

# PENN Psychiatry Perspective



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available on the  
Department's website  
([www.mail.upenn.edu/psych](http://www.mail.upenn.edu/psych))



Department of Psychiatry  
and  
Penn Behavioral Health  
University of Pennsylvania

## John B. Jemmott III, PhD and the Center for Health Behavior and Communication Research Join the Department of Psychiatry

John B. Jemmott III, PhD and his Center for Health Behavior and Communication Research have a new home in the Department of Psychiatry, and the Department is delighted to welcome Dr. Jemmott and his colleagues to the School of Medicine.

Dr. Jemmott and the Center he directs are known internationally for researching, developing, and testing theories and strategies to reduce sexually risky behavior among both adults and youth. They have conducted numerous studies with African American men and youth in Philadelphia and school-aged children in Africa to learn the best approaches for reducing behaviors that accelerate the transmission of sexually transmitted diseases (STD) and HIV/AIDS. For many of his studies, Dr. Jemmott has collaborated with his wife Loretta Sweet Jemmott, PhD, whose academic home is in the School of Nursing where she is Professor and Director of the Center for Health Disparities Research.



*John B. Jemmott III, PhD (center) and his team*

The Center for Health Behavior and Communication Research comes to the Department from the Annenberg School for Communication and the Annenberg Public Policy Center. Dr. Jemmott joined the ASC faculty in 1999 as the Kenneth B. Clark Professor of Communication, after serving on the Princeton University faculty since 1981. He earned a BA in Psychology in 1976 from York College (City University of New York) and an MA (1980) and PhD in Psychology (1982) from Harvard University. As he moves over to the School of Medicine, Dr. Jemmott will retain the Clark Professorship and maintain a joint appointment in Annenberg.

Over the years, Dr. Jemmott and the Center have received substantial financial support from the National Institutes of Health, the National Institute of Mental Health, and the Centers for Disease Control and Prevention for studies conducted in the United States and Africa.

Dr. Jemmott and his co-investigators have presented many path-breaking studies, with findings often contrary to previously held views. In August 2006 at the XVI International AIDS Conference in Toronto, his team presented a study of 662 African American sixth- and seventh-graders in Philadelphia which showed that "abstinence-only interventions have the potential to reduce sexual activity or delay sexual debut among adolescents, without having adverse effects on condom use when adolescents initiate sexual activity." This finding ran counter to prevailing opinion and, in fact, contradicted views expressed by former President Bill Clinton at the very same conference suggesting that promoting abstinence made teens less likely to use condoms when they began having sexual relationships.

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## Chairman's Report

For an academic psychiatry department like ours, preparing the next generation of psychiatrists for careers in research and clinical medicine is a primary responsibility, one that we fulfill exceedingly well.

Department faculty are heavily involved in education at all levels, including teaching Penn undergraduates and medical students, as well as professionals and the public. Here, I would like to focus on our *post-graduate* training programs - those for individuals who have already attained an advanced degree such as an MD or PhD.

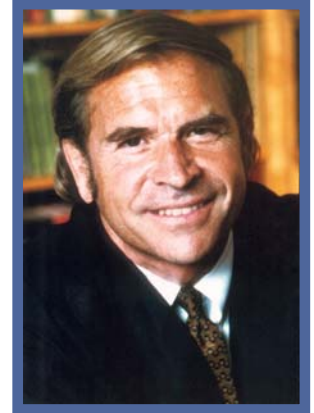
The Department's training programs are anchored by our nationally acclaimed four-year residency training program. Each year, the program attracts outstanding physicians from the nation's best medical schools, and offers a wide range of training opportunities in inpatient, outpatient, consultation, and emergency psychiatry, including Specialty Elective Tracks in Psychotherapy and Community Psychiatry. In each issue of *Penn Psychiatry Perspective*, one of the three Chief Residents updates us on the varied activities of the program and the residents - in this issue, Jessica Kovach, MD, Chief Resident for Affiliated Hospitals, does the honors in the Residents' Corner column (page 27).

The residency program also provides a special opportunity for a research experience through the Clinical Research Scholars Program (CRSP), funded by the National Institute of Mental Health (NIMH). This popular program provides protected time in the PGY-2 through PGY-4 years, as well as a full-time research PGY5 year, for two residents in each class who are interested in psychiatric clinical research. The CRSP is often a path to an academic career - in fact, nine members of our current faculty have successfully completed the program, and a tenth graduate is joining the faculty in July. For a first-hand description of life in the CRSP, please turn to the article by Pilar Cristancho, MD who has just completed the program (page 28).

I would be remiss if I did not comment on the quality of the residents in our Department. We can measure this in many ways, through superb patient care provided on the hospital floors and in outpatient settings, papers co-published with faculty mentors, presentations made at national conferences, competitive fellowships earned, or awards for teaching, such as the Penn Pearls honors received this year by PGY-2 residents Scott Campbell, MD and Ted Satterthwaite, MD. Another way is recognizing the exceptional character of our young physicians displayed in the most trying circumstances, as evidenced by the response of PGY-3 residents Melissa De Jesus, MD and Samar Jasser, MD last January to an on-flight medical emergency. Their inspirational, and sobering, story is told on page 30 of this issue.

Beyond the residency program, the Department offers a wide range of highly sought-after clinical and research fellowships, with special emphasis on scientific training. Virtually every research-oriented faculty member in the Department works with trainees interested in pursuing investigative paths. The

Department provides post-graduate and/or pre-doctoral opportunities for research in many areas, including Addictions, Behavioral Genetics, Cellular and Molecular Pathology, Child and Adolescent Psychiatry, Geriatric Psychiatry, HIV Prevention, Mental Health Policy and Services, Mood and Anxiety Disorders, Neuropsychiatry, Neuropsychopharmacology, Psychiatric Genetics, Psychopathology, Psychosomatic Medicine, Psychotherapy, Sleep Medicine, and Weight and Eating Disorders.



Among these fellowship offerings are formal two- and three-year research training programs for residents and other post-graduate trainees. Department faculty serve as Principal Investigators on five individual training grants funded by the National Institutes of Health, and two by the Department of Veterans Affairs. This is a significant accomplishment, demonstrating both the breadth and peer-reviewed quality of our residency and post-graduate research training.

Noted above, the CRSP is one of the fellowship programs supported by the NIMH. Also funded by the NIMH are fellowship programs in Geriatric Psychiatry, Neuropsychiatry, and Neuropsychopharmacology, the latter now in its 30th year. In addition, the Center for Studies of Addiction offers three fellowship programs in Addictions, one funded by the National Institute on Drug Abuse and two by the Department of Veterans Affairs.

Rounding out the formal post-graduate training programs is the Department's Psychosomatic Fellowship Training Program, offering both a clinical and research experience in this emerging subspecialty. And we are now developing a fellowship training program in Forensic Psychiatry.

In aggregate, the Department of Psychiatry presents an impressive array of clinical and research training programs, collectively ensuring that our Department remains among the nation's leaders in preparing the next generation of leaders in clinical and scientific psychiatry. (For detailed information about all our education and training programs, please go to the Education and Training section of our Department's website -- <http://www.med.upenn.edu/psych/education.html>.)

Dwight L. Evans, MD  
Ruth Meltzer Professor and Chair  
Professor of Psychiatry, Medicine and Neuroscience

## Program Highlights

### MOOD DISORDERS COMPREHENSIVE CONSULTATION SERVICE

According to the National Institute of Mental Health (NIMH), about 20 million American adults in a given year suffer from mood disorders, and about 40 million American adults are affected by anxiety disorders. These are large numbers, with significant health, social, economic, and personal consequences. The NIMH estimates, for example, that major depressive disorder, just one of the mood disorders, is the leading cause of disability among Americans ages 15 to 44.

Mood disorders include several definable illnesses, principally major depressive disorder or depression; dysthymia, a chronic, mild depression; and bipolar disorder, also called manic depression. These diseases are characterized by extreme mood states that cause great distress and interfere with daily living. Depressed persons may feel persistently sad, distressed, and hopeless, even though there is no reason for them to feel that way. People with bipolar disorder may experience abnormally high energy and an elevated sense of mood and self that impedes their ability to make reasonable choices. They go through depressed periods as well.

Mood disorders are common and treatable medical illnesses, but frequently they are difficult to diagnose and treat, especially when they occur with other psychiatric and medical diseases.

Penn Behavioral Health's Mood Disorders Comprehensive Consultation Service (CCS), part of the Penn Comprehensive Depression Center, has been established to help patients with difficult-to-treat mood and anxiety disorders. Key to CCS' ability to do this is its extended structured clinical consultation which is distinct from standard evaluations. CCS' comprehensive assessment utilizes state-of-the-art evaluation instruments, many adapted from research, to tackle particularly complex cases. CCS clinicians provide second opinions on diagnosis and treatment for patients with mood and anxiety disorders, and can assist in the management of mood disorders during pregnancy and the post-natal period.



John P. O'Reardon, MD

John P. O'Reardon, MD, a CCS physician and Associate Professor of Psychiatry at Penn, specializes in the diagnosis and management of treatment-resistant mood disorders. "In the field of mood disorders, about 20 to 40 percent of patients diagnosed do not respond to standard approaches in treatment with medications and psychotherapy," Dr. O'Reardon says. "In the realm of bipolar illness, clinical research indicates that about one-third of bipolar patients are initially misdiagnosed as unipolar in standard psychiatric practice. Thus, there are often both diagnostic and treatment issues that require special consideration. This is a large area of unmet need. The results of the recent NIH treatment studies in major depression (STAR-D) and bipolar disorder (STEP-BD) clearly bear this out."

Even before the establishment of the CCS, Penn had long been viewed as a center of excellence in the treatment of mood disorders, because of its reputation for clinical research advances in this area. "In the Treatment Resistant Depression Clinic, which has been in operation at Penn since 2000," Dr. O'Reardon explains, "we get a steady stream of referrals from Delaware Valley psychiatrists of patients who really need a comprehensive re-evaluation of their case and treatment. These are typically patients who suffer from especially challenging mood disorders, with concomitant psychiatric and medical co-morbidity. In many cases, the time available in a standard clinic consultation does not do justice to the complexity of the diagnostic and treatment issues. In addition, in a clinic or standard consultation, there is insufficient time to utilize some of



Claudia F. Baldassano, MD

the diagnostic and assessment instruments that are routine in clinical research and which can greatly enhance the quality of assessment."

Claudia F. Baldassano, MD, Assistant Professor of Psychiatry, observed a similar pattern of second opinion referrals in Penn's Bipolar Disorders Clinic, which she directs. Recognizing this, she and Dr. O'Reardon jointly developed the CCS to provide the time and tools necessary to conduct a compre-

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hensive clinical assessment. "In the CCS model," says Dr. O'Reardon, "we spend three hours or more with the patient to ensure that the evaluation is thorough enough to meet the needs of these patients."

The comprehensive clinical assessment actually begins before the patient's initial visit. With the knowledge and assistance of patients, CCS staff contact patients' treating psychiatrists or referring physicians to obtain a summary of their current and past psychiatric diagnoses and treatments, including a history of all medications taken and responses. When patients do not have a treating psychiatrist, they are asked to request summaries from previous psychiatrists and/or psychotherapists with whom they have worked.

A comprehensive in-depth review of this clinical history constitutes an important part of the initial face-to-face evaluation with patients. This initial consultation also includes interviews with patients and their families and administration of selected assessment instruments and questionnaires to help CCS clinicians better understand the nature and scope of patients' individual situations and illnesses.

At the conclusion of the initial evaluation, patients and their families meet with the faculty clinician to review recommendations for ongoing treatment. Each patient receives a comprehensive diagnostic assessment, a detailed evidence-based treatment plan, recommendations on psychosocial interventions, education regarding the illness, and information about the full range of available and effective treatments. Goals to improve functional outcomes are discussed, and patients and their families are informed about the nature and scope of their illnesses and expectations for therapeutic outcomes. As appropriate and if interest is shown, patients may be offered participation in treatment research studies.

Following the evaluation session, CCS clinicians

communicate orally (within 48 hours) and in writing (within 7 business days) with patients' referring physicians and/or treating psychiatrists about the clinical assessment and recommended treatments. The objective is to provide straight-forward treatment recommendations to facilitate implementation. A full report is sent promptly to the referring physicians.

For patients not currently under the care of a physician, CCS offers an extensive network of referral options for patients requiring ongoing follow-up treatment. The CCS team will assist patients by making referrals for individual therapy either in the home location of the patient or within the Penn system when feasible and desirable. Patients are offered follow-up consultations at six months to one year after the initial evaluation to assess the progress of the treatment recommendations.

**CCS' nationally-renowned psychiatrists specialize in the optimal treatment of complex mood disorders and are able to consult with patients about the full range of cutting-edge therapeutic options, including psychotherapy, psychopharmacology, and neuromodulation type interventions -- electroconvulsive therapy (ECT), vagus nerve stimulation therapy (VNS), and repetitive transcranial magnetic stimulation (rTMS).**

Recommended treatments are tailored to the specific needs of individual patients, and typically integrate both medication and psychotherapy for each individual case. CCS' nationally-renowned psychiatrists specialize in the optimal treatment of complex mood disorders and are able to consult with patients about the full range of cutting-edge therapeutic options, including psychotherapy, psychopharmacology, and neuromodulation type interventions -- electroconvulsive therapy (ECT), vagus nerve stimulation therapy (VNS), and repetitive transcranial magnetic stimulation (rTMS). Dr. O'Reardon, in particular, is known nationally for his contribution to the development of novel, medical device-based treatments for mood disorders, such as TMS and VNS, and he directs the ECT Service and TMS Laboratory at Penn.

An important part of the clinical assessment is the involvement of family members, who are interviewed as part of the initial consultation and included in the discussions about diagnosis and recommendations for treatment, as appropriate.

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Dr. O'Reardon believes that patients' families can play an important role in the path to improved health. "Involvement of family members is crucial to the assessment performed at the CCS," he emphasizes. "We strongly encourage patients to bring family members or significant others to the evaluations. This enhances diagnostic accuracy, reduces unhelpful tension within the family, and enlists family members as agents in the therapeutic process. There is good evidence, particularly in the area of bipolar disease, that family involvement in treatment in a focused way reduces relapse and enhances overall clinical outcomes."



*Michael E. Thase, MD*

Michael E. Thase, MD, Professor of Psychiatry at Penn and Director of the Mood and Anxiety Disorders Research and Treatment Program at Penn, is also a CCS physician. Dr. Thase, author or co-author of over 500 scientific articles and

book chapters and 15 books, focuses his research and clinical practice on the assessment and treatment of mood disorders, including studies of the different therapeutics for both depression and bipolar affective disorder. "The CCS," says Dr. Thase, "represents an outstanding way to make the expertise of the Penn faculty more available as a resource to mental health professionals in the community and their patients."

"The CCS is an ideal place for patients whose needs have not been met in the standard treatment setting," adds Dr. O'Reardon. "It is the center where patients can have a thorough re-evaluation of their illness and set a new course for more effective treatment for more optimal long-term outcomes." ❖

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If you have questions about the Mood Disorders Comprehensive Consultation Service or would like to request an appointment, please call 215-746-4100. Alternatively, you may access CCS' website 24 hours per day/7 days per week (<http://pennhealth.com/mood>) for additional information. The CCS is located on the mezzanine level of 3535 Market Street in Philadelphia.

## REACHING OUT: THE BEREAVEMENT PROGRAM AT THE JOAN KARNELL CANCER CENTER

The time following a loved one's death is often difficult. Each person has their way of dealing with grief-related emotions and how they move through the grieving process. To help those who have lost a loved one to cancer, the Joan Karnell Cancer Center offers The Bereavement Program. The program is made possible by the support of the Garroway Laboratory and the University of Pennsylvania's Department of Psychiatry.

Under the direction of Edna Foa, PhD and Tracey Lichner, PhD, The Bereavement Program provides information about grief and coping, and provides support as family members and friends adjust to life following their loved one's death. "Our aim is to let families know that we are still supporting them. We help them adjust to life without their loved one because grief is a normal process that often should not be done alone," says Dr. Lichner.

