

A LETTER FROM THE CHAIR

Ladies and Gentlemen,

It is my pleasure to update you about the activities of our department through this annual newsletter. Healthcare and healthcare delivery are preparing to go through a quantum shift as goals of better healthcare for individuals, better health for the population and lower (per capita) healthcare costs are targeted with the implementation of the Affordable Care Act. The University of Michigan Health System is actively engaged in this process, and the Department of Psychiatry is a committed participant in aligning our work with these "Triple Aim" goals (<http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/MeasuresResults.aspx>).



We are intensely focused on integrating our healthcare delivery processes and contributing to broad efforts across the health system to coordinate the management of patient care. Some of this work is accomplished by close collaborations with sister departments; inside, you'll read about the opening of U-M's Partial Hospital Program for Eating Disorders (a joint program of our department and Pediatrics), the expansion (with Pediatrics and other partners) of the Michigan Autism Collaborative (MAC) program, and outreach efforts to primary care providers in the community through innovative collaborative care programs.

We continue to carry out outstanding research across a broad spectrum, ranging from fundamental neurobiology to health services research to implementation science. We have highlighted the work of several faculty who exemplify the energy and excitement inherent in pursuing research goals that will create new knowledge and improve the lives of patients.

Our trainees across all disciplines benefit from the fertile environment that our faculty and staff create; moreover, they are increasingly contributing to that environment by their own scholarly activities and by training in collaborative care settings.

Generating new knowledge to lead the field, providing compassionate, effective care for our patients, training and learning from the next generation of psychiatrists and mental health professionals, these remain the lifeblood of our energy and pursuits as a department. We hope you will be invigorated by what you learn in the pages that follow and we thank you for your interest and support, past, present and future.

Sincerely,

Gregory W. Dalack, M.D.

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New program offers comprehensive, family-based eating disorders treatment

To help meet the rising demand for treatment for eating disorders, the Departments of Psychiatry and Pediatrics and Communicable Diseases have launched a comprehensive, patient-and-family-centered Partial Hospital Program for adolescents and young adults with these illnesses, the first such university-based program in the state.

The U-M Comprehensive Eating Disorders Program is committed to providing individualized, compassionate, evidence-based care that involves family members as active participants and important resources in patient recovery. The program will also provide training opportunities across various disciplines and integrate different clinical care settings within the University of Michigan Health System. A formalized research program focused on outcome tracking and clinically translatable work is also under development.

Historically, the family has often been left out of eating disorders treatment. More recent research shows that the family, when appropriately engaged in the treatment, serves as a cornerstone of the recovery process. Structured around a validated family-based treatment model (the Maudsley Approach) and adapted for partial hospital and intensive outpatient settings, the U-M program's key components include therapeutic meals, individual and group psychotherapy sessions, and ongoing physician assessment. The program treats patients 8-24 years of age and takes a blame-free, agnostic view regarding the etiology of eating disorders. This will provide patients and families with a comfortable, safe, naturalistic setting where they can work with the treatment team to establish healthier eating behaviors and important life skills that can be sustained after patients leave the program.

In the partial hospital program (PHP), patients spend five days a week at program facilities in C.S. Mott Children's Hospital and return home each night. Depending on the patient's age, parents and other family members, significant others, and/or peers participate with patients in some therapy sessions and also support them during at least one of their two daily therapeutic meals.

The Intensive Outpatient Program (IOP) is a step-down level of care to help patients transition from the PHP to traditional outpatient services. It includes the same key features of the PHP for patients and families who can demonstrate progress and greater independence in their own treatment. For patients with more intensive treatment needs, limited care may be provided through UMHS inpatient hospitalization, or referrals may be made to outside residential treatment centers.

The program's multidisciplinary team includes psychiatrists, pediatricians, psychologists, clinical social workers, dietitians, a certified teacher/learning specialist, and support staff. Daniel Gih, M.D., clinical assistant professor of psychiatry, and David Rosen, M.D., M.P.H., professor of pediatrics, psychiatry, and internal medicine, serve as co-medical directors.



