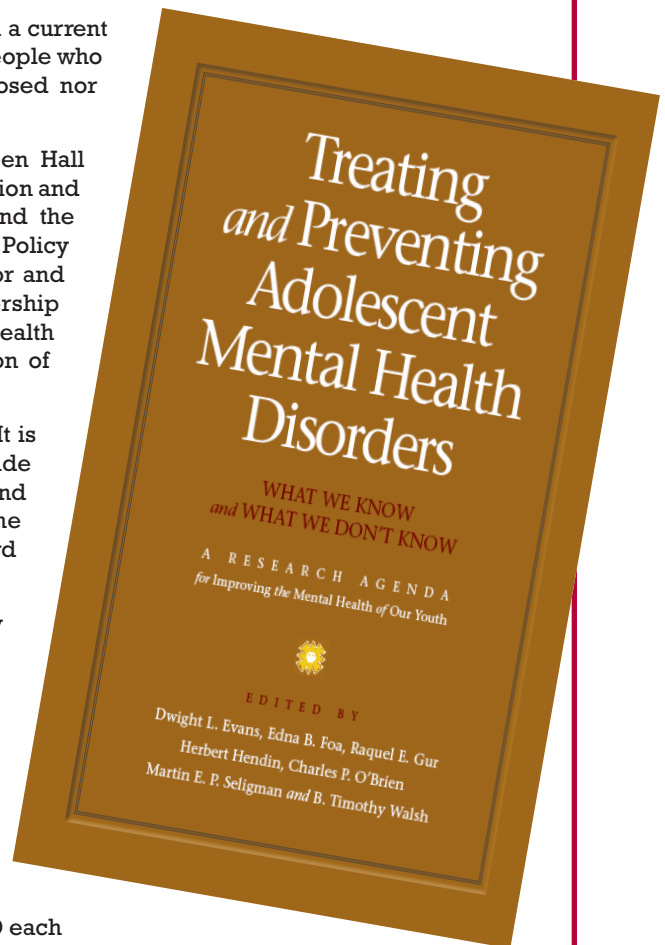
The AMHI has already delivered the first of three planned products. In 2005, Oxford University Press, with the Annenberg Foundation, published *Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know*. Based on the work of the seven commissions and intended for both professionals and non-professionals, this volume describes the most common adolescent mental health disorders and presents the most promising treatments, prevention strategies, and research directions for each.

The second prong of the AMHI's effort is a series of books designed primarily for parents of adolescents with specific mental health disorders. Two volumes have been completed - on depression/bipolar disorder and on eating disorders - and two additional books are scheduled for publication in 2006 -- on anxiety disorders and on schizophrenia.

The third planned product consists of a second series of books, targeted for adolescent readers themselves and written by individuals who suffered mental health disorders during adolescence.

Penn's President Amy Gutman has praised the AMHI as an impressive interdisciplinary collaboration demonstrating the reality of faculty engagement at Penn, and reflecting well the ambitions of the Penn Compact.

The Annenberg Adolescent Mental Health Initiative is covering all bases in getting out the latest word on adolescent mental health issues - reaching out to professionals, parents, and the young people in need of help. Up until now, there has been more dark than light in this corner of the medical world. With strong leadership from the University of Pennsylvania and the Department of Psychiatry, the shadows are beginning to lift.



## Center for Mental Health Policy and Services Research (CMHPSR)

A recent study from the National Institutes of Health (NIH) reports that many Americans who require treatment for mental illness are not receiving it. This somber conclusion was not news to the researchers in the Department's Center for Mental Health Policy and Services Research (CMHPSR), who have spent much of the last 20 years examining and trying to rectify this stubborn reality.

Established in 1986, the CMHPSR's primary objective is "to improve the access and quality of care for people with serious mental illness," says its founder and Director Trevor R. Hadley, PhD, Professor of Psychology in Psychiatry. The Center does this through multidisciplinary research and by direct action, and often a combination of the two. By studying the organization, financing, and management structure of mental health care delivery systems, Center faculty and staff gain the knowledge needed to advise on how to improve these systems.