The program is broken down into several steps. A sympathy card is the first point of contact to families. Then a bereavement counselor from the Cancer Center contacts the family by phone. Over the next 13 months, the counselor stays in touch providing information about the resources available including:

- Anticipatory Bereavement -- Counseling focused on patients and/or family members of patients who are nearing the end of treatment.
- Bereavement Counseling -- Individual sessions offered in the weeks and months following the loss.
- Monthly Bereavement Support Groups
- Complicated Grief Therapy -- Counseling is offered to those who continue to experience intense, disruptive feelings of grief more than six months after a loss.
- Special Support Group for the Holidays

For more information about The Bereavement Program at the Joan Karnell Cancer Center, call 215-829-3225. ❖

*[Reprinted with permission from the Newsletter of the Joan Karnell Cancer Center at Pennsylvania Hospital]*

## HAPPY 20TH ANNIVERSARY!

### THE ASIAN BEHAVIORAL HEALTH PROGRAM



Friday, February 1, 2008 was a festive day at Pennsylvania Hospital's Hall-Mercer Community Mental Health & Mental Retardation Center. Lion dancers and a luncheon panel, together with over 100 celebrants mostly from Philadelphia's Asian community, gathered at Hall-Mercer's Center City location to welcome the Chinese New Year.

They also came to mark another memorable milestone. For the past 20 years, the Department of Psychiatry's Asian Behavioral Health Program (ABHP) at Hall-Mercer has been providing mental health services to Philadelphia's diverse Asian population. The first program of its kind in the region, ABHP addresses the mental health needs of adults, children, and families. The February 1 event recognized leaders who have shaped this groundbreaking outreach program over the past two decades.

Established in 1987, the ABHP is a component program of Hall-Mercer, which provides outpatient mental health services to members of the community who may have difficulty accessing the conventional health care system or are reluctant to do so.

Similarly, ABHP is designed to overcome access barriers, specifically for the local Asian population. There are about 250,000 Asians in the Philadelphia region, representing Hong Kong, China, Cambodia, Vietnam, Laos, and Indonesia, as well as other Asian groups such as Koreans. Language obstacles often prevent members of the Asian community from seeking the mental health care they need, and from obtaining accurate diagnoses and implementing



*From Left to Right:  
Ingrid Chung, Nancy To, Dr. Janice Cederstrom,  
Borapisey Thach, Helen Luu, and Xone Sylapheth*

treatment options. To help break down these impediments, the program's staff speaks Cambodian, Chinese (including Cantonese, Mandarin, Hakka, and Chao Chow), Laotian, and Vietnamese.

Cultural barriers also pose a significant problem. In a March 3 radio interview with Dr. Dan Gottlieb and Brenda Joret of WHY?Y's Morning Edition, the program's Team Leader Helen Luu noted that most Asians from Southeast Asian cultures do not consider mental illness to be a disease, but rather an "evil possession or punishment in this life" for sins committed in a past life or by an ancestor. Even when traditional treatments are prescribed, they are not

usually effective. "Many Asian cultures use herbs to manage the symptoms of mental illness, never getting to the root cause of the problem," says Ms. Luu, "Medication and hospitalization are a last resort, if available." Family members are often shunned or hidden from the public if they are believed to have a mental or behavioral illness.

The Asian Behavioral Health Program's multilingual staff consists of a team of five case managers who provide social rehabilitation, translation/interpretation, case management, counseling, psychiatric, and community outreach services. The program also recently launched Asian Mobile Community Services, which brings a licensed therapist to clients' homes for assessment and treatment.

Currently, ABHP has about 260 active clients, ranging in age from 18 to 80.

Breaking down the constraints of language and culture to encourage members of the local Asian community to obtain assistance for their behavioral health concerns is a formidable assignment, making ABHP's work all the more necessary. It is work that the Asian Behavioral Health Program has done well for over two decades, and actively continues today. ❖

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The Asian Behavioral Health Program is located at 245 South Eighth Street in Philadelphia. For more information, please call (215) 829-5203.

## Our Distinguished Faculty

### AWARDS & HONORS

#### Penn Honors

Two Psychiatry residents, **Scott Campbell, MD** and **Ted Satterthwaite, MD, MA**, were 2008 Penn Pearls winners. They were chosen by third- and fourth-year medical students for their exceptional teaching of clinical medicine.

**Steven E. Arnold, MD** was named Associate Director of the Institute on Aging and also Clinical Core Leader and Associate Director of the Penn Alzheimer's Disease Core Center (ADCC), effective January 2, 2008. Dr. Arnold has been involved with the Penn ADCC since its inception eighteen years ago.

**Dwight L. Evans, MD** was appointed Psychiatrist-in-Chief of the University of Pennsylvania Health System. As Psychiatrist-in-Chief, Dr. Evans will have expanded involvement in strategic and policy planning and implementation for the Health System related to the Department's academic and clinical programs at its component hospitals and physician practices.



**Jody Foster, MD, MBA** received the 2008 Blockley-Osler Award from the University of Pennsylvania School of Medicine. Created in 1987 by the Blockley Section of the College of Physicians of Philadelphia, this award is given annually to a member of the faculty at an affiliated hospital for excellence in teaching modern clinical medicine at the bedside in the tradition of Dr. William Osler and others who taught at Philadelphia General Hospital.

**Robert L. Sadoff, MD** received the 2008 Dean's Special Award from the University of Pennsylvania School of Medicine. This award honors special achievements by Penn faculty members, particularly in the development of new and innovative educational programs. The award recognizes faculty members who have made unique contributions to medical education at Penn.



**Kenneth Sullivan, PhD** received the 2008 Dean's Award for Excellence in Medical Student Teaching by an Allied Health Professional from the University of Pennsylvania School of Medicine. This award was established in 1996-97 to recognize teaching by allied health professionals (e.g., nurses, physician assistants, and emergency medical technicians).

**Elizabeth B. Weller, MD** received the Best Teacher Award from the 2007 graduating class of Child and Adolescent Psychiatry fellows at CHOP. In her honor, the fellows established a lectureship in her name to be given to the best teacher in Child and Adolescent Psychiatry.

#### Regional, National & International Honors

**Jacques P. Barber, PhD** is serving as President of the Society for Psychotherapy Research, an international group of psychothera-

py researchers. He was also a Visiting Professor in the Department of Psychology at the University of Wollongong in New South Wales, Australia.

**Mathias Basner, MD, MS** assumed the position of Head of the Flight Physiology Division of the Institute of Aerospace Medicine at the German Aerospace Center in Cologne, Germany in January 2008.

**Aaron T. Beck, MD** received the Thomas William Salmon Medal from The New York Academy of Medicine in December 2007 for outstanding contributions in the fields of psychiatry, neurology, or mental hygiene. He also received the American Psychological Association (Division 12) Lifetime Achievement Award in recognition of research in suicide and behavioral emergencies, as well as the American Counseling Association's Presidential Award.



**Tami D. Benton, MD** was appointed to the Editorial Board of the American Academy of Child and Adolescent Psychiatry's publication, *AACAP News*. Dr. Benton has been appointed as components editor for a two-year term.

**Ellen Berman, MD** joined the Pennsylvania Psychiatric Leadership Council. Since 2005, the PPLC has worked to create new ways to think about psychiatric practice in the public sector, and to develop a strategic plan for the recruitment and retention of psychiatrists to the public sector and community settings.

**Mario Cristancho, MD** and **Pilar Cristancho, MD** received second place honors at the 2008 Philadelphia Psychiatric Society Colloquium of Scholars for their poster, "Electroconvulsive Therapy for the Treatment of Severe Major Depression During Pregnancy." This marks the second year in a row the pair has won an award for their poster submission.

**David F. Dinges, PhD** was awarded the 2008 Laurence R. Young Space Biomedical Research Award for contributions to human performance in space. The award is given jointly by the National Space Biomedical Research Institute and the National Aeronautics and Space Administration.

**Myles Faith, PhD** was named to the Nutrition Committee of the American Heart Association.

**Thomas N. Ferraro, PhD** was named Chairman of the Fellowship and Career Development Study Section of the National Institute on Drug Abuse, effective July 1, 2008.

**Edna B. Foa, PhD** has been selected to receive the Lifetime Achievement Award from the Connecticut Psychological Association (CPA) in November. Dr. Foa is being honored for her contributions to understanding the psychopathology of anxiety disorders, and for developing effective treatments for these disorders in general, and for posttraumatic stress disorder in particular.

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**Rollin M. Gallagher, MD, MPH** was elected to the position of President-Elect of the American Academy of Pain Medicine (2009-10). In March 2008, he was elected to the Board of Directors of the American Pain Foundation (2008-11).



**Ruben C. Gur, PhD** received the Distinguished Investigator Award from the National Alliance for Research on Schizophrenia and Depression (NARSAD) in 2007.

**Gordon R. Hodas, MD** has been selected to receive the 2008 Community Service Award from the Regional Council of Child and Adolescent Psychiatry. He was recognized for his "ongoing work and leadership outreach in advocating for the behavioral health needs of youth throughout the Commonwealth of Pennsylvania." Dr. Hodas has served as the Statewide Child Psychiatric Consultant to the Pennsylvania Office of Mental Health and Substance Abuse Services in Harrisburg since 1992, and as child and adolescent psychiatric consultant to the Bucks County Behavioral Health System since 1995.



**Muniya Khanna, PhD** was elected to the position of President-Elect (2008-2010) of the Child Anxiety Special Interest Group of the Association for Behavioral and Cognitive Therapies (ABCT).

**Stephen E. Levick, MD** was approved for membership in the International Society for Stem Cell Research (ISSCR) in January 2008.

In October 2007, **Craig Lichtman, MD, MBA** was elected to the Board of Directors of The Center for Autism, a nonprofit autism treatment and evaluation center in Philadelphia.

**Falk W. Lohoff, MD** received a Young Investigator Memorial Travel Award from the American College of Neuropsychopharmacology (ACNP). The Travel Award is intended "to encourage the involvement and career development of young teacher-scientists in neuropsychopharmacology" by providing funding to attend annual meetings of the ACNP.

**James R. McKay, PhD** became a fellow in Division 50 (Addictions) of the American Psychological Association.

**Paul J. Moberg, PhD** was named to the Editorial Board of *The Clinical Neuropsychologist*, the official journal of The American Academy of Clinical Neuropsychology.

**Helen Pettinati, PhD** received the 2007 Researcher of the Year Award from Caron for her work in psychopharmacology. Caron is a not-for-profit organization whose mission is "to provide an enlightened and caring treatment community in which all those affected by alcoholism or other drug addiction may begin a new life."

**Paul M. Robins, PhD** became a Fellow of the American Psychological Association. He was also appointed to the Editorial Board of the *Journal of Pediatric Psychology* and to the Advisory Board of the Center for Pediatric Traumatic Stress at Children's Hospital of Philadelphia.

**Ted Satterthwaite, MD, MA**, a PGY-2 Psychiatry resident, won first prize in a national competition for best paper by a resident. He received the Neuroleptic Malignant Syndrome Information Service's 4th Annual Promising New Investigators Travel Scholarship for his manuscript, "A Meta-Analysis of the Risk of Acute Extrapyrimalidal Symptoms with Intramuscular Antipsychotics for the Treatment of Agitation." The scholarship promotes education and research by early career psychiatrists. The travel scholarship theme addresses new insights on psychotropic drug safety and side effects and is supported by an educational grant from Ortho-McNeil Janssen Scientific Affairs, L.P. Dr. Satterthwaite will receive a \$2500 award at the 2008 annual meeting of the American Psychiatric Association in Washington, DC in May. In addition, he was named one of this year's American Psychiatric Institute for Research and Education (APIRE)/ Janssen Resident Psychiatric Research Scholars. This one-year fellowship is for "promising PGY-1, PGY-2, and PGY-3 psychiatric residents with the potential to become leaders in clinical and health services research in all areas of psychiatric research."



**Robert A. Schnoll, PhD** was Co-Chair of the Program Committee for the 14th Annual Meeting of the Society for Research on Nicotine and Tobacco. He is also serving as a member of the American Medical Association's Expert Panel on Tobacco Control and

as a member of the Risk, Prevention, and Intervention for Addictions NIH Study Section.



**Steven J. Siegel, MD, PhD** received the 2008 Exemplary Psychiatrist Award from the National Alliance on Mental Illness. This award recognizes psychiatrists who have "gone the extra mile" with NAMI

members and have made substantial contributions to local or state NAMI activities. He will accept his award at the 2008 annual meeting of the American Psychiatric Association in Washington, DC in May.

**Albert J. Stunkard, MD** received the John Scott Award from the American Philosophical Society for his contributions to the understanding and treatment of eating disorders and obesity. The award is given to "the most deserving" men and women whose inventions have contributed to the "comfort, welfare and happiness" of mankind.

**Richard F. Summers, MD** received the 2007 Psychiatric Educator of the Year Award from the Philadelphia Psychiatric Society.

**Thomas Wadden, PhD** was appointed Associate Editor of the journal *Obesity* and was named to the National Heart, Lung, and Blood Institute (NHLBI) Leadership Group for Cardiovascular Risk Reduction. In 2007, he received the Howard-Carter Award for Excellence in Bariatric Medicine from Albany Medical Center.

**Laurel Weaver, MD, PhD**, a former resident in the Department of Psychiatry, was awarded the Best Poster honor at the annual meeting of the Association for Convulsive Therapy. Dr. Weaver will receive the award for her submission, "Safety & Efficacy of TMS for the Treatment of ADHD in Adolescents & Young Persons," at the 2008 meeting of the American Psychiatric Association in May.

**Elizabeth B. Weller, MD** received the Distinguished Service Award from the American Board of Psychiatry and Neurology. She also received the Klingenstein Third Generation Foundation Award for Research in Depression or Suicide in 2007. The foundation funds research and other programs related to childhood and adolescent depression and Attention Deficit/Hyperactivity Disorder (ADHD). ❖

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## Clinical Leadership

In FY2007, the Department of Psychiatry continued to rank high in *U.S. News & World Report's* annual survey of hospitals and specialties -- Psychiatry ranked eighteenth, the highest of any Delaware Valley psychiatric program. In addition, according to the 2007 consumer survey conducted by the National Research Corporation, "mental health services" at the Hospital of the University of Pennsylvania (HUP) were ranked higher than those offered by any other hospital or medical center in the Greater Philadelphia Area. "Mental health services" at Pennsylvania Hospital ranked sixth in the survey, and those at Penn-Presbyterian Medical Center ranked fifteenth.



In addition, twenty-four Department of Psychiatry physicians were recognized as "2007-2008 Best Doctors in America." The



list, compiled by Best Doctors, Inc., is composed of physicians who have been selected by the consensus of their peers. According to Best Doctors, "only about 5% of all doctors in the US are honored in this way by their colleagues as the result of a nationwide survey in which doctors cast more than one million votes." The Department faculty recognized in the 2007-2008 survey are:

Jay Amsterdam, MD  
 Steven Arnold, MD  
 Christos Ballas, MD  
 Wade Berrettini, MD, PhD  
 Charles Dackis, MD  
 Sarah DeMichele, MD  
 Josephine Elia, MD  
 Dwight Evans, MD  
 Rollin Gallagher, MD  
 Donald Gill, MD  
 Laszlo Gyulai, MD  
 Kyle Kampman, MD  
 Deborah Kim, MD  
 Stephen Levick, MD  
 Marc Lipschutz, MD  
 Charles O'Brien, MD, PhD  
 Anthony Rostain, MD  
 Robert Sadoff, MD  
 Jeffrey Staab, MD  
 James Stinnett, MD  
 Robert Toborowsky, MD  
 Robert Weinrieb, MD  
 Elizabeth Weller, MD  
 George Woody, MD

## NEWS & GOINGS ON



**Jacques P. Barber, PhD** presented on a number of topics at national and international forums including: "Unifying Principles of Psychotherapy" and "Evidence-Based Psychodynamic and Cognitive Therapies" (Annual Meeting of the American Psychological Association, San Francisco); "What Have We Learned about the Efficacy and the Mechanisms of Change of Psychotherapy? The Case of Dynamic Therapy" (Grand Rounds, Albert Einstein College of Medicine); and "Advances in Evidence-Based Psychotherapies in the USA Towards a Pluralistic Approach to Study Psychotherapy Effectiveness" (Psychological Therapies in the NHS, London).