The Comprehensive Eating Disorders Program team, front row: Jessica Stoscup, Program Dietitian; Dr. Renee Rienecke Hoste, Lead Psychologist and Director of Clinical Services and Research; Erika Feldpausch, Lead Social Worker and Clinic Coordinator; Cali Broermann, Patient Care Associate. **Back row:** Brenda J. Henne, Certified Teacher and Learning Specialist; Dr. Daniel Gih, Lead Psychiatrist and Co-Medical Director; Tammara Shaw, Program Administrative Assistant; Dr. David S. Rosen, Lead Physician and Co-Medical Director; Kelsey Collins, Program Social Worker; Matt Bona, Patient Care Associate; Laurie Fortlage, Lead Dietitian. *Not pictured:* Dr. Christian Pariseau, Program Physician.

"Eating disorders are excellent examples of diseases that bridge pediatrics and psychiatry. Collaboration is necessary to achieve the highest and best levels of care. We are fortunate to partner with the Department of Pediatrics, Dr. Rosen, and his colleagues, who bring to the program a wealth of knowledge, expertise, and experience in managing these illnesses," Gih said.

Renee Rienecke Hoste, Ph.D., a nationally recognized expert in family-based therapies for eating disorders, also joins the program as Director of Clinical Services and Research.

Since eating disorders have been a relative weakness in the department's educational mission, plans are underway to include psychiatry trainees in the clinical care of these patients. With high levels of interest from psychology, social work, and nursing, the program will become a future site for other clinical placements and internships. The program will also offer workshops in family-based training to community providers to further disseminate evidence-based treatments throughout the region. Additionally, the program will leverage existing educational relationships through the Depression Center to raise awareness of eating disorders among middle, high school, and college students, and also offer evaluations and treatment.

The program has established a partnership with Blue Cross Blue Shield of Michigan and Blue Care Network, which have made covering the program's services a priority.

Opened in August 2012, the U-M Comprehensive Eating Disorders Program expects to serve a range of patients from the surrounding and university communities, and to provide essential educational and research opportunities to enhance the understanding and treatment of these illnesses.

Preparing to meet the needs of an aging nation

The U.S. faces a severe shortage of health professionals trained to care for the unique mental health and substance abuse needs of our aging population, warns a recent report from the Institute of Medicine (co-authored by Frederic C. Blow, Ph.D., a member of the Geriatric Psychiatry Section). The department's Geriatric Psychiatry section has been ahead of the curve in preparing to meet this challenge. "With eleven clinical faculty, we have one of the largest specialty groups in the nation," notes Section Director Helen C. Kales, M.D., and since 2009 the section has been actively engaged in proactive measures to increase trainee interest in the field. These include building a robust fellowship program that consistently attracts trainees into its two slots, at a time when most positions go unfilled nationally.

The current fellows are Heba Gad, M.D., a U-M graduate, and Jan Taliga, M.D., from Wayne State University. Laurie Boore, M.D., a 2011 graduate, was elected as Member in Training to the Board of the American Association of Geriatric Psychiatry for 2011-12, and upon graduation joined the clinical faculty at the VA Ann Arbor.



Efforts are also underway to expand geriatric training opportunities – including electives in diverse settings – for general residents not pursuing a geriatric psychiatry fellowship, and to expand training efforts for medical students.

Psychiatry Faculty at Silverman Research Day, 2012



Striving for improved outcomes for children with autism



A new multidisciplinary initiative aims to significantly expand and improve services for the families of children with autism spectrum disorders (ASD), from assessment and diagnosis through treatment and continuing care.

To meet the surging demand for high-quality autism evaluation and therapeutic interventions, the Departments of Psychiatry and Pediatrics, along with Physical Medicine & Rehabilitation and Speech and Language Pathology, are combining resources and expertise in the Michigan Autism Collaborative (MAC) program. This program is an expansion of Psychiatry's Autism Spectrum Disorders clinic, begun years ago by Luke Tsai, M.D., and expanded by Mohammad Ghaziuddin, M.D. As one of only two providers of comprehensive autism diagnostic assessments in Michigan, the clinic already serves families from all over the state, most of whom travel from 4-5 hours away, and some further.