The Center's core group of 12 faculty, most in the Department of Psychiatry, are physically located at the Center's offices at 3535 Market Street. They carry out the Center's principal functions, which include research, service, and training graduate (PhD) students, residents and post-doctoral fellows. Fourteen Associated Faculty are located off-site, most affiliated with other departments in the University and with community agencies. The Center's 20 professional staff members contribute administrative and information technology support, program and grants management, research assistance, and data and technical analysis.

Dr. Hadley emphasizes the Center's work with community mental health care agencies. This initiative, begun five years ago, has resulted in University-sanctioned relationships with four private non-profit organizations, all affiliated with the Philadelphia public health system - Horizon House, Inc., Mental Health Association of Southeastern Pennsylvania (MHASEPA), Hall-Mercer Community Mental Health and Mental Retardation Center (at Pennsylvania Hospital), and Community Council Mental Health Center. The success of these joint collaborations has encouraged other community organizations to seek relationships with the CMHPSR.

The community collaboration model benefits all parties. The Center tries out its mental health intervention protocols in the agencies, and the agencies deliver these high quality programs to their clients. Center faculty, students, residents, other trainees gain the opportunity to conduct research and to learn in "real-world" settings, while agency personnel, in turn, effectively receive continuing education at no cost. And this successful collaborative model also opens up new funding possibilities for both the Center and the partnering agencies.

Three community-centered projects illustrate the breadth of the collaborative model. In partnership with Horizon House and MHASEPA, Mark Salzer, PhD, Assistant Professor of Psychology in Psychiatry, directs the UPenn Collaborative on Community Integration: The Rehabilitation Research and Training Center Promoting Community Integration of Individuals with Psychiatric Disabilities, which helps individuals with psychiatric disabilities live in the community. The project is funded by the National Institute on Disability and Rehabilitation Research.

Dr. Hadley serves as Principal Investigator of a research effort designed to understand and reduce treatment disparities for severely mentally ill African Americans. Known as the Mental Health Disparities Initiative and funded by the Commonwealth of Pennsylvania, the Initiative is being implemented in partnership with four community mental health agencies, Philadelphia's behavioral health care system, and with Lincoln University. Focused on the differences in the pharmacology for Caucasians and African Americans, the project uses an automated prescription system to increase the quality of care and the likelihood patients will adhere to prescribed treatment plans.

Another community-oriented effort is recommending ways to reduce the incidence of HIV/AIDS among substance-abusing individuals with severe mental illness. Michael B. Blank, PhD, Assistant Professor of Psychology in Psychiatry, is the Principal Investigator of this research and interventional project, which is funded by National Institute on Drug Abuse. A related project, funded by the National Institute of Nursing Research, is developing a services model to improve HIV treatment outcomes by integrating the work of nurses and case managers.

The Center's interactions reach far beyond the Philadelphia region. Dr. Hadley notes that Center faculty help state and local governments to assess and transform their mental health care delivery systems, including those in Pennsylvania, Georgia, New York, Ohio, and Delaware. The Delaware connection, known as the Delaware Evaluation and Research Institute, is led by



*Trevor R. Hadley, PhD*

*(continued on page 17)*



## Center for Mental Health Policy and Services Research (CMHPSR) *(continued from page 16)*

Principal Investigator Cynthia Zubritsky, PhD The Institute's ultimate goal is to assist Delaware's Division of Substance Abuse and Mental Health to elevate its service performance.

The Center also looks inward to the Department and University campus for collaborators. Clinical research interactions with faculty in the Department - such as with Aaron T. Beck, MD and Paul F. Crits-Christoph, PhD - are important for helping determine the best means for delivering state-of-the-art psychotherapy to patients. Other departmental collaborations occur with Ira R. Katz, MD, PhD and the Section on Geriatric Psychiatry. The Center also maintains joint programs with the School of Policy and Practice (formerly the School of Social Work), the Graduate School of Education, and the Leonard Davis Institute of Health Economics at the University, as well as with Children's Hospital of Philadelphia.