**Tami D. Benton, MD** gave an invited lecture titled "HIV in Adolescents -- What We Know and What We Need to Know" at Grand Rounds in the Department of Psychiatry at Johns Hopkins School of Medicine. Also, Dr. Benton, **Rhonda Boyd, PhD**, and **Wanjiku Njoroge, MD** served as co-discussants for a city-wide conference sponsored by State Senator Vincent Hughes, "Breaking the Silence." The conference targeted mental health in the African American community. In addition, Dr. Benton and **Anthony L. Rostain, MD** have been awarded an innovations project by the Accreditation Council for Graduate Medical Education (ACGME) to establish a new training pathway for child psychiatrists. Penn is one of three pilot sites chosen for this new program, which will allow pediatricians who have completed their training to enter a three-year combined training pathway in adult and child psychiatry. Graduates will obtain board eligibility for both specialties.

**Stanley N. Caroff, MD** gave invited lectures on "Catatonia-Contemporary Update" at the 20th Annual U.S. Psychiatric & Mental Health Congress (Orlando, Florida) in October 2007, and on "Neuroleptic Malignant Syndrome" at the Department of Psychiatry Grand Rounds at the Temple University School of Medicine in April 2008.

**Judith A. Coché, PhD** organized an Academic Symposium at the American Group Psychotherapy Association annual meeting held in Washington, DC in February. **Juliette Galbraith, MD** and **Delane Casiano, MD** joined Dr. Coché in presenting recent advances in outpatient group therapy conducted at 3535 Market Street. This work is based on group therapy models developed by Dr. Coché, reflective of evidence-based work in psychotherapy. Patients at 3535 Market Street report therapy progress. The presentation reported team work headed by Dr. Coché, who supervised group therapy by Drs. Galbraith, Casiano, **Michelle D. Goldsmith, MD**, **Jessica Kovach, MD**, **Glenda L. Wrenn, MD**, and **Jin Hui Joo, MD**. The presentation was very well-received.



In October 2007, **Joseph N. DiGiacomo, MD** led a three-hour session in King of Prussia on "Risk Management Issues of Psychiatry Medication" for physicians and dentists at Pennsylvania's state hospitals. The seminar was presented by the Pennsylvania Doctors Alliance.

**Edna B. Foa, PhD** spoke extensively about approaches for treating posttraumatic stress disorder, with particular focus on Prolonged Exposure Therapy which was developed at the Department's Center for the Treatment and Study of Anxiety (CTSA). She spoke to audiences in Philadelphia (CTSA Workshop and Philadelphia VA Medical Center); Baltimore (International Society for Traumatic Stress Studies conference); San Francisco (Palo Alto VA Medical Center); Dallas (Dal-

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las VA Medical Center); Pueblo, Colorado (Colorado Mental Health Institute); Tampa, Florida (Tampa VA Medical Center); and in Kyriat Shmona in Israel.

**Martin E. Franklin, PhD** and **Elna Yadin, PhD** presented a workshop for professionals titled "Trick 'n Treat: How to Make Treatment of OCD in Children Both Effective and Fun" at the national meeting of the Association of Behavioral and Cognitive Therapies in Philadelphia in November 2007.

**Rollin M. Gallagher, MD, MPH** delivered invited lectures on several topics: "Management of Chronic Pain Disorders" and "Integrated Approaches to the Treatment of Headache" (UCLA's Tenth Annual Neuropsychiatry Today Conference, Poipu Beach, Hawaii); Keynote Lecture on "The Pain Decade and the Public Health" (Virginia State Medical Practice Board and the Virginia Prescription Monitoring Program, Richmond, Virginia); and "Databases for Opioid Analgesia Research in the Veterans Affairs Health System" (presented at a workshop sponsored by the Mayday Fund and the Milbank Memorial Fund in Salt Lake City on "Towards a Definitive Evidence Base for Opioid Management of Chronic Non-Cancer Pain: A Collaborative Workshop"). Dr. Gallagher also provided an American Pain Foundation Briefing to the Reserve Officers Association in Washington, DC on "The Pain Challenge in Our Wounded Warriors: Transition from Acute to Chronic Pain."

**Namni Goel, PhD** lectured on "Sleep Deprivation in Adults" at the BioBehavioral Research Center at Penn in October 2007, and in November spoke on "Nondrug Treatments for Major Depression and Beyond" in the Department of Neurology at Jefferson Medical College in Philadelphia.

**Chang-Gyu Hahn, MD, PhD** spoke on an "Olfactory Epithelial Biopsy Approach for Psychiatric Illnesses" in January 2008 at the Monell Chemical Senses Center in Philadelphia. He also served as course director of a Psychopharmacology Workshop at Villanova University in March.



**Gordon R. Hodas, MD** updated the "Life Domain Format Protocol for Psychiatric and Psychological Evaluations" for the Pennsylvania Office of Mental Health and Substance Abuse Services. This protocol

has been approved by the Pennsylvania Department of Public Welfare and is intended to promote comprehensive evaluation reports in the public sector children's service system. Dr. Hodas, as a member of the System of Care Workgroup of the American Academy of Child and Adolescent Psychiatry (AACAP), has actively participated in the development of a Systems-Based Practice training toolkit for Residency Programs in Child and Adolescent Psychiatry, which is currently being piloted nationally, including at Penn. In March, 2008, Dr. Hodas and two AACAP colleagues presented an overview of the toolkit at the 37th Annual Meeting of the American Association of Directors of Psychiatry Residency Training (AAD-PRT) in New Orleans. Also in March, 2008, Dr. Hodas gave a presentation on "The Need for Trauma Informed Care for Juveniles" at the 2008 National Conference of the CMHS National GAINS Center, in Washington, DC. In addition, Dr. Hodas gave local presentations on "Talking to Teenagers" to the Ambler Rotary Club in January 2008, and on "The Use of Music to Promote Wellness" in March at the 2008 Bucks County Resiliency Conference.

**Daniel D. Langleben, MD** spoke on "Forensic fMRI" at the Tri-State Forensic Psychiatry Conference of the American Academy of Psychiatry and Law at the NYU Medical Center in January 2008 and on "fMRI of Deception" at the 8th Biennial Conference "Toward a Science of Consciousness" in Tucson, Arizona in April 2008.

In April 2008, **Caryn Lerman, PhD** lectured in the Genetics Short Course for the National Institute on Drug Abuse, and gave an invited address to the National Human Genome Research Institute on "Pharmacogenetics and Nicotine Dependence Treatment."

**Stephen E. Levick, MD** was invited to write an Expert Opinion essay for *The Pennsylvania Gazette*, the Penn alumni magazine. The article, "Me and My Mini-Me: The Psychology of Cloning," appeared in the March-April 2008 issue. In October 2007, he discussed the topic, "What Everyone Needs to Know About Cloning and Stem Cells," at the "Luncheon with the Experts" forum of "The Stem Cell Summit," which took place at The Hynes Con-

vention Center in Boston. The meeting was sponsored by the Genetics Policy Institute, the Harvard Stem Cell Institute, and Burrill Life Sciences Media Group.

**Louis Littman, MD, PhD** presented a lecture titled "More than Sadness: Major Depression and Bipolar Disorder in the College Student" at the 7th annual New Frontiers symposium sponsored by the Weingarten Student Disabilities Center of the University of Pennsylvania. This lecture was co-presented with Dr. Littman's wife, Dr. Suzanne Datto. Drs. Littman and Datto have presented their lecture series on this theme to several community and advocacy groups, including local affiliates of the National Alliance on Mental Illness (NAMI), the Depression and Bipolar Support Alliance (DBSA), and The Consumer Satisfaction Team.

Several Department faculty participated in the Sixth Annual Colloquium of Scholars of the Philadelphia Psychiatric Society in April 2008. The colloquium focused on "Improving Patient Care in Psychiatry." **Joseph N. DiGiacomo, MD** spoke on a "Practical Guide to Managing Medico-legal Risk in Psychopharmacology." Other Penn faculty participated as Small Group session leaders: **Henry R. Bleier, MD** (with Elisabeth J. Kunkel, MD) on "Psychiatric Disorders in the Medically Ill;" **Gregg E. Gorton, MD** (with Sheila Judge, MD) on "Overcoming Common Problems in Psychotherapy;" **John P. O'Reardon, MD** and **Claudia F. Baldassano, MD** on "Biological Treatments in Mood Disorders;" **Tami D. Benton, MD** (with Rao Gogineni, MD) on "Evaluating and Treating Adolescents;" and **Richard F. Summers, MD** (with Wolfram Rieger, MD) on "Oral Boards in Psychiatry: High Yield Tips."

**James R. McKay, PhD** co-chaired the 2nd annual Betty Ford Institute Consensus Conference, which was held in Palm Springs, California in October 2007. The conference was titled "Extending the Benefits of Addiction Treatment: Practical Strategies for Continuing Care and Recovery." Dr. McKay also presented a workshop in March 2008 at the "Recovery and Resilience in Action Conference" organized by the Philadelphia Department of Behavioral Health. The workshop focused on teaching counselors and program administrators how to provide telephone-based recovery services.

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**Paul J. Moberg, PhD** delivered the Keynote Address at the 2007 Winter School conference of the International Research Training Group (IRTG) 1328, held in Philadelphia in late October and early November. Dr. Moberg presented on "What Can Smell and Taste Tell Us About Abnormal Neurodevelopment in Schizophrenia?" The IRTG and its Winter School are supported by the German Research Council (Deutsche Forschungsgemeinschaft), and represent a joint collaboration of the Jülich Aachen Research Alliance (JARA), comprising the neuroscience research at the RWTH Aachen University and the Research Center Jülich, with the University of Pennsylvania. A rotation program for students, researchers, and professors with extensive German-American exchange is central to the IRTG.



**Cory F. Newman, PhD** gave invited lectures at several venues: "Cognitive Therapy -- Basic and Advanced Applications" was a workshop comprised of two days of lectures and clinical

supervision delivered to the staff of the Mid-Coast Mental Health Center (Rockland, Maine); "Training and Supervising Graduate Students in Cognitive-Behavioral Therapy" was a paper presented as part of a Clinical Roundtable Discussion at the annual conference of the Association for Behavioral and Cognitive Therapy (Philadelphia); "Case Conference -- Personality Module: Cognitive Therapy for a Patient with a Major Depressive Episode with Co-morbid Obsessive-Compulsive Personality Disorder and Features of Avoidant Personality Disorder," Penn Department of Psychiatry Grand Rounds presentation (Philadelphia); "Cognitive Therapy of Substance Abuse," Temple University Department of Psychiatry Grand Rounds presentation (Episcopal Hospital, Philadelphia); "Cognitive Therapy of Substance Abuse" was an all-day presentation delivered at the Sheppard-Pratt Conference Center (Towson, Maryland).

**Charles P. O'Brien, MD, PhD** gave an invited lecture in February at the Royal Society in London on "Translating Basic Science into Better Understanding and Effective Treatments for Addiction."

**J. Russell Ramsay, PhD** is collaborating with the Center for the Management of ADHD at Children's Hospital of Philadelphia (CHOP) on a "Family-Based Treatment Program for ADHD." This clinical program, funded by the Penn Comprehen-

sive Neuroscience Center, targets families with at least two generations who are diagnosed with ADHD -- one parent and one middle school-aged child. Although ADHD is known to be more common among first-degree relatives, this PENN-CHOP collaboration represents a first-of-its-kind attempt to screen for ADHD among family members and then provide specialized family-based treatment focused on the distinctive effects of ADHD on family life, including interactions with schools. The program offers a non-medication intervention that focuses on improving the day-to-day lives of families. In addition to its focus on how children with ADHD function, the program acknowledges the unique struggles of adults with ADHD as they fulfill their roles as parents, partners, and spouses. Adults and middle schoolers with ADHD are often under-represented in existing research and family treatment models specifically involving ADHD parents have not been studied. In February, Dr. Ramsay reviewed non-pharmacologic treatment options for adults diagnosed with ADHD at a conference of the Chester County chapter of Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD).

**Paul M. Robins, PhD** presented "The Ethics of Self-Care for Providers" as part of the Psychology Seminar Series at Children's Hospital of Philadelphia in October 2007. He also gave Collaborative Office Rounds in November on "Burnout and Secondary Traumatic Stress Among Primary Care Pediatricians" for the Division of Child Development in the Department of Pediatrics at CHOP.

**Naomi F. Rosenberg, PhD** was a discussant for a paper by Arlene Kramer Richards, EdD, Training and Supervising Analyst at the New York Freudian Society, on "Sadomasochistic Perversion and the Analytic Situation." The scientific program was sponsored in December 2007 by the Psychoanalytic Center of Philadelphia.

**Robert L. Sadoff, MD** presented Grand Rounds at UCLA in the Department of Psychiatry and Semel Institute in February 2008 on "First Do No Harm," and gave Grand Rounds on the same topic in April at the University of Minnesota in the Department of Psychiatry. He gave Grand Rounds in March at the Philadelphia VA Medical Center on "Competency." Dr. Sadoff also edited a new book titled *Issues in Pharmacy, Law, and Ethics*. The volume is published by BookMobile (Minneapolis) for the College of Pharmacy at the University of Minnesota. Dr. Sadoff and **Frank**

**Dattilio, PhD** have authored a 2nd edition of their book titled *Mental Health Experts: Roles and Qualifications for Court*. The book was published 2007 by the Pennsylvania Bar Institute (PBI Press, Mechanicsburg, Pennsylvania). Dr. Sadoff also developed a new section on "Medicine, Ethics, and the Law" at the College of Physicians of Philadelphia.



**Mark S. Salzer, PhD** presented "Best Practices in Promoting Community Integration" in April 2008 at the Plenary session of the 14th Annual Symposium of the Department of Psychiatry at Loma Linda

University (Loma Linda, California). He also gave a lecture to the PGY-3 Psychiatry residents at Loma Linda on "Current Evidence on Recovery and Community Integration." In February, Dr. Salzer discussed current research on the community integration of individuals with psychiatric disabilities at Grand Rounds in the Department of Psychiatry at Cooper University Hospital (Camden, New Jersey). In December 2007, he gave the plenary presentation on "Certified Peer Specialist Outcomes in Pennsylvania" at the Recovery Pennsylvania Workgroup's Third Annual Conference in Harrisburg.

**David B. Sarwer, PhD** spoke in the fall and winter on a number of topics at various venues, including: "Identification and Assessment of Psychiatric Disorders in Cosmetic Surgery" (American Society of Plastic Surgeons, Baltimore); "The Obesity Epidemic" and "Behavioral Management in the Obese Patient" (2nd Annual Comprehensive Treatment of the Obese Patient, University of Pennsylvania Health System); "Psychological Issues in Extreme Obesity" and "Psychological Issues in Augmentation Mammoplasty" (Body Contouring Symposium, The Edwin and Fannie Gray Hall Center for Human Appearance, University of Pennsylvania Health System); "Goals of the Preoperative Psychological Evaluation" and "Pre- and Postoperative Dietary Adherence" (8th Annual Minimally Invasive Surgery Symposium, Steamboat Springs, Colorado); and "Multidisciplinary Treatment of Obesity" (2008 Pinehurst Medical Symposium, FirstHealth Moore Regional Hospital, Pinehurst, North Carolina).

**Robert A. Schnoll, PhD** delivered several invited lectures, including: "Pharmacogenetics of Treatment Responses to Nicotine Replacement Therapy and Bupropion"

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(American Society of Addiction Medicine, Washington, DC); "Genetics And Smoking Cessation: Improving Outcomes Among Those At Risk" (American Association For Cancer Research, The Science Of Cancer Health Disparities, Atlanta); "Exploring Methods to Improve Treatments for Nicotine Dependence" (Brown University Colloquium Series, Providence); "Studies of Methods to Improve Treatments for Nicotine Dependence" (Transdisciplinary Tobacco Rounds, Center for Addiction and Mental Health, University of Toronto, Toronto, Canada); and "Treating Nicotine Dependence Among Women" (Women and Cigarette Smoking: Socioeconomic Influences, College on Problems of Drug Dependence, Annapolis, Maryland).