These assessments form the basis of treatment plans, allow tracking of patient progress and treatment effectiveness, and contribute to the understanding of ASD. By exponentially increasing the number of comprehensive evaluations it can provide, the collaborative program accelerates the possibility for earlier and more precise diagnoses for greater numbers of children. This means that more effective, appropriate therapies can begin earlier, which in turn boosts the likelihood of positive outcomes.

Because of the high prevalence of psychiatric disorders co-occurring with ASD – some experts estimate that up to 80% of children with ASD also have ADHD, and that perhaps as many as 50-60% have ASD overlapping with anxiety or another psychiatric disorder – the collaborative program provides the advantage of having the expertise to help families manage multiple psychiatric conditions.

The program offers many other benefits to patients, such as the ability to provide more comprehensive care by making referrals to experts in speech and language, sleep, or any number of specialties throughout pediatrics. The program also has access to state-of-the-art technology that can process genetic material to look for any of the genetic abnormalities that are associated with ASD, which can also aid in earlier detection.

The program will gradually ramp up its assessments over the next few months, with the goal of having the beginnings of an evidence-based treatment program rooted in behavioral

treatments such as Applied Behavior Analysis (ABA), a therapy that can dramatically improve a child's ability to function and communicate, by the summer of 2013. The program's ultimate objective is to become an Autism Network Center of Excellence.

"One of our goals is to provide a home for families of children with autism where they can come for assessment, treatment, and multidisciplinary care, and really feel like they have a place to turn to for guidance," says Sarah Mohiuddin, M.D., who is spearheading the collaboration within Psychiatry along with Renee Lajiness-O'Neill, Ph.D. In addition, Judith Coucouvanis, MA, APRN, BC, and SunShine Adkins, LMSW, comprise the core group from Psychiatry.

Training opportunities, already open to child psychiatry fellows, social work interns, and psychology and neuropsychology postdocs, will ideally be extended to trainees from other disciplines such as pediatrics and speech and language pathology. Research efforts aiming to improve the understanding of autism's origins, development, and progression will also be enhanced through the collaboration, along with the capacity to translate that knowledge into clinical care advances.

Beginning this fall, the program is offering educational workshops for parents on a variety of topics related to ASD that are open to anyone in the community. The program is also planning to provide training on autism diagnosis and treatment for Medicaid providers around the state as part of the Michigan Child Collaborative Care (MC3) program (see p. 5).

Along with the expanded insurance coverage for ASD services, the collaborative program will open access to essential treatments and services for greater numbers of children and families who need them.

Expanding community collaborative care efforts

To help meet the mental health service needs in rural and underserved areas, the department has launched two major education and outreach initiatives in partnership with primary care providers around the state. The Michigan Child Collaborative Care Program (MC3) provides education and treatment consultations to help pediatricians and family practice physicians with the management of patients with psychiatric disorders, and to support them in treating children with complex mental health issues. Led by Sheila Marcus, M.D., director of Child and Adolescent Psychiatry, and supported by the Ravitz Foundation (with matching Medicaid funds), MC3 offers providers web-based educational modules, phone consultations with department child psychiatrists, care managers who coordinate referrals and consultations, and evaluation via telepsychiatry for children and adolescents with complex issues. Launched earlier this year in two geographic areas in Michigan covering over 15 counties, the program will continue to expand, with the hope of making this a statewide initiative in coming years.

Meanwhile, the Michigan Depression Outreach and Collaborative Care (M-DOCC) program's community partnership in Jackson and Hillsdale Counties has expanded a pilot project into a full care management program that will soon support all 12 Allegiance Health primary care sites, and a similar program provides M-DOCC-based support to two large independent primary care

practices in Hillsdale, Michigan. A wide range of patient outcomes measures is being assessed to formally evaluate the impact of these programs. The pilot has also led to an ongoing partnership to integrate behavioral and medical care management in Jackson County. The Jackson Health Network, a community-wide organization created to develop a comprehensive Accountable Care Organization for Jackson County, will use M-DOCC processes and tools as core components of its long-term program to redesign primary care services across the county. Michael Klinkman, M.D., M.S., professor of family medicine and associate professor of psychiatry, will serve in a leadership role in this initiative.