Surveying the current landscape, Dr. Hadley points to recent national declines in state funding for mental health care as a critical issue. "The emergence of managed care has made it more difficult to support mental health care, but the state cuts have had a particularly adverse impact on the ability to treat those afflicted with serious mental illness, because state budgets are the primary funders of long-term mental health care," he says. But all is not bleak, especially locally. Dr. Hadley underscores that Philadelphia and Pennsylvania are "much less battered than other places. In fact, Philadelphia may well have the best mental health services in the United States, owing in large measure to the good support provided by the last three mayors."

Looking to the Center's future priorities, Dr. Hadley says that the CMHPSR is increasingly targeting multi-system interventions, involving both mental health and selected social and medical care delivery systems. The linkage among serious mental illness, poverty, and co-occurring medical disorders, most particularly HIV/AIDS, is also emerging as an important area of inquiry. Another focus will be on improving the quality of mental health care delivered to patients. "In the past," Dr. Hadley says, "most of the attention was on patient access to care. We now need to focus on improving the quality of care." As the Center for Mental Health Policy and Services Research approaches its 20th anniversary, it will continue to play a major regional and national role in these and other endeavors.

## Faculty Spotlight: Aaron T. Beck, MD *(continued from page 14)*

hypotheses that could be researched. This required, in brief, the development of measures of the particular disorder I was studying (for example, depression) and then measures of the specific variables supposedly associated with depression (negative view of the self, experience, and the future). Eventually, the appropriate tests were carried out, the hypotheses were confirmed, and then I had to wait and see whether other independent investigators would validate my findings." More often than not, they did.

Today, Dr. Beck is actively working on several projects, carried out in the Department's Psychopathology Research Unit and in the independent Beck Institute of Cognitive Therapy. One concerns the application of CT, with and without drug therapy, for treating patients with schizophrenia and other psychotic disorders. Another involves a controlled clinical trial of CT with patients with borderline personality disorder.

Another current focus of Dr. Beck and his team is the National Institute of Mental Health-funded Suicide Prevention Center, one of only three such centers in the United States devoted solely to suicide prevention. Building upon a lifetime of thinking and data analysis, Dr. Beck and

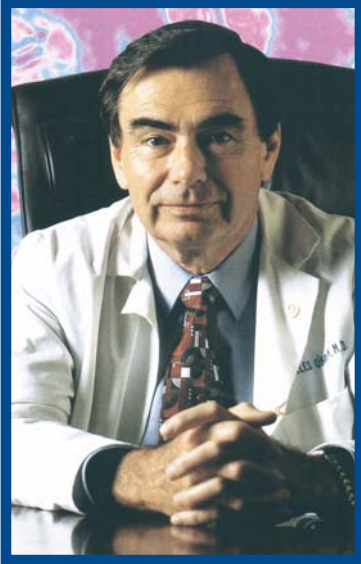
his colleagues report in a paper published in the *Journal of the American Medical Association* that a brief 10-session intervention with CT was successful in reducing reattempts at suicide by about 50 percent in individuals who had recently made suicide attempts. CT appears to decrease the sense of hopelessness among patients, which Dr. Beck's research has shown to be a critical factor in suicidality.

CT has proven its worth in dealing with virtually every mental and behavioral disorder, and beyond. "I do believe that cognitive distortions and dysfunctional beliefs are endemic to most domains," says Dr. Beck, "for example, employer-employee relationships, lawyer-judge relationships, and even between conflicting ethnic and national groups. My volume *Prisoners of Hate* has already been used as a guide for resolving ethnic conflict in Northern Ireland and Lebanon and also in various negotiations between member states in the European Union."

The limits of the applicability of CT are yet unknown, but if Dr. Beck's life's work and research principles remain a steady guide, creative reasoning backed by empirical testing and analysis will supply the answers.

# PROGRAM HIGHLIGHTS...

## The Charles O'Brien Center for Addiction Treatment



Charles P. O'Brien, MD., PhD

For over thirty years, the Department of Psychiatry has been a leading contributor to research on the causes, progression, and treatment of addictive illness. Penn researchers and clinicians investigating the destructive impact of addictive disorders have treated and studied thousands of patients at the Penn/VA Center for Studies of Addiction, the Treatment Research Center, and the Health System's clinical facilities.