**Ruth Steinman, MD** taught a new course to senior psychiatry residents on the basics of psycho-oncology and she teaches in the Department's new fellowship program in Psychosomatic Medicine. At Penn's Abramson Cancer Center, she evaluates and treats adult patients who are experiencing high levels of emotional distress.

**Richard F. Summers, MD**, with **Anthony L. Rostain, MD**, led a seminar on "Lifers: An Experiential Seminar for Career Educators" at the annual meeting of the American

Association of Directors of Psychiatry Residency Training in New Orleans in March. Dr. Summers will serve as Program Chair of the AAD-PRT's 2009 annual meeting. In December 2007, he was a discussant at the Jewish Film Festival at a screening of "In Treatment," a popular Israeli television series centered on a psychotherapist and his patients.

**George E. Woody, MD** presented research data to the Medical College of Virginia, the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and to the leadership of the National Institute on Drug Abuse (NIDA). He was also asked to serve as consultant to work with the Post-Graduate Medical Training Institute in Irkutsk, Russia, to help them develop programs to screen for HIV and substance use in primary care and to better integrate addiction and HIV treatments.



**Elna Yadin, PhD** presented a workshop for professionals on the "Diagnosis and Treatment of Obsessive-Compulsive Disorder" at the Beer Sheva Center for Mental Health in January 2008 in Israel. ❖

The federally-funded **University of Pennsylvania Collaborative on Community Integration (Director: Mark S. Salzer, PhD)** ([www.upennrrtc.org](http://www.upennrrtc.org)), has been very active in a number of areas:

- Collaborating with the Department of Behavioral Health in Philadelphia County to transform partial hospitals to day programs that promote the community integration of individuals with psychiatric disabilities.
- Assisting the Southeastern Pennsylvania Mental Health Regional Quality Improvement Committee to develop a measurement system to assess the success of targeted programs in promoting community integration.
- Assisting agencies in Camden and Trenton, New Jersey and Bucks, Westmoreland, Montgomery, and Delaware Counties and other places in Pennsylvania to develop strategies to promote community integration and employment of persons with psychiatric disabilities.
- Developing a new Community Integration Institute which will help staff learn about community integration and develop strategies for promoting it.

## RESEARCH NEWS

**Wade H. Berrettini, MD, PhD** and colleagues recently published a paper reporting that DNA sequence variants in the alpha 3 and/or alpha 5 nicotinic receptor subunit genes convey risk for nicotine addiction. (Berrettini WH, Yuan X, Tozzi F, Song K, Chilcoat H, Francks C, Waterworth D, Muglia P, Mooser V. Alpha-5/Alpha-3 Nicotinic Receptor Subunit Alleles Increase Risk for Heavy Smoking. *Molecular Psychiatry* 13:368-73, 2008.)

**Rhonda Boyd, PhD** was awarded a Clinical and Translational Science Award from the Community-Based Research Small Grants Program at the University of Pennsylvania to examine mental health referral activities for women screened with high levels of postpartum depression symptoms at the Maternity Care Coalition.

**Anna Rose Childress, PhD, Charles P. O'Brien, MD, PhD**, and their colleagues at the Center for Studies of Addiction recently published a study providing the first evidence that cocaine and sexual cues of only 33 milliseconds duration can activate ancient limbic reward circuitry -- even when presented in a way that prevents their conscious recognition. [Childress AR, Ehrman RN, Wang Z, Li Y, Sciortino N, Hakun J, Jens W, Suh J, Listerud J, Marquez K, Franklin T, Langleben D, Detre J, and O'Brien CP. Prelude to Passion: Limbic Activation by "Unseen" Drug and Sexual Cues. *PLoS ONE* 3(1): e1506, 2008. doi:10.1371/journal.pone.0001506] [<http://www.plosone.org/doi/pone.0001506>]

### Reward circuits respond to 33 msec "unseen" cocaine cues

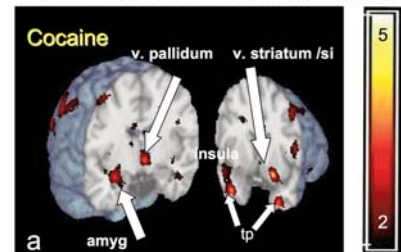


Figure: Statistical parametric map comparing backward-masked 33 msec cocaine vs. non-drug targets; displayed t-values range between 2 and 5.

The research, which used brain imaging, underscores the "instant" onset of drug motivation, and helps to explain the human struggle to manage conscious craving states. By the time a motivational state is fully conscious and labeled, the limbic system has a strong "head start" on the frontal brain systems responsible for governing the impulses toward reward. The novel brain imaging paradigm will enable testing of candidate addiction medications

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The work of the Penn Addiction Research Group in the area of pharmacogenetics, led by **David W. Oslin, MD, Wade H. Berrettini, MD, PhD, and Charles P. O'Brien, MD, PhD**, was recently replicated in a major study published in the *Archives of General Psychiatry*. Dr. O'Brien was invited to write a commentary explaining how the effects of alcohol on the endogenous opioid system discovered in research at Penn dating back to the 1980s has now led to an improved treatment for alcoholism and a potential pharmacogenetic indication by the FDA. [O'Brien CP. Prospects for a Genomic Approach to the Treatment of Alcoholism (commentary). *Archives of General Psychiatry*, 65(2):132-133, 2008.]

for their ability to protect against "unseen" drug cues. The paper was selected by the National Institute on Drug Abuse for a press release, and the finding was covered by more than 900 websites and other media (including television). The research was also featured in the landmark HBO documentary series "Addiction" [[http://www.hbo.com/addiction/thefilm/centerpiece/614\\_seg\\_ment\\_3.html](http://www.hbo.com/addiction/thefilm/centerpiece/614_seg_ment_3.html)].

**Thomas N. Ferraro, PhD** published a paper demonstrating the use of gene transfer to "rescue" mice in a model of seizure susceptibility relevant to the most common forms of human epilepsy. [Ferraro TN, Golden GT, Dahl JP, Smith GG, Schwebel CL, MacDonald R, Lohoff FW, Berrettini WH, Buono RJ. Analysis of a quantitative trait locus for seizure susceptibility in mice using bacterial artificial chromosome-mediated gene transfer. *Epilepsia* Sep;48(9):1667-77, 2007.]

**Martin E. Franklin, PhD** initiated recruitment for a multicenter R01 grant (Franklin, M.E., PI) on family-based treatment of pediatric Obsessive-Compulsive Disorder that focuses on Cognitive Behavioral Therapy delivery for young children (ages 5-8). He also will be initiating recruitment for a pending five-year, NIMH-funded R01 (Franklin, M. E., PI) examining treatments for trichotillomania in youth (ages 10-17 inclusive). Funding commenced in April 2008 and recruitment

will likely commence in June.

**Namni Goel, PhD** received a two-year grant, "Genotyping Neurobehavioral Phenotypic Responses to Partial Sleep Deprivation in Humans," from the Institute for Translational Medicine and Therapeutics at Penn. Dr. Goel and Maja Bucan, PhD are Co-Principal Investigators.

**Chang-Gyu Hahn, MD, PhD** received two grants on which he serves as Principal Investigator: 1) an investigator-initiated grant from AstraZeneca Pharmaceuticals on "BDNF Signaling in Olfactory Neurons as a Biomarker for Antidepressant Effects;" and 2) a five-year National Institute of Mental Health (NIMH) grant on "Olfactory Neuronal Signaling of Lithium Treatment."



Together with Dr. Philip C. Kendall, **Muniya Khanna, PhD** has developed the first evidence-based computer-assisted cognitive-behavioral therapy for the treatment of

anxiety in youth (ages 7-13). Development of "Camp Cope-A-Lot: The Coping Cat CD Rom" was funded by the NIH, and the clinical trial evaluating its effectiveness in community mental health clinics is nearing completion. Preliminary data are promising.

**Tanja Kral, PhD** received a Mentored Research Scientist Development Award (K01) from the NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to study eating behaviors among weight-discordant siblings. In October of 2007, Dr. Kral also received a New Investigator Research Award from The Obesity Society to examine the effects of selected environmental influences on young children's eating.



**Daniel D. Langleben, MD** was the first author on a paper on the "Acute Effect of Methadone Maintenance Dose on Brain fMRI Response to Heroin-related Cues"

[*American Journal of Psychiatry* Mar;165(3):390-4, 2009]. **James Loughhead, PhD, Charles P. O'Brien, MD, PhD, and Anna Rose Childress, PhD** from the Department were among the co-authors. The paper was the topic of the Editorial in the same issue of the *AJP* [Adinoff B. "Divided Doses for Methadone Maintenance." pp. 303-5].

In the December issue of the *Journal of Neuroscience*, **Caryn Lerman, PhD** and colleagues in the Center for Functional Neuroimaging report new evidence on the neural substrates of nicotine abstinence symptoms. Extending this work, Dr. Lerman, with **Ruben C. Gur, PhD** and **James Loughhead, PhD**, received a grant from Pfizer for an fMRI investigation exploring the neural substrates of varenicline's efficacy for smoking cessation.

**Falk W. Lohoff, MD** received funding from the National Institute of Mental Health for a grant titled "VMAT1 in Bipolar Disorder and Schizophrenia." The study will focus on the vesicular monoamine transporter 1 and its potential involvement in psychiatric disorders.

**Paul J. Moberg, PhD** received renewed funding for five years of his National Institute of Mental Health (NIMH) grant on "Olfactory Function in Schizophrenia: A Lifespan Analysis." The project will examine the neurodevelopmental contributions to chemosensory dysfunction in schizophrenia utilizing measures of nasal/palate volume, structural MRI, and quantitative examination of facial morphology. Predictive utility of these impairments will be probed by examining subjects at increased risk for the development of psychosis.

**J. Russell Ramsay, PhD** and **Anthony L. Rostain, MD** co-authored an invited editorial on the current status and future direction of adult ADHD research to be published in the May 2008 issue of the *Journal of Attention Disorders*. The *JAD* May issue is specially devoted to issues related to ADHD in adulthood.

**Andrew Strasser, PhD** was awarded a new grant titled "Investigation of Smokers' False Inferences from Marketing of Potentially Harm Reducing Products." The project is funded by the Robert Wood Johnson Foundation's Substance Abuse Policy Research Program.



**George E. Woody, MD** completed a study showing that continuing buprenorphine is much more effective than the standard treatment of detoxification and psychosocial treatment for 15 to 21 year-old opioid addicts. The

results of the study are now being prepared for publication. ❖

## RESEARCH GRANTS

The following sponsored research funding was received by the Department during the period October 1, 2007 through March 31, 2008

(\*Sponsored research funding during the period 4/1/07 through 9/30/07. Awards were received after publication of last newsletter.)

### New NIH Awards (includes New and Competing Renewals)

| Name                     | Sponsor | Project Title   |
|--------------------------|---------|---|
| AMSTERDAM, JAY           | NIH     | TREATMENT OF BIPOLAR TYPE II MAJOR DEPRESSION*                                |
| AMSTERDAM, JAY           | NIH     | EFFECT OF PSYCHOTHERAPY ON BRAIN SEROTONIN ACTIVITY                           |
| HUGHES-HALBERT, CHANITA  | NIH     | PENN CENTER FOR ELSI RESEARCH IN EMERGING GENETIC TECHNOLOGIES IN HEALTH CARE |
| KAMPMAN, KYLE            | NIH     | QUETIAPINE FOR THE TREATMENT OF TYPE A AND TYPE B ALCOHOLISM*                 |
| LYNCH, KEVIN             | NIH     | MEDIATION METHODS IN ALCOHOL CONTINUING CARE RESEARCH*                        |
| METZGER, DAVID           | NIH     | INVEST DRUG ABUSE RESEARCH FELLOWSHIP   |
| MOBERG, PAUL             | NIH     | OLFACTORY FUNCTIONS IN SCHIZOPHRENIA: A LIFESPAN ANALYSIS                     |
| O'BRIEN, CHARLES         | NIH     | CENTER FOR RESEARCH ON IMPROVING THE TREATMENT OF DRUG ABUSE                  |
| SIEGEL, STEVEN           | NIH     | LONG-TERM NEUROBEHAVIORAL EFFECTS OF KETAMINE EXPOSURE IN ADOLESCENT MICE     |
| THASE, MICHAEL           | NIH     | PROPHYLACTIC COGNITIVE THERAPY FOR DEPRESSION*                                |
| WILTSEY-STIRMAN, SHANNON | NIH     | INFLUENCES ON THE SUSTAINABILITY OF EVIDENCE-BASED PSYCHOTHERAPIES*           |

### Other Federal Agencies

| Name           | Sponsor                                    | Project Title   |
|----------------|--|---|
| BLANK, MICHAEL | CENTERS FOR DISEASE CONTROL AND PREVENTION | MULTI-SITE RAPID HIV TESTING IN URBAN COMMUNITY MENTAL HEALTH SETTINGS* |
| DINGES, DAVID  | NATIONAL SPACE BIOMEDICAL RESEARCH         | DEVELOPMENT OF A USER INTERFACE FOR THE PVT SELFTEST (PST)*             |

### Other Agencies and Organizations

| Name             | Sponsor  | Project Title  |
|------------------|--|--|
| BECK, AARON      | AMERICAN FOUNDATION FOR SUICIDE PREVENTION                     | THE FEASIBILITY OF AGENCY-WIDE TRAINING IN COMMUNITY-BASED COGNITIVE THERAPY FOR SUICIDE ATTEMPTERS* |
| CARLSON, GREGORY | RHETT SYNDROME RESEARCH FOUNDATION                             | DEVELOPMENT OF CORTICAL HYPEREXCITABILITY IN RETT SYNDROME   |
| GOLDMAN, MARINA  | NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION | BRAIN SUBSTRATES ASSOCIATED WITH VULNERABILITY TO ADDICTION IN ADOLESCENTS WITH CONDUCT DISORDER*    |
| GUR, RUBEN       | MERCK & CO., INC.  | CNP SUPPORT FOR CT MK-0249, PN016 AND CT MK-0007, PN027*   |
| GUR, RUBEN       | MERCK & CO., INC.  | IMPLANTATION OF CNP FOR CT MK-0249, PN016 AND CT MK-0557, PN 027*                                    |

### Other Agencies and Organizations (continued)

| Name              | Sponsor   | Project Title  |
|-------------------|---|--|
| HADLEY, TREVOR    | STANLEY MEDICAL RESEARCH INSTITUTE (THROUGH UCLA)   | DEVELOPING ESTIMATES OF SCHIZOPHRENIA IN A COHORT OF INDIVIDUALS FROM NCPP STUDY*                          |
| HAHN, CHANG-GYU   | STANLEY MEDICAL RESEARCH INSTITUTE                  | PROTEOMIC ANALYSIS OF THE ERBB4-NMDAR COMPLEX IN SCHIZOPHRENIA*  |
| HAHN, CHANG-GYU   | CHOP INSTITUTIONAL FUNDS                            | RESEARCH AGREEMENT BETWEEN CHANG-GYU HAHN AND KARIN BORGMANN-WINTER*                                       |
| KRAL, TANJA       | NORTH AMERICAN ASSOCIATION FOR THE STUDY OF OBESITY | EFFECTS OF DOUBLING THE PORTION SIZE OF LOW ENERGY-DENSE DISHES WITHIN A MEAL ON ENERGY INTAKE IN CHILDREN |
| LUCKI, IRWIN      | NIH (THROUGH CHOP)                                  | CORTICOTROPIN-RELEASING FACTOR AND SEROTONERGIC INTERACTIONS*  |
| PETTINATI, HELEN  | CEPHALON, INC                                       | CONVERGING PATHWAYS: MULTIPLE APPROACHES TO THE INVESTIGATION AND TREATMENT OF SUBSTANCE USE DISORDERS     |
| RODRIGUEZ, DANIEL | CANCER RESEARCH AND PREVENTION FOUNDATION           | THE EFFECTS OF ANTISMOKING PARENT PRACTICES ON ADOLESCENT SMOKING  |