Further expansion to test the effectiveness of this program for patients who have limited access to behavioral health care is now underway: Marcia Valenstein, M.D., M.S., professor of psychiatry, and Dr. Klinkman are collaborating with LifeWays Community Mental Health to provide M-DOCC support to additional primary care practices in Hillsdale County and the Center for Family Health in Jackson (the local Federally Qualified Health Center) with Medicaid Match funding support. They are also working with the Center for Health Research and Transformation to integrate mental health care management into safety net practices in Washtenaw County.

John F. Greden, MD Scholar in Residence Program

In 2007, after more than 22 years, John F. Greden, M.D., stepped down as chair of the U-M Department of Psychiatry to devote his efforts to his role as executive director of the U-M Depression Center. A widely respected leader, Greden led the department with consummate vision and commitment, reinforcing U-M's position in the forefront of academic psychiatry.

To honor Greden for his exceptional contributions, the Department of Psychiatry established the John F. Greden, M.D., Scholar in Residence Program, providing an ongoing opportunity to pay tribute to Dr. Greden for his leadership, mentorship, and academic achievements.

The program will allow a distinguished expert in depression and other mood disorders to spend time at U-M each year. The Greden Scholar delivers a lecture, meets with faculty and trainees, and expands the department's focus on the study and treatment of depressive illnesses.

The first Greden Scholar, Hussein Manji, M.D., FRCPC, Global Therapeutic Area Head, Neuroscience Janssen Research &



Development, LLC, inaugurated the program on March 27-28, 2012 with a lecture on "Developing Novel Plasticity-Based Therapeutics for Severe Mood Disorders."

The second annual lecture is scheduled for April 2-3, 2013. Avshalom Caspi, Ph.D., the Edward M. Arnett Professor of Psychology and Neuroscience at Duke University, will visit as the next Greden Scholar in Residence.



Brianna Arrington
PGY4, 1st-year child fellow
Medical School: University of Illinois at
Chicago College of Medicine (2009)

Why did you choose Michigan?

For the vast specialty training opportunities, the friendly faces at interview day, and because it's close to Chicago!

What is your current focus? I am in a Child and Adolescent and Psychiatry fellowship. My interests include child forensics and child abuse. When I was a third year medical student in the suburbs of Chicago, I had the opportunity to work closely with a child forensics psychiatrist. I was blown away by not only the pathology I observed in some of the kids, but by how much their life circumstances (frequently complicated by poverty, neglect, and frank abuse), affected their treatment. I found the fine line between psychiatric and legal-based treatment intriguing and also bothersome, as it was not always clear what was in the child/adolescent's best interest. This is one of the motivations behind my interest in additional specialized training. If one day I want to have an impact in these confusing domains, then it's only fair that I receive sound training from the best!

Has anyone or anything in particular inspired you?

Dr. Karla Blackwood, one of the PES attendings. She demonstrates expertise, patience, and camaraderie. I never feel like I'm just a "trainee" working with her; she makes you feel as if you are truly a part of a cohesive team.



Karina Davis, PGY1
Medical School: Albany Medical
College (2012)

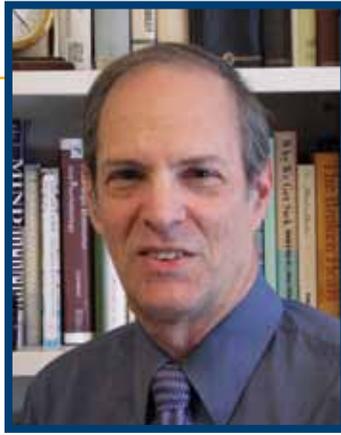
Why did you choose Michigan?