The collective expertise of the Penn team is now being channeled into a new clinical center for those who suffer from addictive illness - the **Charles O'Brien Center for Addiction Treatment**. Named in honor of Charles P. O'Brien, MD, PhD, Vice Chair of Psychiatry and a Department faculty member for almost 35 years, the Center offers clinical programs for individuals, 14 years and older, who are addicted to alcohol, heroin, painkillers, cocaine, methamphetamine, nicotine, sedatives, marijuana, and club drugs, such as ecstasy. The new Center has a solely clinical focus.

Dr. O'Brien, one of the world's leading researchers on the psychopharmacology of addiction, has been the founder and inspiration for virtually every addiction program in the Department since he first came to Penn in 1971. The Department's national and international reputation in addiction research and treatment derives from his work and that of the team he has assembled over the years. The Center's name is an appropriate accolade to his lifetime of service.

"I am, of course, very pleased that we are offering a new clinical program that incorporates all of our latest research findings," Dr. O'Brien says. "There is no doubt that we can obtain better treatment outcomes for our patients by using a data-driven, evidence-based approach." As for having the Center named for him, he adds, "I'm both flattered and embarrassed by the name because all of our research over the past 34 years has been a team effort. I have been very fortunate to be blessed with wonderful colleagues who have remained with me for decades." One of those colleagues is Charles Dackis, MD, who will direct the O'Brien Center. Dr.

Dackis is also Chief of Psychiatry at Penn-Presbyterian, and nationally renowned for his work on the pharmacology and neurobiology of cocaine addiction.

Dr. Dackis explains that while addictive disorders "cannot be cured and must be viewed as chronic, they are treatable. The goal is to move patients into a recovery mode and to prevent any 'slip' from becoming a full relapse." This is a demanding task. Each addictive substance has its unique way of affecting the individual, a process well-illustrated by cocaine addiction. Because cocaine, as many addictive substances, targets the reward centers of the brain, this addiction "takes on the strength and character of a primary survival drive." Additionally, as Drs. Dackis and O'Brien wrote in the *Journal of Substance Abuse Treatment*, "Since the use of cocaine is intensely pleasurable, cocaine-addicted individuals are often ambivalent about the recovery process." Basic human instincts for survival and pleasure must be overcome in treating cocaine addiction, no small feat.

To get patients into a sustained recovery mode, the O'Brien Center employs a full spectrum of state-of-the-art drug treatments that are fully integrated with intensive psychotherapy. In recent years, the array of drugs available to treat addiction has expanded significantly, and O'Brien Center clinicians are expert and qualified in their application. As just one example, buprenorphine is a major advance over methadone in the treatment of opiate addictions such as from pain killers and heroin. Buprenorphine can be safely administered in an office setting, may be taken on a flexible dosing schedule compared to daily methadone treatments, and carries almost no danger of overdose. And buprenorphine is only one weapon in an expanding arsenal.

But because the neurobiological underpinnings of addiction are so potent, pharmacotherapy alone is not sufficient. Tracy Steen, PhD, a clinical psychologist who is Clinical Director of the Center, says that a range of psychotherapies are employed to keep patients from relapsing once recovery is initiated. Cognitive behavioral therapy (CBT), motivational enhancement therapy (MET), and confrontational therapies, among others, are all utilized in individual, group, and family settings to help patients develop a suitable mental armor for resisting the inevitable urge to return to substance abuse.

The O'Brien Center clinical team, led by Drs. Dackis, Steen, Medical Director Kyle Kampman, MD, and a seasoned team of distinguished clinicians, meets weekly to evaluate patients and establish treatment plans tailored for the precise needs of each patient. Each plan is based on a comprehensive medical, psychiatric, and

(continued on page 20)

## Introducing the Residents' Class of 2009

The Department of Psychiatry welcomes the class of 2009 (pictured below) to the residency training program. The current class of interns in psychiatry was chosen from 476 applicants of whom only 89 were actually ranked. These 10 individuals are extremely talented young doctors who were in the top of their medical school classes and who demonstrated a strong commitment to the field as well as great leadership potential. They have shown themselves to be very fine house officers, eager to learn and dedicated to providing outstanding clinical care to their patients. This year's recruitment efforts began on November 1 and continued until January 31, 2006.