### Clinical Trials

| Name              | Sponsor                              | Project Title  |
|-------------------|--------------------------------------|--|
| AMSTERDAM, JAY    | NOVARTIS PHARMACEUTICALS CORPORATION | AN 8-WEEK, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-AND PAROXETINE-CONTROLLED STUDY OF THE EFFICACY, SAFETY AND TOLERABILITY OF AGOMELATINE 25 OR 50 MG GIVEN ONCE DAILY IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER (MDD) FOLLOWED BY A 52-WEEK OPEN-LABEL TREATMENT WITH AGOMELATINE 25 OR 50 MG*  |
| AMSTERDAM, JAY    | CEPHALON, INC                        | AN 8-WEEK, DOUBLE-BLIND, PLACEBO-CONTROLLED, PARALLEL-GROUP, FIXED-DOSAGE STUDY TO EVALUATE THE EFFICACY AND SAFETY OF ARMODAFINIL TREATMENT (150 MG/DAY) AS ADJUNCTIVE THERAPY IN ADULTS WITH MAJOR DEPRESSION ASSOCIATED WITH BIPOLAR I DISORDER   |
| DINGES, DAVID     | MERCK & CO., INC.                    | A PHASE IIA, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, 3-PERIOD CROSSOVER, ADAPTIVE DOSE DESIGN, CLINICAL TRIAL TO EVALUATE THE SAFETY AND EFFICACY OF MK-0249 IN TREATING REFRACTORY EXCESSIVE DAYTIME SLEEPINESS IN PATIENTS WITH OBSTRUCTIVE SLEEP-APNEA/HYPOPNEA SYNDROME APPROPRIATELY USING NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE (NCPAP) THERAPY* |
| FRANKLIN, THERESA | PFIZER INC                           | EFFECTS OF VARENICLINE ON BRAIN AND BEHAVIOR   |
| KAMPMAN, KYLE     | TITAN PHARMACEUTICALS                | AN OPEN-LABEL, MULTI-CENTER, EXTENSION STUDY OF PROBUPHINE IN PATIENTS WITH OPIOID DEPENDENCE  |
| LERMAN, CARYN     | GLAXOSMITHKLINE                      | A RANDOMIZED, DOUBLE-BLIND, PLACEBO CONTROLLED, TWO-WAY CROSS-OVER STUDY TO ASSESS THE EFFECTS OF A SINGLE DOSE OF GSK598809, A SELECTIVE DRD3 ANTAGONIST, IN MODULATING NICOTINE REWARD DAN106593   |
| LERMAN, CARYN     | PFIZER INC                           | NEURAL SUBSTRATES OF VARENICLINE EFFECTS ON COGNITIVE PERFORMANCE AND CRAVING IN ABSTINENT SMOKERS: AN FMRI INVESTIGATION*   |
| PETTINATI, HELEN  | FAST-TRACK DRUGS & BIOLOGICS, LLC    | CSP-1027: A PHASE 2, DOUBLE-BLIND, PLACEBO CONTROLLED TRIAL TO ASSESS THE EFFICACY OF QUETIAPINE FUMARATE SUSTAINED RELEASE FOR THE TREATMENT OF ALCOHOL DEPENDENCY IN VERY HEAVY DRINKERS*  |
| STREIM, JOEL      | GLAXOSMITHKLINE                      | A 24-WEEK, DOUBLE-BLIND, DOUBLE-DUMMY, RANDOMIZED, PARALLEL-GROUP STUDY TO INVESTIGATE THE EFFECTS OF ROSIGLITAZONE (EXTENDED RELEASE TABLETS), DONEPEZIL, AND PLACEBO AS MONOTHERAPY ON COGNITION AND OVERALL CLINICAL RESPONSE IN APOE 4-STRATIFIED SUBJECTS WITH MILD TO MODERATE ALZHEIMER'S DISEASE (REFLECT-1)*  |
| THASE, MICHAEL    | SEPRACOR, INC                        | A DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED, STUDY EXAMINING THE SAFETY, EFFICACY, AND TOLERABILITY OF SEP-225289 IN SUBJECTS WITH MAJOR DEPRESSIVE DISORDER (INCLUDING ATYPICAL AND MELANCHOLIC FEATURES)  |
| WADDEN, THOMAS    | METACURE USA                         | THE TANTALUS II SYSTEM FOR THE TREATMENT OF TYPE 2 DIABETES: A RANDOMIZED STUDY  |

## FACULTY IN THE NEWS

**Gregory K. Brown, PhD** is quoted in a March 3, 2008 *New York Times* article about the role blogs may have played in the suicide of Paul Tilley, a Chicago advertising executive. Dr. Brown said that public humiliation - like the attacks that popular advertising blogs mounted against him in the months before his death - could play a role in suicide because it may contribute to the hopelessness that is often a major risk factor for suicide, but that little is known about how Internet barbs could impact these feelings.

**Anna Rose Childress, PhD** appears in a January 30, 2008 *HealthDay News* service article about a National Institute on Drug Abuse-funded, Penn-led study that found that cocaine-related images can trigger the brain's emotional centers in drug addicts, even if they are unaware that they have actually seen such an image.

**Judith A. Coché, PhD** was interviewed by Alfred Lubrano of the *Philadelphia Inquirer* for a Valentine's Day story titled "Love's Skill Sets." The article recounts critical behaviors and attitudes that help couples keep their relationships vibrant and healthy over a lifetime. In addition, author Laurie Abraham has contracted with Simon and Shuster for a non-fiction book based on her in vivo experience with Dr. Coché's work with couples. Ms. Abraham is the author of "Can This Marriage Be Saved?" which appeared in the *New York Times Magazine* last August.

**James Coyne, PhD** comments on WebMD on his recent study showing that women carry more of the emotional burden when either one in a couple is diagnosed with cancer. The on-line article appeared on March 6, 2008.

**David F. Dinges, PhD** was interviewed on National Public Radio (NPR) on January 17, 2008 for a story on time use and sleep need in Americans. On February 17, 2008, he

appeared on CBS' 60 Minutes in a double segment on the behavioral and biological consequences of inadequate sleep.



The work of **Edna B. Foa, PhD** on treating posttraumatic stress disorder was cited at length in an article in *The Pueblo Chieftain* (Pueblo, Colorado),

"Facing Fears May be Best Way to Combat PTSD, Say Doctors" [<http://www.chieftain.com/metro/1202980210/3>]. Dr. Foa gave a one-on-one telephone interview about anxiety disorders to Schlesinger Associates (Dallas Texas), a national medical research firm. In addition, her work was described in the *Washington Post* on October 19, 2007 in a story titled "Most PTSD Treatments Not Proven Effective; Scientists Find That One Therapy Is Shown to Help Disorder; Evidence of Drugs' Benefits Inconclusive."

On March 3, 2008, **Martin E. Franklin, PhD** appeared on NPR's Voices in the Family, hosted by Dr. Dan Gottlieb. He discussed compulsive hoarding on a panel that included a professional organizer and Dr. David Tolin at the Institute of Living in Hartford, Connecticut, who is also an expert in Obsessive-Compulsive Disorder psychopathology and treatment.

**Rollin M. Gallagher, MD, MPH** was interviewed by *Consumer Reports* on March 7, 2008 regarding various treatments for chronic pain disorders and diseases.

**Namni Goel, PhD** was interviewed for an article in the *Jackson Citizen Patriot*. The article, published on December 13, 2007, was by Christina Hildreth and titled "Shine Through Winter Gloom." Dr. Goel discussed various aspects of Seasonal Affective Disorder, including symptoms and optimal treatments.



**Chanita Hughes-Halbert, PhD** was interviewed on the NBC singing competition "Clash of the Choirs" for her exceptional work on the Abramson Cancer Center's "With Our Voices" outreach program. [[http://www.uphs.upenn.edu/news/News\\_Releases/dec07/clash-choirs.html](http://www.uphs.upenn.edu/news/News_Releases/dec07/clash-choirs.html)]

**Kyle Kampman, MD** is quoted in the February 20, 2008 *Daily Pennsylvanian* in an article about the rise of prescription drug abuse on campus.

**Daniel D. Langleben, MD** appeared on an October 7, 2007 Public Broadcasting Service (PBS) show hosted by Adam Rogers on "Lie-Detectors, Wired Science." He also appeared on National Public Radio's Morning Edition on October 30, 2007 on a program hosted by Dina Temple-Raston -- "Neuroscientist Uses Brain Scan to See Lies Form."

**Helen Luu, MSW**, team leader of the Asian Behavioral Health Program at Hall-Mercer Community Mental Health Center at Pennsylvania Hospital, was interviewed on March 3, 2008 on WHYY Radio's Morning Edition about the stigma around mental health and depression in the Asian community. Hall-Mercer's Asian Behavioral Health Program has been providing services to the Asian community in Philadelphia for 20 years and was the first program of its kind in the region. [<http://www.whyy.org/news/gottlieb.html>]

**J. Karen Martin, BSN, RN** and **Helen Luu, MSW** were quoted in the March 17-24 edition of *ADVANCE* for Nurses on the importance of providing culturally competent care.

A paper by **Charles P. O'Brien, MD, PhD** is mentioned in a February 10, 2008 *New York Times* article about evaluating the suicide risk in a variety of medicines. In a *Journal of the American Medical Association* paper last year, Dr. O'Brien and Dr. Donald Klein of

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Columbia University stated that the best way to study the risk of rare side effects was to establish large, linked databases of patients, including medical records and prescription histories.

**John P. O'Reardon, MD** was quoted in a March 4, 2008 story that aired on the San Francisco NBC news affiliate about the use of transcranial magnetic stimulation (TMS) as a treatment for drug-resistant depression. He was also quoted in a December 11, 2007 NBC-10 story about his work using TMS to treat depression in patients who do not respond well to drugs for the condition, and in stories that ran on NBC affiliates in San Diego, San Francisco, Dallas/Forth Worth, and Washington, DC and the CBS News affiliate in Hartford/New Haven.

**Adrian Raine, DPhil** was featured in an April 10, 2008 article in *Penn Current* about his research on the brain and the genetic basis for crime. [<http://www.upenn.edu/pennnews/current/interviews/032708-1.html>]



**J. Russell Ramsay, PhD** was interviewed on March 5, 2008 by *La Opinión*, the nation's leading Spanish-language daily newspaper, regarding ADHD among older adolescents and young adults. This was a timely story because the Latino community tends to underutilize ADHD resources. *La Opinión* is published in Los Angeles.

**Daniel Rodriguez, PhD** presented at the American Association for Cancer Research meeting in Philadelphia in December 2007. His work was widely disseminated through a press release which reported that "students who

participate in high school sports or individual physical activity are less likely to smoke than their classmates...[though] girls do not derive the same level of protection from school sports as do boys." [<http://www.reuters.com/article/pressRelease/idUS220997+06-Dec-2007+PRN20071206>]

**Mark S. Salzer, PhD** was quoted in an article in *Psychiatric News* about psychiatry and the promotion of recovery, "Two-Way Street Crucial to Fostering Recovery." The article appeared on September 7, 2007 (volume 42, number 17, page 10). He also contributed a commentary in the *Philadelphia Inquirer* on September 21, 2007 about supporting college students with mental illnesses.

**David B. Sarwer, PhD** was interviewed for several stories, including: "Is Your Makeup Aging You?" (*Marie Claire*, November 1, 2007); "Researcher Explores Quality of Life After Body Contouring" (*Plastic Surgery News*, February 2008); and "You Want a Prettier What?" (*Glamour*, April 2008).



**Thomas Wadden, PhD** comments in a January 6, 2008 *USA Today* article about the role of family member support during weight loss programs. He also is quoted in a December 16, 2007 *USA Weekend* article about how to make healthy, long-term nutrition and lifestyle changes after the holidays.

In August, **Elna Yadin, PhD** appeared on an NBC-10 Healthwatch segment to discuss bridge phobias after the collapse of a major bridge in Minneapolis. Bridge phobia is a debilitating fear some people have of crossing over bridges. ❖

## NEW FACULTY



**Olivier Berton, PhD** joined the Department faculty in January 2008 as an Assistant Professor in the Tenure Track. He is a member of the Center for Neurobiology and Behavior (CNB) and his laboratory is located in the Translational Research Laboratories (TRL).

Dr. Berton investigates the molecular basis of affective disorders, particularly depression and posttraumatic stress disorder. Using animal models, he seeks to understand how events at the molecular and cellular levels may influence behavior and social cognition, areas of central concern in human cognitive neuroscience.

In a recent study, Dr Berton demonstrated the important role played by the transcription factor  $\Delta$ FosB in murine models of depression (1). This protein is produced by substance P containing neurons in the periaqueductal gray (PAG) area of the brain when mice are subjected to inescapable stress. The study showed that individual mice who expressed more  $\Delta$ FosB protein during stress were then less likely to exhibit "depressive-like" behaviors. To test whether this protein could act as an endogenous "pro-resilience" molecule, he manipulated the levels of  $\Delta$ FosB in the PAG using engineered viral vectors. The results indicated that overexpression of  $\Delta$ FosB in the PAG acted as an antidepressant treatment and suggest a potentially new approach to combat depression, through an entirely novel mechanism.

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## Berton Joins Faculty

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Dr. Berton is also interested in how neurotrophic molecules in the brain's reward pathways may play a role in an antidepressant effect (2). His previous work indicates that mice lacking the growth factor BDNF in their dopaminergic neurons are also more resistant to severe stress. Interestingly, and to the surprise of many scientists, these results differ from what has been found for BDNF in other parts of the brain such as the hippocampus, where reduced levels of BDNF seem to spur depressive behaviors.

A native of France, Dr. Berton attended the University of Bordeaux 2 (Victor Segalen), where he received his BS in Experimental Psychology and MS and PhD in Neuroscience. He then trained for a year as a postdoctoral fellow in the laboratory of Francesco Artigas, PhD in the Department of Neurochemistry at the Consejo Superior de Investigaciones Cientificas in Barcelona, Spain, and then worked as a research scientist in the preclinical research unit of UCB-Pharma in Brussels, Belgium. In 2001, Dr. Berton began a seven-year affiliation with the Department of Psychiatry of University of Texas Southwestern Medical Center, initially as a postdoctoral fellow under the mentorship of Eric J. Nestler, MD, PhD, and later as a team scientist.

Newly arrived at Penn, Dr. Berton is excited about the new opportunities Penn and Philadelphia offer. "I am thrilled and honored that the University of Pennsylvania and the Department have considered me a good fit for the CNB. I personally love the city of Philadelphia, and the brain research community here at Penn, whose excellence and collegiality are internationally acknowledged, will constitute an exceptional environment for my scientific growth. I would like to use this opportunity to invite students interested in the cellular neurobiology of emotions to come by my laboratory in the TRL building and discuss with me the projects I will be developing here." ❖

(1) Berton O, Covington HE 3rd, Ebner K, Tsankova NM, Carle TL, Ulery P, Bhonsle A, Barrot M, Krishnan V, Singewald GM, Singewald N, Birnbaum S, Neve RL, Nestler EJ. Induction of deltaFosB in the periaqueductal gray by stress promotes active coping responses. *Neuron* 55(2):289-300, 2007.

(2) Berton O, McClung CA, Dileone RJ, Krishnan V, Renthal W, Russo SJ, Graham D, Tsankova NM, Bolanos CA, Rios M, Monteggia LM, Self DW and Nestler EJ. Essential role of BDNF in the mesolimbic dopamine pathway in social defeat stress. *Science* 10:311(5762):864-8, 2006.



**Falk W. Lohoff, MD** joined the Department faculty in October 2007 as an Assistant Professor in the Tenure Track. He is a member of the Center for Neurobiology and Behavior and his laboratory is located in the Translational Research Laboratories.