When I interviewed for residency programs I was looking for one that would challenge me clinically by exposing me to many different areas of psychiatry and diverse patients. Coming from a relatively small medical school, I was impressed by the multitude of opportunities Michigan had to offer within the psychiatry department.

What is your current focus? I am finishing up my two off service months in internal medicine at the VA. I was surprised to find how prevalent psychiatric issues are in patients admitted to the medicine floors, especially in the younger patient population. Their psychiatric illnesses seem to play a huge role in their medical issues.

Has anyone or anything in particular inspired you? As I am just starting my intern year, I am still undecided as to exactly where I see my career heading. I have always had an interest in rural medicine and hope to incorporate that somehow in my future practice. As an undergraduate, I spent six weeks working in a clinic in a rural village in Kenya. That experience sparked my interest in rural medicine, so when the opportunity came to spend time in a family practice clinic 1 ½ hours north of Albany, NY, during my third year of medicine, I jumped at the opportunity. During my several weeks working at the clinic, it became apparent how many patients in rural areas need mental health care but have difficulty accessing it.





James Abelson, M.D., Ph.D.
(M.D. '84, Psychiatry Residency '88)

For nearly 30 years, James Abelson has served the department in a variety of roles, first as a resident and research fellow, then faculty member and leader of a general outpatient team, and now professor, co-director of the Trauma, Stress and Anxiety Research Group, and director of the Anxiety and Stress Disorders Program, a position he has held since George Curtis' retirement in 1996.

This year, Dr. Abelson assumed another assignment, as the first-ever Academic Director of Ambulatory Psychiatry. He and Chair Gregory Dalack created the position in an effort to provide an "academically focused voice" in the leadership of Ambulatory Services, as that group continues to tackle the many challenges that have emerged along with its dramatic growth in recent years. Dr. Abelson recently shared some thoughts on this new role.

Can you describe what your new position will prioritize?

Over the last decade, the Ambulatory Service has faced a number of issues, including dealing with managed care, changes in insurers, the move to the Rachel Upjohn Building, the development of the Ambulatory Care Unit (ACU), the transition to RVUs [standardized units used to represent the time, resources, and expertise needed to provide various patient services], struggles with access due to services demands that consistently exceed the capabilities of current staff levels to deliver care, and, most recently, the shift to MiChart [UMHS' new electronic health records system].

We have been blessed with superb clinical and administrative leadership as we have confronted these challenges, but we are an academic department of psychiatry, not just a clinical service, committed to training, to science, and to the academic development of our faculty and staff. My new job is to focus on the academic component of work in Ambulatory Services, particularly as it overlaps with our clinical work, and to ensure that academic issues are given due consideration in the leadership of our clinics. I complement what Dr. Jon-Kar Zubieta does as Associate Chair for Research and what Dr. Tom Fluent does as Medical Director of Ambulatory Clinical Services, but give special attention to the ways in which the intersections of clinical and academic activities impact our faculty and staff.

Why is this important?

Many of the faculty members who work in our clinics also spend significant portions of their effort pursuing science, which includes seeking grant funding and publishing research articles, both of which are essential to their career success and to our success as a department. Our clinical faculty are also expected to pursue academic activities (presentations, lectures, writing, national leadership), which are essential to their promotion and

job satisfaction. Our clinical staff work here because they are motivated to stay in an academic setting rather than the private sector, where they can usually earn more money. We are not just a clinical mill. The success of the department and the job satisfaction of our faculty and staff require us to pay attention to the academic side of our enterprise.

One of my particular interests in this regard involves efforts to help junior faculty who are struggling to establish scientific careers and simultaneously provide clinical services in Ambulatory Psychiatry. I want to help ensure they receive the guidance they need to shape their career trajectories in ways that are successful and satisfying to them, helping them integrate their clinical and scientific interests when possible, and facilitating their ability to meet scientific goals and clinical expectations while minimizing the inevitable sense that those are competing agendas.

What is the most rewarding part of your work?