**Kate Blumner, MD MPH**  
University of Pennsylvania



**Sarah Matthews, MD**  
Univ of Medicine &  
Dentistry of NJ



**Ryan Connolly, MD, MS**  
Temple University



**Melissa DeJesus, MD**  
University of Pennsylvania



**Samar Jasser, MD**  
Jefferson University



**Mee Park, MD**  
State University of  
New York



**Ben Pumphrey, MD**  
University of Virginia



**Regina Szucsw, MD PhD**  
University of Texas



**Donald Tavakoli, MD**  
New York University



**Karen Unis, MD**  
Northwestern University

## Resident Activities by Geoffrey Neimark, MD

The Department's "big sibling" program is back by popular demand, which pairs first- and second-year residents, facilitates the interns' transition into the residency, and allows second-years to function in the role of mentors and educators. Departmental sponsored social gatherings are scheduled in order to encourage both intra- and inter- class socialization.

The first year of training continues to offer exciting clinical opportunities including medicine rotations at HUP, Pennsylvania, and the VA hospitals as well as an emergency medicine rotation in Pennsylvania Hospital's emergency room. This year's intern class will rotate on an inpatient neurology service at Pennsylvania Hospital, in addition to their experience on the consultation/liaison service at the University of Pennsylvania.

*(continued on page 20)*

## Resident Activities

*(continued from page 19)*

Second-year residents Jin Joo, Pilar Christancho, and Glenda Davis have begun work in the Clinical Research Scholars Program, an NIMH-funded program that allows for protected research time during which residents pursue a research project with a Penn faculty member.

Inpatient psychiatric training at HUP and affiliate sites continues to function as the mainstay of the first two years of training. This year the consultation/liaison service has been joined by Robert Weinrieb, MD, who has spearheaded the effort to create a combined C&L and emergency psychiatry service. In other developments, the family therapy faculty, Ellen Berman, MD and Robert Garfield, MD, have joined the year-long interviewing course for the first-years. Second-year residents are now actively participating in group therapy sessions on Founders 11 and have started their own reading group.

On the outpatient side, residents are exposed to a broad array of clinical experiences, from a community psychiatry clinic at Horizon House to the Southeast Asian clinic at Hall Mercer. Third-year residents are exposed to child and adolescent psychiatry at the Children's Hospital outpatient clinic, while experience treating patients with substance abuse disorders is acquired at the Philadelphia Veterans Administration Medical Center addiction recovery unit.

Residents' experiences with psychotherapy have been enhanced by the creation of the psychotherapy track which is now in its second year. The track is designed for third- and fourth-year residents and features lectures and the opportunity for additional supervision. Additionally, the second year of the Women's' Mental Health Lecture Series will see presentations on topics ranging from gender differences in the brain to substance abuse in women. In addition, a movie club in which residents and faculty view and discuss movies germane to psychiatry is up and going.

## The Charles O'Brien Center for Addiction Treatment *(continued from page 18)*

psychosocial evaluation. The O'Brien Center team also employs its knowledge of psychiatric disorders which may accompany addictive illness, coordinating addiction treatment with treatment of co-occurring psychiatric disorders, when present.

The Center is able to customize treatment plans for each patient, and to care for each patient with the highest respect, confidentiality, anonymity, and discretion.

When asked what sets the O'Brien Center apart from other addiction treatment centers, Dr. Dackis replies simply, "We will offer the best treatment in the country." Based on almost four decades of path-breaking research and clinical care in addictions and the guiding work of the man for whom the Center is named, no less a goal would be worthy, or expected.

## Resident Teaching Initiatives

### Addictions Rotation

PGY-3 residents see patients with addictions diagnoses at the VA Medical Center for a six-month period. John Listerud, MD supervises the regular clinical encounters and physicians from the Addictions Recovery Unit, Treatment Research Center, and the Methadone Maintenance Program are also involved. Any faculty interested in participating, please contact Geoffrey Neimark, MD.