Dr. Lohoff works in the area of psychiatric pharmacogenetics, which offers the long-term hope that one day it may be possible to customize medicines for individual patients to account for their specific genetic and physiological differences. Within this broad domain, Dr. Lohoff is now focusing his research on the genetic bases of serious mental illnesses, particularly bipolar disorder, schizophrenia, drug addiction, and epilepsy. He and his close collaborators, including the Department's Wade Berrettini, MD, PhD and Thomas Ferraro, PhD, have been exploring a variety of genetic explanations for these diseases, including the exciting possibility that the genetic origins of bipolar disorder and schizophrenia may be linked. In research funded by the National Alliance for Research on Schizophrenia and Depression (NARSAD) and the National Institute of Mental Health (NIMH), Dr. Lohoff is investigating a promising new candidate gene for both disorders -- the vesicular monoamine transporter 1 gene (VMAT1/SLC18A1). Variation in the gene encoding for this transporter could contribute to imbalances in neurotransmitter levels, which have been long postulated to play a role in psychiatric disorders. Dr. Lohoff will investigate this gene using a variety of techniques, including cell culture work, animal models, and human genetic studies.

Dr. Lohoff is also a clinician, serving as Attending Physician at the Hospital of the University of Pennsylvania (HUP), with specific responsibilities in the Department's Mood and Anxiety Disorders Research and Treatment Program.

Dr. Lohoff's particular interest in psychiatric pharmacogenetics will allow for expansion of the Department in this critical and promising area. While the promise of personalized medicine has yet to be realized through pharmacogenetics, Dr. Lohoff will provide much-needed expertise and create state-of-the-art investigations in this field.

Dr. Lohoff received his university education in his native Germany. During his time at Humboldt University of Berlin, he worked with Thomas

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## Lohoff Joins Faculty

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Sander, MD on the genetics of epilepsy, and continued his research at Penn for an eighteen-month period in the laboratories of Drs. Berrettini and Ferraro. In 2001, he again traveled to the United States, spending a year in medical training at the Thomas Jefferson University School of Medicine. In 2002, he earned his MD from Humboldt University of Berlin. He immediately went on to residency training in Penn's Department of Psychiatry, where he participated in the Clinical Research Scholars Program, and followed this with a postdoctoral fellowship in Neuropsychopharmacology under the mentorship of Dr. Berrettini and Irwin Lucki, PhD. Dr. Lohoff completed his fellowship in 2007, and moved directly to the Department's faculty ranks. ❖

## Department of Psychiatry Holiday Party December 21, 2007 -- Inn at Penn



## Cornerstones

### Recognizing the significant achievements of our faculty and staff

**"My life,"** says David F. Dinges, PhD, Professor of Psychology in Psychiatry and a member of the Department of Psychiatry for over 30 years, "is like skiing down a mountain in front of an avalanche—I'm having fun, but if I stop, I may be doomed." It's an intriguing description of a life and career that began in a place usually associated with a more measured pace.

Born in Hays, Kansas in the heart of wheat country, Dr. Dinges recalls that "the first thing I was certain of as a child growing up in a small rural town was that I wanted to be a scientist. Science appealed to me because I was a very organized and curious kid." That sense of structure was reinforced during his education at a military high school in his hometown, where he graduated as the brigade commander. "I was interested in a wide range of things, and by then I was pretty strongly interested in human behavior," he says.

Dr. Dinges declined an appointment to West Point in favor of St. Benedict's College in eastern Kansas. "I could not believe the number of things that were available to learn at St. Benedict's," he says, "and I began consuming everything I possibly could, especially mathematics, biology, psychology, and philosophy."

In particular, he was "set on fire" by Neal Miller's work in operant conditioning of autonomic responses. "I realized that physiological psychology, now called behavioral neuroscience, was what I cared about," Dr. Dinges recalls. He earned enough credits to major in any one of several disciplines, and chose psychology, receiving his AB in 1971. Amid advice to pursue other paths, including medical school, Dr. Dinges decided to follow his "passion for science" through graduate education.

First, though, there were a few matters to attend to. During a tumultuous summer, he graduated from college,

failed his draft physical at a time of heavy protest against the Vietnam War, married Christine, and departed for graduate school. He was accepted at a number of graduate programs, but elected to attend the Experimental Psychology program at Saint Louis University. "I was

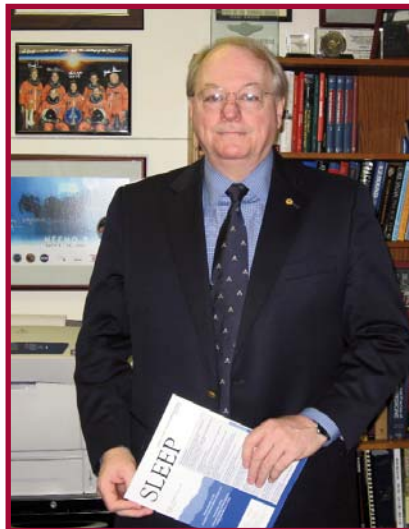
thrilled when I learned I would have the opportunity to conduct scientific studies," he recounts.

While in graduate school, Dr. Dinges took medical school courses in neuroanatomy and summer positions at the Central Institute for the Deaf with world-renowned Hallowell Davis, "the grand old man of the EEG," who was studying whether evoke brain potentials could be used to identify deafness in newborn babies. While at Saint Louis University, Dr. Dinges trained in visual system electrophysiology under Professor Donald Tepas, who also taught one of the very first graduate courses devoted to sleep research. "The sleep field was just beginning to form in 1971, and I realized there was much uncharted scientific territory regarding the functions of sleep and its role in waking behaviors and health."

Dr. Dinges earned both an MS and PhD in physiological psychology from Saint Louis University, and went on to a position as a Research Psychologist in Neurology and Human Development at The Children's Hospital National Medical Center in Washington, DC. He established an electrophysiology laboratory to study the effects of methadone on infant development, and came to realize "that sleep was vastly more sensitive to brain maturation than the sensory evoked brain responses I had been using, and more informative as to the effects of the drugs." He published the work in *Science* and "at that point," he says, "my interest in sleep research overtook my interest in sensory systems. I made the decision that my career would henceforth focus on sleep and circadian biology in relation to behavior."

## FACULTY SPOTLIGHT

### David F. Dinges, PhD



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That opportunity came in 1977, when a postdoctoral position opened up at Penn with Martin Orne, MD, PhD. "It was the opportunity of a lifetime to work in a major lab that was skilled in behavioral science and in the conduct of large-scale experiments," says Dr. Dinges. "There were all kinds of opportunities to run studies and analyze data."

Dr. Orne became the first of Dr. Dinges' mentors and collaborators at Penn. From Orne, Dr. Dinges learned about "demand characteristics," the possibility that subjects may provide data to please the investigator, as opposed to giving their natural responses. He also learned from Orne and his wife Emily Carota Orne how to conduct multi-day laboratory protocols on healthy adults, how to obtain good adherence from subjects, and how to keep study participants safe and willing to undergo challenging procedures like sleep deprivation.

The Ornes also introduced him to a larger set of questions involving stress, pain, and memory. "They helped me hone my writing skills, and encouraged me to be fearless in taking on difficult issues, not just scientific, but those with controversial public policy implications as well."

The Ornes were only the first of many within the Department and Penn who have been Dr. Dinges' research partners, including Siobhan Banks, PhD, Namni Goel, PhD, Hans Van Dongen, PhD, Terri Weaver, PhD, Greg Maislin, MA, MS, Allan Pack, MBChB, PhD, Albert Stunkard, MD, Kelly Allison, PhD, Johnny O'Reardon, MD, Richard Ross, MD, PhD, Adrian Morrison, DVM, PhD, Steven Douglas, MD, Dimitris Metaxas, PhD, John Detre, MD, Christos Ballas, MD, and the late Martin Szuba, MD. And, of course, there have been many colleagues outside of Penn as well.

Dr. Dinges started in the Department as an Instructor in 1977, followed by appointments as a Clinical Assistant Professor and Clinical Associate Professor. In 1993, he was moved to the tenure track and appointed Associate Professor. He was promoted to Professor in 1998.

Today, he is an internationally recognized expert on excessive sleepiness and fatigue and their origins in sleep loss, disturbed sleep, and circadian rhythms. He studies the effects of sleep loss and circadian perturbations on human physiology, cognition and performance, mood, health, and safety, and develops measures to counter their adverse effects. Dr. Dinges' leadership roles at Penn reflect this research focus. In the Department of Psychiatry, he is Director of the Unit for Experi-

mental Psychiatry (now in its 48th year) and Chief of the Division of Sleep and Chronobiology. He is also Associate Director of the Center for Sleep and Respiratory Neurobiology at the University of Pennsylvania School of Medicine. He is an Adjunct Professor in the School of Biomedical Engineering, Science and Health Systems at Drexel University.

Over the past quarter century, Dr. Dinges and his team have significantly advanced sleep research. For example, they have reported that sleep loss primarily impacts the neurobiology of attention, and have precisely measured the "instability of attention" with novel technologies that are now widely used to assess alertness. They have conducted seminal experiments on chronic partial human sleep loss, relating it to the fundamental question of how much sleep does a human need to be safe and effective. Their work revealed unexpectedly large and reliable cumulative sleep dose-response effects on waking neurobehavioral functions. These widely cited stud-

**"Unlike a lot of applied laboratories," Dr. Dinges notes, "we are grounded in basic science involving human subjects, and our experiments focus on dynamic changes in sleep homeostasis and endogenous circadian biology as critical modulators of cognitive and affective responses."**

ies have had a global impact on sleep science from neurobiology to public health. More recently, his team is also known for investigating why some people are impaired early and profoundly

by sleep loss, while others can go for prolonged periods with minimal impairment. This finding has led Dr. Dinges and colleagues to begin searching for the genetic bases of differential neurobehavioral vulnerability to sleep loss.

A focus on basic biological mechanisms of healthy human behavior is a central pillar of the laboratory, and a unique attribute. "Unlike a lot of applied laboratories," Dr. Dinges notes, "we are grounded in basic science involving human subjects, and our experiments focus on dynamic changes in sleep homeostasis and endogenous circadian biology as critical modulators of cognitive and affective responses." His experiments are conducted in a highly controlled and uniquely isolated Sleep and Chronobiology Laboratory on 11 Founders HUP, which permits him to study large numbers of people for many consecutive days and as a function of a range of experimental conditions. "This unique capability has been a component of our success at attracting federal support for our research." Indeed, for the past 30 years Dr. Dinges' research has been continuously and heavily supported by many federal agencies, including NIH, NASA,

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the National Space Biomedical Research Institute (NSBRI), Air Force Office of Scientific Research, Department of Transportation, and recently by the Department of Homeland Security.

Dr. Dinges moves freely across disciplines and methodologies to pursue his research questions. He underscores that “we use EEG signal processing, neuroimaging, endocrinology, aspects of immunology, mathematical modeling, epidemiology, genetics/genomics, optical and acoustic analyses, simulators, analog environments, and a wide range of behavioral

**His secrets for success, and a pathway for others to follow? “Stay organized, take action and solve problems, be realistic about the world—it isn’t all about you—and try to do the right thing.”**

techniques and technologies to understand how sleep and circadian biology affect humans. In any given year, we are publishing papers using these different approaches, which is one of the reasons we are inundated with media requests.” CNN, the Discovery Channel, 60 Minutes, NPR, and National Geographic, among other media outlets, seem to have him locked in on speed dial. Because his research is publicly supported, Dr. Dinges says that “we are privileged and feel obligated to inform the public what we do with the funds, but we also must embargo the media most of the year because the research demands a huge time commitment. In any given year, the laboratory conducts approximately 800 24-hour protocol days, which require many technical staff, faculty, trainees and students working around the clock.”

Currently, Dr. Dinges is seeking to measure the amount of sleep people need to recover from a life-style induced sleep debt, an area with no published research but relevant to the now widespread association between reduced sleep and accidents, obesity, and all-cause mortality. “We are now completing a NIH-funded study of 180 people -- that’s 2160 laboratory days -- looking at the effects of all dosages of recovery sleep,” says Dr. Dinges. “A second experiment nearly completed for NASA and NSBRI focuses on the rate at which healthy humans can be ‘recycled’ through periods of sleep debt -- an issue of considerable interest to many federal agencies.”

“Broadly, our research deals with identifying the biological limits of human behavior relative to health and

safety,” Dr. Dinges says, “and with determining what can be done to protect healthy people when those limits are exceeded. The answers have also been helpful for identifying and treating problems such as excessive sleepiness in patients with a variety of disorders. We created a simple cognitive task called the Psychomotor Vigilance Test or PVT that has proven to be remarkably sensitive to excessive sleepiness. It is being used in clinical trials evaluating new wake-promoting medications, and a new version of it is scheduled to be tested on the International Space Station over the next five years.”

Although his research has been funded by NIH for the past 25 years, Dr. Dinges has also had a prolonged involvement with NASA. In 1990, he began to tackle alertness issues related to long-haul commercial pilots, an issue of intense interest to NASA. This led to other questions, and projects. “As early as 1993,” Dr. Dinges relates, “I was getting interested in NASA’s issues of human capability in space, but this didn’t come to full fruition until I got involved in an application that led to the founding of the NSBRI.” The resulting NSBRI Consortium initially engaged several hundred academic scientists through seven core institutions (Baylor, Harvard, MIT, Johns Hopkins, etc.), which expanded to 12 in 1999 to include Penn’s medical school. Dr. Dinges was instrumental in bringing the medical school into the consortium. His research program for NASA and NSBRI ranges from extensive laboratory experiments that were recently refunded to 2012, to studies of astronauts living in a facility on the ocean floor and in space flight. He is currently the NSBRI Team Lead for the Neurobehavioral and Psychosocial Factors research supported by NASA.

Dr. Dinges also devotes time to teaching and mentoring graduate students and postdoctoral researchers. He lectures to medical students once a year and teaches Penn undergraduates in his popular Biological Basis of Behavior course on Human Sleep and Chronobiology. Beyond formal instruction, he provides opportunities for many undergraduates in his laboratory. More than 50 work part-time there at any one time, and among those who have worked full-time for one to three years, 44 have gone on to medical school or graduate school.

Dr. Dinges is widely recognized for his work and highly honored. He has served as President of the World Federation of Sleep Research and Sleep Medicine Societies and of the (U.S.) Sleep Research Society, and he is currently Editor-in-Chief of *SLEEP*, the leading journal internationally for sleep research and sleep medicine. In May 2004, he received the First Decade of Behavior Award from the American Psychological Association, and in 2007, he received the NASA Distinguished Pub-

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lic Service Medal, the highest honor NASA awards to a non-Government employee.

As for interests outside of his work and career, Dr. Dinges says that he has “lots of them. I love my wife – I’ve enjoyed living and working with Christine for 36 years. I have two terrific sons, two grandsons who I’m devoted to, my 84-year-old mother, and successful brothers and sisters.” Beyond this, he says, “my private interests include reading, art, travel, and in fact, I can get interested in almost anything.”

So, with all this going on, how does Dr. Dinges find time for -- well -- sleep? “I actually prioritize sleep because of its criticality for my performance,” he says. His secrets for success, and a pathway for others to follow? “Stay organized, take action and solve problems, be realistic about the world -- it isn’t all about you -- and try to do the right thing.” “I value performance,” he says, “I’m interested in the bottom line of behavior -- how do we cope, how do you make do? But I also recognize how privileged all this is. Only affluent societies have scientists and only a very few get paid to explore how to optimize human behavior and health.”

“As a child,” he recalls from his days in Kansas, “I hunted and fished. You learn a self-reliance -- you learn not to expect entitlement and that you can be an agent of action in the world.”