I continue to love to do good science, and I love working on the science with my outstanding colleagues and team. Putting together a good grant is incredibly hard work, but creating a proposal that excites me and feels compelling is profoundly exciting; and getting it funded is profoundly rewarding. Then, when the data are collected, extracting and telling their story is when I really have fun. But now, I think the most gratifying aspect of my work is in mentoring the amazingly talented young people we have in the department, as students, postdocs, and junior faculty. When I have wisdom to share and I find ways to share it that have a beneficial impact on someone else's growth and development – that is when I go home the happiest and most excited. If I have gotten to do some hard core editing in the process – teaching someone how to pound a grant or manuscript draft into shape while cutting it down in size – then I am REALLY happy.

Is there anything particularly remarkable that U-M's training experience in psychiatry offers?

In the Anxiety Clinic and in our Trauma, Stress and Anxiety Research Group, we are deeply dedicated to the training of all of our trainees, in psychiatry, psychology, social work, and nursing. I think that our trainees can feel our dedication to their growth and development and they respond with appreciation, and outstanding performance. I think that there is strong dedication to developing the next generation throughout the department, and there is nothing more important to a stellar training program than the dedication and commitment of its mentors.

Any thoughts on DSM-5 [the new edition of the Diagnostic and Statistical Manual of Mental Disorders], due out next year?

DSM-5? Some things will get better. A few things might get worse. We still don't know enough about the brain to make diagnosis a truly scientific endeavor. Hopefully, we will get closer to that before I retire. Maybe we'll be there in DSM-10.

Alvin Michaels, M.D. (B.S. '56, M.D. '60, Psychiatry Residency '67)

In many ways, Dr. Alvin "Al" Michaels' professional life is even more active today than when he began his career in psychiatry nearly 50 years ago.



A psychiatrist in private practice, a teacher and mentor to young trainees, and someone who seeks out every opportunity he can to expand his knowledge about new developments in the field, Dr. Michaels also serves as medical advisor for DBSA Metro Detroit and is heavily involved with the National Alliance on Mental Illness. In 2010, NAMI named him an "Exemplary Psychiatrist" to honor his commitment to excellent care, reducing stigma around mental illness, and promoting public education and advocacy at the community level.

Dr. Michaels earned his undergraduate and medical degrees from U-M, and in 1961, in the middle of his first year of residency, he received a draft notice. After a stint as a Navy psychiatrist stationed at a Marine air station in California, he returned to U-M to finish his training, and soon after established his own practice. He has worked in private practice and in a variety of other roles ever since.

Although Dr. Michaels sees patients of all ages, he has devoted much of his career to helping meet the mental health needs of young people, serving as a consultant to several area school districts and the Wayne County Juvenile Court over the years.

Trained in psychiatry at a time when the field was dominated by psychoanalytic theory, over the course of his career Dr. Michaels has developed particular expertise in psychodynamic psychotherapy. "At its core, the psychodynamic point of view provides a framework to empathize more fully with patients, to try to be in their shoes, to feel what they feel, so that you can help with their troubles, their depression, their anxiety, their difficulties at work, or with relationships," Dr. Michaels says.

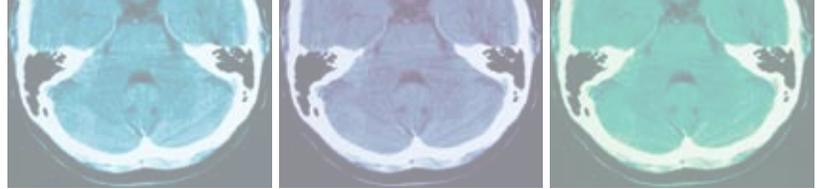
Currently, Dr. Michaels serves as one of the supervisors for the department's psychodynamic psychotherapy program. Dr. Michaels says the exchange of knowledge with residents is definitely bi-directional, and that he appreciates the residents' deep knowledge about the biological aspects of psychiatry as well as their diverse perspectives and experiences.

"I find it very gratifying to be able to share some of the things that I've been able to learn with a new generation," Dr. Michaels says, "and I learn a great deal from them too. This program is one way I can stay connected and is also a modest attempt on my part to give back to the university and to the department, which have given me so much."