Contact Phone #: (215) 746-7218

E-mail: geoffrey.neimark@uphs.upenn.edu

### Psychiatric Emergency Evaluation Center (PEEC) Curriculum

The curriculum for residents rotating through the Psychiatric Emergency Evaluation Center (PEEC) at the Hospital of the University of Pennsylvania (HUP) includes all major topics in emergency psychiatry, such as interviewing skills, substance abuse, depression, and safety issues. Contact Matthew Hurford, MD for further details.

Contact Phone #: (215) 746-7214

E-mail: matthew.hurford@uphs.upenn.edu

### Psychotherapy Track

This elective, for PGY-3 and -4 residents, focuses on the range of current psychotherapies. Residents will see psychotherapy cases, receive additional supervision, attend a weekly didactic session to review psychotherapy cases and issues in depth, and develop an academic project in the PGY-4 about psychotherapy. Please contact Richard Summers, MD if you are interested.

Contact Phone #: (215) 746-7213

E-mail: summersr@mail.med.upenn.edu

### Community Psychiatry Track

This is the third year of the community psychiatry track for residents. The track consists of monthly dinners with various professionals and consumers in the mental health community. In addition, individual mentoring about careers in academic community psychiatry enrich the experience. All residents are welcome to attend! Contact Matthew Hurford, MD if you would like to participate.

Contact Phone #: (215) 746-7214

E-mail: matthew.hurford@uphs.upenn.edu

### PGY-1 Interviewing Course

The PGY-1 interviewing course is designed for interns to learn about the theory and practice of individual and family psychiatric interviewing by performing live interviews in front of faculty. We are in need of additional faculty members to help lead the individual interviewing portion of this course which takes place on the first two Mondays of each block. Faculty need only sign up for one block (i.e., two Mondays). Any interested faculty member should contact Matthew Hurford, MD (Inpatient Chief Resident).

Contact Phone #: (215) 746-7214

E-mail: matthew.hurford@uphs.upenn.edu

### Movie Club

Residents are gathering on a monthly basis for dinner and a movie! Each month a different faculty member attends to participate in the lively review of a movie selected because of its relevance to clinical psychiatry. This year Dhvani Shah is organizing the movie list, so if you have an addition, please contact him.

Contact Phone #: (215) 746-7236

E-mail: dhwani.shah@uphs.upenn.edu



*Matthew Hurford, MD, Geoffrey Neimark, MD and Hanita Sawhey, MD*

## Reception for James L. Stinnett, MD



*James L. Stinnett, MD*

On June 7, a reception was held to honor James L. Stinnett, MD on the occasion of his retirement as Director of the Psychiatry Consultation/Liaison Service at HUP. Dr. Stinnett's family, friends, and many of Jim's colleagues - physicians he once taught or mentored, residents, and medical students - were in attendance.

In his opening remarks, Chair Dwight L. Evans, MD saluted Dr. Stinnett for his devotion to Penn for 44 years and his uncommon service and leadership. Albert J. Stunkard, MD provided a historical perspective on Dr. Stinnett's career at Penn, Mary Morrison, MD, Chair of the Stinnett Portrait Fund Committee, reported on the success of the fundraising, and Anthony L. Rostain, MD praised Dr. Stinnett's invaluable



*Carol and Jim Stinnett*

mentoring and educational contributions. Matthew Hurford, MD (Inpatient Chief Resident) talked about his personal experiences of having Dr. Stinnett as a mentor. In closing, Dr. Evans told Dr. Stinnett that there would always be a place for him in the Department, and presented him with a University of Pennsylvania chair.



Dr. Stinnett has received many awards for teaching, service, and clinical excellence. He is a

beloved colleague and extraordinary physician-scholar and educator, a true "doctor's doctor" and a "teacher's teacher". Dr. Stinnett's portrait, which has been commissioned, will be a permanent recognition of his extraordinary contributions to the University, School of Medicine, HUP, the Department, and the discipline of psychiatry.

Dr. Stinnett will be greatly missed in his full-time role, but he will continue to be on campus and to teach in the Department. We all thank him for being a physician and role model for generations of students, and for a job extremely well done.