It has been a long journey from farm country to the inner workings of the brain and back out to the reaches of outer space, but in Dr. Dinges’ view the road has been obvious. “I play to my strengths,” he says. “I understood something fundamental early in life -- don’t make a career in an area where you’re not already strong. What assets do you have and how do you turn that into something that’s fun and does some good. The key question for me was whether I could be effective as a scientist. Once I realized I could do that, everything after that is history and fun.” ❖

## Jemmott’s Center Joins Department

*Continued from page 1*

In an earlier study in 1998, Dr. Jemmott and his co-authors showed that abstinence and safer-sex interventions could both lead to a decrease in sexually risky behavior, but that safer-sex interventions, including condom use, “may hold the most promise” for achieving this goal with sexually experienced adolescents over longer periods. Once again, these conclusions ran counter to prevailing opinion at the time.

Dr. Jemmott’s work in Africa has also been noteworthy, especially in the field of global health policy. This research has great public health relevance because Sub-Saharan African countries, including South Africa, have a generalized HIV epidemic and the highest rates of HIV/AIDS in the world. For five years, together with his wife, Dr. Jemmott worked with and studied sixth-grade students in South Africa’s Eastern Cape Province to design a sex education curriculum to reduce risky sexual behavior which often leads to HIV infection and AIDS. Particularly critical in this venture was understanding and working within the boundaries of the local Xhosa culture in developing the program.

Currently, Dr. Jemmott and the Center are continuing their work across two continents to develop strategies to reduce risky sexual behavior, with major support from the National Institutes of Health.

- The “South African Adolescent Health Promotion Project” continues the work to identify effective sustainable interventions to dissuade South African adolescents from engaging in behaviors that increase their risk for STDs, including HIV.
- The “South African Men Health Promotion Project” develops interventions to dissuade South African men from engaging in behaviors that increase the risk for STDs, including HIV.
- “Help Us, Save Us! HIV/Sexually Transmitted Infections (STI) Prevention Intervention for High-Risk Black Men” identifies effective culturally appropriate interventions to dissuade African American men who have sex with men from engaging in behaviors that increase their risk for STDs, including HIV.
- The “Partnership for Capacity-Building for HIV/STD Prevention Research on Botswana Adolescents” seeks to curb the spread of sexually transmitted HIV infection among adolescents in Botswana.
- The “HIV/STD Risk Reduction for African American Couples” study tests the effectiveness of an HIV sexual risk reduction intervention for African American HIV serodiscordant heterosexual couples.
- The “Health Promotion for South African University Students” project is developing and conducting a preliminary pilot test of an HIV/STI risk-reduction intervention for university students in South Africa.
- The “HIV/STI Risk Reduction for African American Men” project is a pilot that seeks to develop a theory-based, contextually appropriate behavioral intervention to reduce the risk of HIV and other STI’s for heterosexual African American men.

The Department of Psychiatry enthusiastically salutes Dr. Jemmott and the Center for Health Behavior and Communication Research as they continue their pioneering scholarship and service in their new home. ❖

**K**enneth D. Cohen, MD, a member of the Department of Psychiatry for almost five decades, has priorities perfectly understandable for a Clinical Professor. "Patient care has always been my number one priority," he says, "but education is a parallel priority. I feel very keenly that we as a faculty should strive to help those whom we teach to become better clinicians, researchers, and educators than we are." This firmly held principle is at the very heart of Dr. Cohen's distinguished career in medicine and education.

Born in Philadelphia, Dr. Cohen attended high school in the city where his interest in becoming a physician first blossomed. "In my teens," he says, "I thought of engineering, but as I went through high school, I saw my interest grow in science and biology."

Dr. Cohen's work in high school earned him a scholarship from the Philadelphia Board of Education, and he had a choice of attending three colleges -- Drexel, Temple, or the University of Pennsylvania. He chose Penn where he earned a BA in 1949. From Penn, Dr. Cohen went on to the Chicago Medical School and earned his MD there in 1953.

Dr. Cohen says that he has always been somewhat introspective. This, combined with an interest in interpersonal relationships, moved him to see the movie *Spellbound*, a psychoanalytically inspired thriller featuring a female analyst (Ingrid Bergman) and her guilt-ridden romantic interest (Gregory Peck) who was a murder suspect. The film, released during his freshman year at Penn, stirred his interest. "After I saw it," Dr. Cohen recalls, "I went to the stacks in the old library at Penn and pulled out a few books and read more. Later, in medical school in Chicago, we were one of the first schools where psychiatry was introduced in the first year. The teachers were analysts." This heightened his curiosity and desire to

study more of this understanding of human nature.

With his career focus now sharpening, Dr. Cohen returned to Philadelphia following medical school for his internship at Albert Einstein Medical

Center, there was a set of rules and regulations that provided an administrative lesson; the learning curve was steep, indeed.

Then, too, Dr. Cohen was Consultant to the National Security Agency with a high-level security clearance. The world of national security was for him a stark reality.

Throughout,

he kept in mind the GI as singularly relating to the military as a whole. Thus, he instituted for the first time a group therapy program in the stockade which was conducted by technicians in his unit who were supervised and trained by him. Dr. Cohen received a Certificate of Appreciation upon leaving service.

Returning to civilian life, Dr. Cohen became Senior Staff psychiatrist at the Philadelphia Psychiatric Center (now Belmont Center for Comprehensive Treatment). This proved to be a natural transition into administration, residency training, and a clinical clerkship for medical students from Penn. This led to an appointment in the Department of Psychiatry in 1960, and he eventually earned appointment as Clinical Professor of Psychiatry in 1991. At the same time, Dr. Cohen began to establish a private practice, which he has continued to this day.

In 1973, he returned to the Philadelphia Psychiatric Center as Clinical Director and Director of Professional Education. There he was intimately involved in residency training and administration. Pursuing the latter, he became certified in Administration.

Dr. Cohen's affiliation with Penn has been a most gratifying and heart-warming relationship. Working with other faculty, residents, and medical students is a never-ending opportunity to teach and to learn. He has been a regular conference leader at the Philadelphia VA Medical Center since 1972. Here he seeks to help residents see the underlying conflicts that are

## VOLUNTARY FACULTY PROFILE

### Kenneth D. Cohen, MD



Center and his psychiatry residency at Philadelphia Psychiatric Hospital and Albert Einstein. From 1957 to 1959, Dr. Cohen fulfilled his obligations for Army service at Fort George G. Meade in Maryland, where he served as Chief of the Mental Hygiene Consultation Service and Chief of Neurology, as well as a psychiatric consultant for the National Security Agency.

Each of these experiences provided Dr. Cohen an ever increasing awareness of his interest in the individual and the relationships with society. In residency, it was a challenge to get behind the mask of psychotic thinking to allow interaction with the physician. The Army was a totally new and different experience. Here was a unique group in a unique setting. One had to adapt to the hierarchy of military life as a physician, psychiatrist, and neurologist. Moreover, as an offi-

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present in all forms of psychopathology. "The VA Staff is a caring, professional group who do a great job with veterans who are so much in need of help," says Dr. Cohen. He notes that residents and medical students are always pleased with their time on that unit.

Since 1991, Dr. Cohen has been a regular small group leader for the medical students in the Brain and Behavior course. "It provides the necessary stimulus to keep up to date," he says. "Knowledge is increasing, but psychiatry is a deeply involved person-to-person profession." This remains the core of Dr. Cohen's conviction about medicine in general and psychiatry. "Our Department presents a great opportunity to combine the educational with clinical experience and research."

In his professional career as a psychoanalyst, Dr. Cohen has developed particular interests in mind/body medicine, psychosomatics, and the understanding of moods. He furthered this interest in his psychoanalytic education. Upon graduating, he began teaching and involving himself in committee work at the institution where he trained, the Philadelphia Association for Psychoanalysis, now incorporated into the Psychoanalytic Center of Philadelphia. At present, he is a Training and Supervising Analyst. Lately, he has been giving a course which is attempting to correlate neuroscience with psychoanalytic concepts. This was theme of a Grand Rounds last Spring at another academic institution.

Dr. Cohen seeks innovative ways of getting the topics across. Some years ago, he read a book with cartoons that was used to explain analytic ideas. He has utilized this tool, teaching at all levels. Needless to say, he does read the comics. "Learning is serious but it should have some fun in the process," he says.

Dr. Cohen has also published over the years. His latest is a CME program on Mood Disorders for primary care physicians. He emphasizes the Doc-

tor-Patient relationship which, he maintains, is a most important aspect of patient care.

As a child of the Depression era, entertainment came largely from within the family and neighborhood kids who put on plays. Family gathered and entertained one another. It was fun and became part of him. Dr. Cohen has written scripts for reviews and skits, and at one time had a stand-up comedy routine that included an imitation of Danny Kaye. Recently, he has scripted interviews for residents and medical students which demonstrate interviewing with difficult patients.

Over the past several years, Dr. Cohen has returned to this long-standing interest in theater. He has taken classes at The Walnut Street Theatre, as well as study with a personal drama coach. He has explored Shakespeare and Restoration Theater. There have been several understudy roles for major characters in Neil Simon plays, as well as *The Philadelphia Story* and *Finian's Rainbow*. Direct appearances as a member of the ensemble have occurred in *To Kill a Mocking Bird* and *Finian's Rainbow*. Community Theater found him in several musicals and plays (*Fiddler on the Roof*, *Gypsy*, *Arsenic and Old Lace*, *Bus Stop*, and *West Side Story*). "Actors, professional or amateur, are a fine group of dedicated people," Dr. Cohen says. "They are sensitive and deeply committed."

For Dr. Cohen, "The theater is an artistic avocation that is not too far removed from my professional life. Truth and conviction are necessary elements of each. The patient must be convinced of the physician's commitment and integrity. The theater-goer must be convinced of the truth in the character, which the actor portrays."

But psychiatry is Dr. Cohen's profession. In the theater, he is just a part of the cast. "In life," he says, "we are all different roles at one time or another."

Family and friends have always been important to him. He has maintained friendships that date back to elemen-

tary school. His marriage of 53 years to his wife, Ann, is the warm, loving center of a wonderful family with three sons now grown. Each has pursued individual careers in teaching, business, and organization. When they get together, there is much talk and, of course, lots of memories of all the activities in the past and the present. Currently, a 4-year-old granddaughter is the apple of everyone's eye. She is a budding equestrienne with a wonderful smile.

Going back to his undergraduate years, Dr. Cohen has been affiliated with Penn for most of the last 63 years, and with the Department of Psychiatry for much of that time. Why Penn? "I like it," he answers. "I've had opportunities to teach, learn, and work with research teams in the early National Institute of Mental Health study of the efficacy of major tranquilizers in schizophrenia, as well as the psychotherapy research team. I've met a great group of people with whom I enjoy collegial, friendly relationships. I've been offered appointments at other institutions, but always felt that Penn was my academic home."

Over the years, the Department of Psychiatry has benefited greatly from Dr. Cohen's contributions, and has honored him for his work. In 1988, he received the Earl D. Bond Award for distinguished teaching, and in 2007 he received the Annual Award for Clinical Faculty for excellence in teaching. Upon receiving this recent award, Dr. Cohen remarked, "It is very important that we be good teachers. Our goal as teachers should always be that those we teach should be better than we are. Here at Penn, we are fine group of educators and we want our students and residents to supersede us. This must be our legacy to the future."

In live theater, Dr. Cohen underscores, "there are no do-overs." One gets the impression that after his long and multi-faceted career, Dr. Cohen would not have wanted it any other way. Nor would the Department or University. ❖

Jeanne Blackman is nearing a Penn milestone. Next year, she will celebrate her 50th year as an employee of the University of Pennsylvania, and her 47th year in the Department of Psychiatry. A half century in one place seems rather serene and uneventful, until one understands Jeanne's path to her desk in the Translational Research Laboratories.

Jeanne was born in China, before the start of World War II, during a time of great turmoil and violence in her native land. The country was divided between the Nationalists led by Chiang Kai-shek and Mao Zedong's Communists, while at the same time defending itself from invading Japanese forces. The year Jeanne was born, 1937, the Japanese captured Beijing, her place of birth.

Jeanne survived these struggles with her parents and her four siblings, all considerably older. She learned English from her adoptive American mother who eventually brought her and an older sister to the United States in the fall of 1945, just months after V-J day. "By the end of the war, things had deteriorated," Jeanne relates. "The Communists were soon to take over. But in any case, my mother, as an American, wanted to return to the U.S. where she had relatives and friends. There was nothing left for her in Beijing." Jeanne was eight years old when she emigrated to post-war America.

Jeanne and her family settled in Cambridge, Massachusetts. She attended a public high school, Cambridge High and Latin School, and went on to graduate from Mt. Ida Junior College in Newton Center in 1959. She had resided in Massachusetts for 14 years, but it was time for a change of scenery, again.

"After graduating from Mt. Ida," Jeanne recalls, "my mother and I moved from Cambridge to Pitman, New Jersey to join my brother's family. I needed a job and thought working in a college atmosphere would be

a good place. I went to the University of Pennsylvania where there was an opening for a position as a Receptionist at the School of Social Work [now

## EMPLOYEE SNAPSHOT

### Jeanne Blackman



the School of Social Policy and Practice]. I went for an interview and was hired." During her three years at the School, she subsequently served as Secretary to four faculty members and, ultimately, as Secretary to the Director of Admissions and to the Registrar. On the personal side, Jeanne married Ernest Blackman on April 15, 1961, a date she remembers very fondly as her wedding anniversary and less affectionately as "income tax day."

1962 was a year of change, potentially major change. That year, Jeanne resigned her position from the School of Social Work, anticipating a move to the West Coast. But the move did not happen and, in the interim, her old position was filled. She decided to stay at Penn, and accepted a position in the Department of Psychiatry as Secretary to the Chairman Albert Stunkard, MD. It was to be the beginning of a long and productive relationship in the Chairman's Office, one that also encompassed the tenures of John Paul Brady, MD, George Ruff, MD (Acting Chairman), Peter Whybrow, MD, and Gary Gottlieb, MD (Interim Chairman).

In 1996, Dr. Stunkard became Interim Chairman, and Jeanne, by now Assistant to the Chairman, once again worked with him, coming full circle.

That year, too, the Department established the Center for Neurobiology and Behavior (CNB), and Jeanne took on the dual role of serving as Assistant to the CNB faculty. In 1997,

she moved full-time to the CNB, becoming Assistant to newly appointed CNB Director Wade Berrettini, MD, PhD, while continuing to support the CNB faculty. Today, she continues as Staff Assistant at the CNB, a position she has held since 1998.

For forty-six years, Jeanne has been centrally involved in the operations of the Department, supporting the administration and coordinating people and events. "The first thing I've learned working in the Department," Jeanne says, "is the importance of organization to make sure that all the separate things to be done are arranged so they don't interfere with one another."

The Department has been a good home for Jeanne for almost five decades, and she highlights one special memory. "Many people have been very nice to me over the years," she says. "I especially think of the dinner party Dr. Stunkard gave in my honor for my 10th anniversary of working for him."

Outside of work, Jeanne enjoys spending time with her husband of 46 years, tending to her small garden, cooking, and watching movies.

Jeanne has not returned to China, though members of her family have. Looking back to her childhood in China during a very turbulent era, she says that she remembers "just a few childhood things, but especially the summer house in the Western Hills." It's been a long road to the University of Pennsylvania, but it's a journey that those in the Department are glad Jeanne made, a feeling that's mutual. ❖

## Educational Highlights

# CORNER

## RESIDENTS'

--BY JESSICA KOVACH, MD  
(CHIEF RESIDENT, AFFILIATED HOSPITALS)



As spring begins to warm Philadelphia, change is in the air for the Penn Psychiatry residents! With July 1 quickly approaching, each class looks forward to new learning endeavors.

The class of 2011 has two distinctions approaching. First, they will soon be able to say they are NO LONGER INTERNS! They have completed what is undoubtedly one of the most difficult and challenging years of medical training. Additionally, they have the distinction of being the first PGY-2 class to train on our new inpatient unit, 6 Spruce, at Pennsylvania Hospital. The residents are excited about many aspects of the new unit which they have helped plan. One of the most exciting features is our brand new, state-of-the-art classroom, which includes one-way mirrors.