A frequent attendee of Department Grand Rounds and the Depression Center Colloquium, Dr. Michaels says these events provide him with an exceptional opportunity to learn about the latest research and innovations in psychiatry. "It's a privilege to learn from experts from all over the world, including our own campus, and to be inspired by their work and their creativity and energy," he says. "They present such fascinating and important ideas that are expanding the field."

"Over my career I've been able to witness the development of marvelous scientific advancements and treatments – medications, new forms of psychotherapy, and additional neuromodulation therapies – that have helped diminish or even eliminate patients' suffering," Dr. Michaels continues. "But while we have these fantastic advances with the potential to change people's lives, there's still a tremendous amount of unmet need due to lack of public funding, insurance coverage, and the stigma that still persists in preventing people from seeking and receiving the care they need."

"Still, I think society has come a long way," Dr. Michaels continues, "and particularly with the very significant needs of our veterans having become much more visible to the public, perhaps we're seeing a shift in awareness and willingness to support much needed treatment. I certainly hope so."



Jacek Debiec, M.D., Ph.D., Ph.D., M.Phil. is a child and adolescent psychiatrist and behavioral neuroscientist. His primary research interest is in emotional learning and memory with a special focus on trauma and attachment. Using rodent models, innovative behavioral protocols and pharmacological

manipulations, he works on identifying brain systems and cellular mechanisms critical for these processes. His research contributed to better understanding of fear memory reconsolidation processes by which existing memories can be modified or updated. As a co-investigator, he is involved in translational clinical and preclinical studies applying animal models of reconsolidation to the development of novel treatments for anxiety disorders. His recent line of research on the neural basis of intergenerational transfer of trauma has been supported by a 2011 NARSAD Young Investigator Award from the Brain & Behavior Research Foundation. Dr. Debiec trained in psychiatry at the Jagiellonian University in Krakow, Poland, and in transcultural psychiatry at University of Vienna in Austria, and in neuroscience and psychiatry at New York University. In addition, he holds a Ph.D. in philosophy of science from the Pontifical University in Krakow. Dr. Debiec is an assistant professor of psychiatry and a research assistant professor at MBNI.



Chandra Sripada, M.D., Ph.D. (Research-Track Psychiatry Residency '09) studies brain mechanisms of regulatory control—mechanisms that enable a person to exert control over attention, emotions, and urges. He uses neuroimaging methods to identify how regulatory control circuits are disrupted in psychiatric disorders, including

attention deficit hyperactivity disorder and substance use disorders. Ongoing projects investigate pharmacological interventions that boost regulatory control, including methylphenidate ('Ritalin') and naltrexone ('Revia'), in order to understand their neural mechanisms of action. As co-director of the Neuroimaging Methods Core, Dr. Sripada is also actively involved in expanding the methodological toolkit used in imaging neuroscience. One line of research uses emerging 'machine learning' methods from computer science in order to uncover hidden patterns of information in neuroimaging data, patterns too subtle and distributed to be detected by human observers. These methods hold great promise for early detection and diagnosis of psychiatric illnesses, and prediction of who will go on to respond to specific treatments. He is an assistant professor of psychiatry and philosophy.



Renee R. Lajiness-O'Neill, Ph.D. focuses on improving the understanding of brain-behavior relationships in children and adolescents with neurodevelopmental disorders, particularly learning and autistic spectrum disorders. She is also keenly interested in social cognition and the neural bases of social

functioning and social competence.

Dr. Lajiness-O'Neill co-directs the new collaborative autism program (see p. 4), and her career includes nearly two decades as a clinical neuropsychologist specializing in the diagnosis and treatment of individuals with neurodevelopmental, learning, and behavioral difficulties.

In her current line of research, Dr. Lajiness-O'Neill uses neuropsychological and neuroimaging techniques (e.g. MEG, quantitative MRI) to better understand brain regions and pathways that underlie the psychopathology of autism and other neurodevelopmental disorders, with the goal of identifying biomarkers that will aid in earlier and more precise diagnoses. She is also working on validating a software assessment tool (called Peditrac) that collects real-time data reported by parents on their child's development and environmental factors and uses complex algorithms to identify novel risk indicators of neurological disorders and child pathology within the first year of life. Dr. Lajiness-O'Neill is an associate professor of psychiatry.