*Moira Rynn, MD and Jim*

## EVENTS SCHEDULE: SAVE THESE DATES...

January	S	M	T	W	Th	F	Sa
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June	S	M	T	W	Th	F	Sa
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### January

12 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm at Reunion Hall, John Morgan Building.

**Anthony Rostain, MD, MA**, Associate Professor of Psychiatry and Director of Education, Department of Psychiatry, UPenn School of Medicine.

**"Adult ADHD: Current Models for Diagnosis and Treatment"**

26 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.

**Wayne Goodman, MD**, Professor and Chairman, Department of Psychiatry, University of Florida College of Medicine.

**"Treatment Resistant OCD"**

### February

2 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.  
**Cory F. Newman, PhD**, Associate Professor of Psychology in Psychiatry, Director, Center for Cognitive Therapy, Department of Psychiatry, UPenn School of Medicine.

**"Taming the Swings: The Additive Value of Cognitive Therapy in the Treatment of Bipolar Disorders"**

16 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm at Reunion Hall, John Morgan Building.

**Wayne C. Drevets, MD**, Senior Investigator, Chief, Section on Neuroimaging in Mood and Anxiety Disorders, NIH/NIMH/Intramural Research Program, Bethesda, Maryland.

**"Neural Circuits Involved in the Pathophysiology of Depression"**

### March

2 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.  
**Ellen Leibenluft, MD**, Pediatrics and Developmental Neuropsychiatry Branch, NIH/NIMH/Mood and Anxiety Program, Bethesda, Maryland.

**"Diagnosis and Pathophysiology of Bipolar Disorder in Children"**

16 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm at Reunion Hall, John Morgan Building.

**Temple Grandin, PhD**, Associate Professor of Animal Science, Colorado State University, Fort Collins, Colorado.

**"My Experiences with Autism"**

### April

6 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.  
**W. Edward Craighead, PhD**, Professor and Chairman, Department of Psychology, University of Colorado, Boulder, Colorado.

**"Major Depression: Prevention of Initial Episodes and Recurrence Among Adolescents"**

20 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.  
**Michael E. Thase, MD**, Professor of Psychiatry, University of Pittsburgh Medical Center, Chief, Adult Academic Psychiatry, Western Psychiatric Institute & Clinic, Pittsburgh, Pennsylvania.

**"Comparing the Methods Used to Compare Antidepressants"**

### May

#### Month of May (1 - 31) Mental Health Month

1 - 7 **Children's Mental Health Week**

11 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.  
**Gary Foster, PhD**, Associate Professor of Psychiatry, Clinical Director, Weight & Eating, Disorders Program, Department of Psychiatry, UPenn School of Medicine

**"Prevention and Treatment of Obesity"**

### June

8 Psychiatry Grand Rounds - 12:00 pm - 1:00 pm in BRB II/III Auditorium.  
**George Vaillant, MD**, Professor of Psychiatry, Harvard Medical School, Director of the Study of Adult Development, Brigham & Women's Hospital, Boston, Massachusetts

**"Positive Emotions, Mental Health, and Spirituality - A 60 Year Study"**

### NOTES

Psychiatry Grand Rounds: Contact: Kait Yulman, Tel: (215) 746-7212, E-mail: yulman@mail.med.upenn.edu

# Penn Psychiatry Perspective



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Department of Psychiatry and PENN Behavioral Health



University of Pennsylvania

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*Some of the conditions we provide guidance & assistance for include:*

- ◆ Agoraphobia
- ◆ Bipolar Disorder
- ◆ Depression
- ◆ Generalized Anxiety Disorder
- ◆ Panic Disorders
- ◆ Schizophrenia
- ◆ Anxiety Disorders
- ◆ Dementia
- ◆ Family & relational issues
- ◆ Obsessive Compulsive Disorder
- ◆ Schizo affective Disorders
- ◆ Substance Abuse



The PENN Behavioral Health Contact Center is staffed with highly trained masters' level professionals who assess your needs and direct you to the appropriate providers and the appropriate levels of care. They will also help you with accessing mental health information, resources, current research programs, and local and regional counselors for specific needs.

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