The class of 2010 is completing its inpatient training and preparing for what is traditionally a much anticipated move to outpatient psychiatry. They have already begun therapy with their first outpatient psychotherapy patients. This is the start of an exciting journey of personal and professional growth.

The class of 2009 is quickly moving to the helm with chief resident nominations and planning for a year that allows much elective time and professional exploration. I have no doubt that they will provide excellent leadership and guidance for the junior residents in the year to come. On a personal note, the class of 2009 also plans for no less than five weddings in the upcoming year!

My own class will graduate this summer and move into fellowships and jobs. Remaining at Penn as fellows are Pilar Cristancho, MD for Treatment Resistant Depression, Lauren Kofod, MD for Psychosomatic Medicine, Glenda Wrenn, MD for research on resilience in PTSD, and Jin Hui Joo, MD for Geriatrics. We will all miss Michelle Goldsmith, MD, who is the only one of us planning to leave the city. She will begin a child and adolescent fellowship at Stanford in July. Just two of us, Juliette Galbraith, MD and I, are currently exploring the Philadelphia job market.

While I happily write about the upcoming transitions for junior residents, I admit that writing about my own class' impending transition is bittersweet. I am proud of my classmates and what we have accomplished in our time at Penn. I know the last four years have been as rewarding and fulfilling for them as they have been for me, and I am amazed at the amount of learning and teaching we have achieved together. But leaving each other, our attendings, and the many other relationships we have formed at Penn, as well as the nurturing atmosphere that allowed us to accomplish so much, will undoubtedly be difficult for us all.

Finally, July 1 will bring a brand new class -- the class of 2012! After an exciting interview season, we are awaiting a superb class. This year's applicants were amazingly bright, accomplished, and pleasant. Thursday night recruitment dinners were enjoyable for all. It was clear from the feedback we received from the applicants that they were equally impressed with us. Descriptive quotes of our residents from applicants routinely include "intelligent," "talented," and "impressive" but, most frequently, what we hear is what "well-rounded" and phenomenal PEOPLE our residents are. After training for four years at Penn, these comments no longer surprise me. They do, however, give me pause to look around and appreciate exactly what a diverse, unique, and amazing group of residents I have had the privilege of learning beside over these last four years. ❖

## A CAREER IN DISCOVERY TAKES SHAPE: THE CHALLENGES AND OPPORTUNITIES FOR A RESEARCH FELLOW IN PSYCHIATRY

--by Pilar Cristancho, MD, PGY-4 Psychiatry Resident, CRSP Track

In my four years of residency at Penn, I believe I have developed the clinical skills necessary to be an effective psychiatrist, but I have also had a unique opportunity to develop research skills. As residents, we naturally focus primarily on the development of our clinical knowledge and skills, and often feel that this endeavor by itself consumes all of our available time. I have found, however, that participating in research has enhanced my clinical skills and allows me as a resident to begin to contribute in a small way to the body of knowledge that ultimately benefits our patients clinically.

I am particularly grateful to our residency program for the opportunity to pursue my research interests. I grew up in Colombia, South America, where I attended medical school and worked initially as a primary care physician. If I had stayed in Colombia to train in psychiatry, opportunities to pursue research would have unfortunately remained out of reach. At Penn, along with two of my classmates, I've been able to participate in the Clinical Research Scholars Program (CRSP). The CRSP program, funded by the National Institute of Mental Health (NIMH), has supported my participation in research in each year of my residency -- starting with the formulation of a scientific question, and follow-

ing the research trail all the way to testing the hypothesis in a clinical trial. From the very beginning of their training, CRSP scholars receive instruction on research methodology and, throughout their residencies, mentorship from senior research faculty members.



*Pilar Cristancho, MD  
with VNS device*

Participating in this research track has helped me in many aspects of my training. For instance, in the practical matter of interviewing complex patients, I have found that training in standardized research instruments (e.g., the SCID), has sharpened my diagnostic skills. Similarly, dealing with the many steps involved in a research project -- developing a basic research idea, writing the protocol and consent form, submitting to the Penn Institutional Review Board (IRB), and several revisions later (!), actually collecting study data, and running statistics (with the statistical manual close by and hands on guidance from the friendly statisticians at the Cen-

ter for Clinical Epidemiology and Biostatistics!) -- has now given me an intellectual foundation and self-confidence to prepare for future projects. Last, but not least, attending conferences, not just as an observer, but as a researcher who shares the results of her own work perhaps via a poster with the broader academic community has been particularly rewarding. This way, a CRSP resident can get to meet and get feedback from leading figures in the field, or even join them for dinner. Through these experiences, we can begin to make invaluable connections for our future careers.

Despite these opportunities and benefits, pursuing research during residency poses many challenges. For example, making effective use of one's limited time requires dedication and self-discipline. Even though CRSP is designed to provide protected research time by reducing a resident's clinical hours, managing clinical responsibilities along with the demands of conducting one's own research project is still a difficult balance to juggle. Another major challenge is obtaining funding and, although opportunities exist, it is a challenge to get off the ground in funding at the resident stage.

My main research focus has been in major depressive disorder.

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Whereas depression can be successfully treated in most patients, about 20-40 percent of patients do not respond to conventional treatment, including psychopharmacology and psychotherapy. There is a critical need for developing different treatment approaches. An appreciation of this need led me to take a particular interest in the use of novel techniques that involve the direct stimulation of the brain to produce improvement of depressive symptoms.

These techniques are collectively known as neuromodulation interventions and include: Transcranial Magnetic Stimulation (TMS), Magnetic Seizure Therapy (MST), Direct Cortical Stimulation (DCS), Deep Brain Stimulation (DBS), Vagal Nerve Stimulation (VNS) and, of course, our oldest brain stimulation technology in psychiatry, Electroconvulsive Therapy (ECT). With the exception of ECT and VNS, the use of these technologies to treat psychiatric disorders is still investigational in the US. VNS received FDA approval for treatment resistant depression in 2005. Despite their relatively emergent use in psychiatry, brain stimulation techniques have been widely and successfully used to treat neurological disorders. For instance, VNS has been used as a treatment for refractory epilepsy. Similarly, DBS is used to treat essential tremor, Parkinson's disease, and dystonia.

At Penn, in the Laboratory for Transcranial Magnetic Stimulation, we use both VNS and TMS. With mentorship from Associate Professor John P. O'Reardon,

MD, I have trained in the administration of these procedures. TMS is a non-invasive procedure that involves the delivery of rapid magnetic pulses through an electromagnetic coil that is placed over the patient's scalp. For treating depression, TMS is applied over the left dorsolateral prefrontal cortex. The magnetic field passes unimpeded through the skull, causing focal neuronal depolarization in the cortex of the

Today, I am looking forward to taking on new challenges post-residency, applying the knowledge I have gained during the last four years to hopefully contribute to the field of treating mood disorders through neuro-modulation interventions.

brain. VNS is an implantable device that consists of a pulse generator that is implanted in the chest wall, similar to a cardiac pacemaker, and an electrode that is wrapped around the left vagus nerve in the neck. VNS stimulates the afferent fibers of the vagus nerve which carries impulses to the nucleus tractus solitarius in the brain stem. This nucleus establishes connections to other brain regions, including the locus ceruleus (a brain source of norepinephrine) and the raphe nuclei (serotonin cell nuclei) and more broadly to limbic structures. It is postulated that VNS' antidepressant properties are by virtue of stimulating these monoamine centers in the brainstem.

My current principal research project is a naturalistic study of VNS for treatment of resistant

depression (TRD) in clinical practice. This project evaluates one-year outcomes in a consecutive cohort of patients with treatment resistant unipolar and bipolar depression who received VNS implants at the HUP. As well as assessing the effectiveness of VNS in relieving severe depression in the "real" clinical world, I am attempting to determine if VNS has an effect of reducing hospitalizations and suicide

attempts longer term. I am curious to find out what degree of benefit these refractorily ill patients may get from this intervention, particularly in view of the fact that almost all of our group of patients (85 percent) had failed to benefit from ECT as

well as many trials of medications and therapy.

Looking back at my training at Penn, I can very happily say that I have reached my personal educational goals. This has been possible thanks to our Department's commitment to academic excellence, through the unique attributes of the CRSP program, and last but not least to the invaluable guidance and nurturing I have received from Dr. O'Reardon, whose mentorship has been essential to navigating all of the challenges I have encountered. Today, I am looking forward to taking on new challenges post-residency, applying the knowledge I have gained during the last four years to hopefully contribute to the field of treating mood disorders through neuro-modulation interventions. ❖

## A RACE FOR LIFE: PERSONAL REFLECTIONS

--FROM MELISSA Y. DE JESUS, MD AND SAMAR A. JASSER, MD

**I**t started with a long-distance running event, and led to a dramatic race for life.

This past January 13, Psychiatry residents Melissa Y. De Jesus, MD and Samar A. Jasser, MD competed in P.F. Chang's Rock 'N' Roll Marathon in Phoenix, their second marathon together. Three days later, they boarded a scheduled non-stop flight back to Philadelphia.

About two hours into the trip, the flight attendant made an announcement asking any medical professionals on board to identify themselves by pressing the indicator lights by their seats. When she reached Drs. De Jesus and Jasser, she said, "We have a medical emergency and we need your help. Please come with me."

Dr. De Jesus' "first thought was immediate reluctance." "I guess it was a bit selfish when I think back on it," she acknowledges, "but it was surprisingly short-lived. In a matter of seconds, it didn't even seem like there was an option whether to help or not."

Drs. De Jesus and Jasser followed the flight attendant to a Caucasian male in his late 60s, sitting most inconveniently in the window seat. His wife held a small oxygen tank, and was very concerned. Dr. De Jesus recalls clearly, "At first glance, we could see that he was not doing well at all. His eyes were closed and he had a nasal cannula in place [the small oxygen tubing with prongs for the nose]. He was very pale, barely moving, and unconscious. He was breathing shallowly and irregularly."

Dr. Jasser immediately went to the man and tried to arouse him while

doing a quick neurologic exam. Dr. De Jesus tried to gather more information from the wife and procure available supplies from the flight attendant, including extra oxygen tanks. The stethoscope provided by the airline was of poor quality, and the passenger's heart sounds were barely audible. Luckily, Dr. Jasser had her own stethoscope in her backpack.



*Melissa Y. De Jesus, MD and Samar A. Jasser, MD at P.F. Chang's Rock 'N' Roll Marathon. During the race, Dr. Jasser achieved a personal best time of 3:26:41.*

"Who in the world takes a stethoscope on vacation?" thought Dr. De Jesus.

"The reality is actually quite the opposite of vigilant readiness," Dr. Jasser admits. "Rather, it was the fortuitous result of multiple occasions of forgetfulness. I have forgotten to take my stethoscope to my on-call shifts in the hospital so many times that I decided one day to bury it at the bottom of the bag I carry around everywhere, so that it would 'accidentally'

be there when I was on-call. I certainly never foresaw that the 'call' would take place 30,000 feet in the air."

Speaking with the passenger's wife, the residents learned that the passenger experienced trouble breathing earlier in the week, and had a history of emphysema, chronic oxygen use, strokes, heart attacks, and a massive abdominal aortic aneurysm.

Drs. De Jesus and Jasser took charge. Dr. De Jesus recalls that "we immediately switched the oxygen tanks and tried to maintain an appropriate level of oxygenation. After a few minutes, the patient became minimally responsive to loud voice and physical stimuli, but quickly became less responsive." About this time, the pilot asked for a medical assessment of the passenger, so he could relay it to the ground on-call medical doctor. Dr. Jasser volunteered.

In the pre-9/11 world, the conversation with the airline's responsible on-ground physician would have been "doc-to-doc" over the plane's ground communication system, an interaction no longer allowed due to security concerns and forbiddance of passenger cockpit entry. "Instead, any willing volunteer physician on board must communicate indirectly with the airline's on-ground physician by first passing the message to the pilot through a cabin phone at the front entryway of the plane," Dr. Jasser explains. "It is a truly life-threatening 'game of telephone'. Unfortunately, this meant trying to convey a level of urgency in translation to a lay person, whose duty it is to fly the plane on-schedule."

The potential conflict between preserving a life or gambling that both life and a flight itinerary could be

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protected was apparent and made transferring the gravity of the situation through the pilot to the airline physician very complicated. "Retrospectively," Dr. Jasser relates, "there was something unpalatable about those circumstances."

Dr. Jasser says the pilot tried to assure her that it was the on-ground physician's responsibility to decide whether or not to divert. He only requested an "update of the man's status." He did report to her that he and the physician on-call were leaning in favor of trying to "continue to destination."

The stakes were rising. "It was at this point that I became less hesitant to use whatever adjectives were necessary to communicate the 'not goodness' of this man's condition," Dr. Jasser emphasizes. At this point, the pilot suggested that the oxygen tanks be set to low to maximize their length of use, since there were only four mini-tanks on board with 15 minutes of oxygen per tank. But the tanks did not permit the oxygen flow to be regulated. "On or off," recalls Dr. Jasser. "That was it. To land or not to land. So many apparently black-and-white questions that hinged on circumstances that were anything but clear."

The passenger was not responding well. "The passenger could only open his eyes and orient to the person next to him," Dr. De Jesus says. "He was markedly weak in all extremities and couldn't move his legs at all. He was unable to follow simple commands and was very confused."

It was decision time. The captain asked Dr. Jasser and the flight attendant separately if the passenger could be off oxygen for awhile, providing enough time to reach Philadelphia, which would have been about two hours. Dr. De Jesus told the flight attendant, "No, he can't. He's barely making it with the full flow of oxy-

gen now." Soon afterwards, the passengers heard the announcement that the plane would be diverted to the nearest destination, Indianapolis.

Would this be enough? "By this time," says Dr. De Jesus, "we had already used two tanks and only had two tanks left. I kept hoping the passenger would keep breathing at least because I knew if he stopped and we would have to attempt CPR and he might not make it, given how frail he was."

The plane landed quickly and was met by an EMS crew. Drs. De Jesus and Jasser gave their assessment, and the patient was laboriously lifted by several EMS out of his seat and transported off the plane in a modified wheelchair – alive.

When the flight attendant reached Drs. De Jesus and Jasser, she said, "We have a medical emergency and we need your help. Please come with me."

Walking through the first-class section, Dr. De Jesus was stopped by a middle-aged woman who asked, "Are you nurses?" After Dr. De Jesus informed her that they were doctors, the woman then inquired, "Aren't you worried that you might get sued by them, you know for the good Samaritan thing?"

"I couldn't believe it," says Dr. De Jesus. "It seemed in a way that I had completely forgotten about the possible legal implications of our acts. But also I thought it was ridiculous to think of that when the basic issue was that a man was ill and we tried to help him to the best of our ability. I told her in a deliberately even tone of voice 'No, actually, we didn't think of

that. That man almost died and we just tried to help him.'"

It was a sterling – even heroic – performance by the two resident physicians. Though Drs. De Jesus and Jasser do not know the ultimate outcome of the man's survival, they are confident the landing gave him the best chance possible.

Talking to the pilot after landing, Dr. De Jesus told him that they were Psychiatry residents at Penn. "We did joke with him that we weren't sure if we should say anything about our being Psychiatry residents until after we landed, in case no one would take us seriously. He also said that his copilot and other staff members reported to him that they were impressed with how we handled the situation, very calmly and professionally. I remember thinking to myself, 'if they only knew how nervous I was inside.' And I knew Samar was, too. It was a bit like being a medical intern again and acting on medical intuition based on knowledge and skills despite being nervous and emotionally uncertain in the face of serious medical illness."

"Actually," Dr. Jasser contemplates, "the man's mental status – a bare bones psychiatric examination tool – was the most revealing indicator of his urgency. Who said psychiatric assessment is a luxury of non-emergent care?"

"I think back on it and despite our relative inexperience compared to a cardiac surgeon or other specialized internist," Dr. De Jesus reflects, "I think we happened to be the most qualified on board and provided the appropriate medical care. I do still feel humble about my profession and may not unequivocally guarantee that I am the most suited in a future situation, but I would do it again, especially in an urgent life or death situation without a second thought." ❖

# Penn Behavioral Health



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