AWARDS

Kilbourne receives presidential early career scientist award

President Obama named Amy Kilbourne, Ph.D., M.P.H., as one of 96 recipients of the 2012 Presidential Early Career Awards for Scientists and Engineers (PECASE). This award is the highest honor bestowed by the U.S. government on science and engineering professionals in the early stages of their independent research careers. Kilbourne is an associate professor of psychiatry and serves as associate director of the VA Ann Arbor National Serious Mental Illness Treatment Resource and Evaluation Center, part of the Center for Clinical Management Research at the VA Ann Arbor Healthcare System.

Both Kilbourne and John Greden, M.D., the Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences and the executive director of the U-M Depression Center, were also honored by the Depression and Bipolar Disorder Alliance (DBSA) for the contributions they have made in advancing research on mood disorders. DBSA awarded Kilbourne the Klerman Young Investigator Award, and Greden was named the recipient of the Klerman Senior Investigator Award. Both awards recognize researchers whose work contributes to understanding the causes, diagnosis, and treatment of depression and bipolar disorder.

Kim honored with psychosomatic research award

Scott Y. H. Kim, M.D., Ph.D., associate professor of psychiatry and co-director of U-M's Center for Bioethics and Social Sciences in Medicine, received the 2012 Research Award from the Academy of Psychosomatic Medicine (APM). The award "honors an individual currently studying psychopathology in the medically ill," and is intended to recognize exceptional research and clinical work in the field. The APM represents psychiatrists dedicated to the advancement of medical science, education, and healthcare for persons with comorbid psychiatric and general medical conditions and provides national and international leadership in the furtherance of those goals.

Blow, Ellingrod, and Clauw receive research mentor awards

Frederic Blow, Ph.D., Vicki Ellingrod, Pharm.D., and Daniel J. Clauw, M.D., were three of the eight U-M winners of the inaugural Distinguished Clinical and Translational Research Mentor Award from the Michigan Institute for Clinical & Health Research (MICHR). Blow, professor of psychiatry and director of the Mental Health Services Outcomes and Translation Section, Ellingrod, professor of pharmacy and psychiatry, and Clauw, professor of internal medicine, anesthesiology, and psychiatry, were recognized for demonstrating consistent, high-quality mentoring in areas of clinical and translational research as advisors, teachers, advocates, sponsors, colleagues, and collaborators.

CALENDAR

6th Annual Prechter Lecture

November 12, 2012

Stem cells and ethics

Keynote speaker: *John Kelsoe, M.D., professor of psychiatry, University of California -San Diego*

2nd Annual John F. Greden, M.D.

Scholar in Residence Lecture

April 2-3, 2013

Keynote speaker: *Avshalom Caspi, Ph.D., Edward M. Arnett Professor of Psychology and Neuroscience, Duke University*

24th Annual Albert J. Silverman

Research Conference

June 19, 2013

Keynote speaker: *Wayne Katon, M.D., professor of psychiatry & behavioral sciences, University of Washington*

Check our website for event updates:

<http://www.psych.med.umich.edu/events/>



PROMOTIONS

Instructional Track Promotions



J. Todd Arnedt, Ph.D.
*Associate Professor,
with tenure*



Vicki L. Ellingrod, Ph.D.
*Professor, without tenure
[also Professor of
Pharmacy, with tenure]*



Bruno J. Giordani, Ph.D.
Professor



Mark A. Ilgen, Ph.D.
*Associate Professor,
with tenure*



Sheila A.M. Rauch, Ph.D.
*Associate Professor,
with tenure*



Marcia Valenstein, M.D.
Professor

Clinical Track Promotions



Joshua Bess, M.D.
Clinical Assistant Professor



Daniel F. Maixner, M.D.
Clinical Associate Professor



Fan Meng, Ph.D.
Associate Research Professor

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