



**DEPARTMENT OF  
PSYCHIATRY**  
UNIVERSITY OF MICHIGAN  
HEALTH SYSTEM

# UNIVERSITY OF MICHIGAN DEPARTMENT OF PSYCHIATRY

FALL 2013

## A LETTER FROM THE CHAIR

Greetings Ladies and Gentlemen,

I am pleased to send you this annual update about Psychiatry at Michigan. As we anticipated last year, seismic changes continue to occur in the funding, conceptualization, and delivery of healthcare across the country. Academic medical centers like ours are working hard to adapt and prepare in ways that will enhance patient care and the health of the population we serve, sustain and grow our efforts to create new knowledge that advances science and patient care, and train the health professionals of tomorrow to be successful in an ever-changing environment.



Much like the amazing changes in transportation that took us from the “horseless carriage” to space exploration all within the span of the last century, the developments in healthcare we see now and anticipate for the years to come constitute a paradigm shift of major proportions. At the same time, the government sequester has constrained federal research dollars; third-party reimbursement for healthcare has likewise tightened. While these challenges will test our resilience and our commitment to be bold and innovative, I am confident that we are up to the task. We are well-poised to play a major role in helping medicine at Michigan stay at the forefront. This newsletter describes a number of the activities which fuel that optimism. We are also pleased to recognize the strengths and achievements among our trainees and early career faculty, while we send well-wishes to senior faculty headed to new adventures. Indeed, we see our future clearly by standing on the shoulders of these mentors.

In our efforts to develop programs and new areas of research and scholarship that are out ahead of traditional funding streams, we depend on our partnership with supporters who join in our efforts to innovate and stay at the leading edge of our clinical, research, and educational missions. We hope you will be inspired by what you read 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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## EXPANDING ACCESS TO BEST-PRACTICE CARE FOR GRIEVING AND TRAUMATIZED YOUTH

**A**cross southeast Michigan, children, adolescents, and families who are struggling with traumatic experiences or the loss of a loved one are finding new hope through the U-M Trauma and Grief (TAG) Center for Youth.

Through state-of-the-art evaluation and treatment, outreach, training and dissemination, community consensus building around best practices, and collaboration with other experts around the country, the TAG Center is helping increase access to a higher standard of care for grieving and traumatized youth and families both within the U-M Health System and throughout surrounding communities.

TAG Center leadership combines expertise in childhood trauma and grief (TAG Center Director Julie Kaplow, Ph.D.), adolescence and suicide prevention (Co-Director Cheryl King, Ph.D.), and infant and early childhood development and military families (Co-Director Kate Rosenblum, Ph.D.).

The TAG Center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a designated Community Treatment and Services Center of the National Child Traumatic Stress Network (NCTSN), which comprises 60 member sites across the country committed to bringing a comprehensive focus to the full range of childhood trauma.

The TAG Center provides training to practitioners in trauma- and grief-informed evidence-based assessments and treatments both at U-M and in the surrounding community. U-M trainees from various disciplines rotate through the center's affiliated clinics, including the Trauma and Grief Clinic (director: Kaplow), as well as the Infancy and Early Childhood Clinic (directors: Rosenblum and Sheila Marcus, M.D.). Various community partners, including the Detroit School-Based Health Collaborative (DSBHC), Hospice of Michigan, the Gilda's Club of Grand Rapids, and others are also involved in dissemination.

The center recently established a community advisory board to provide assistance with cultural issues and implementation strategies regarding evidence-based assessments of childhood trauma and maladaptive grief in underserved communities. A related initiative has involved training providers in performing trauma- and grief-informed assessments in school-based clinics through the DSBHC. The center is now beginning to train these clinicians in a group intervention called Trauma and Grief Component Therapy (TGCT), one of the treatments that is being adapted and implemented within the TAG Center clinic. According to Kaplow, the assessment-driven, modularized nature of TGCT allows for great flexibility with regard to addressing the particular grief or trauma needs of different populations, and its



major focus on grief is unusual among trauma interventions. While knowledge about evidence-based treatments for trauma appears to be growing, “the vast majority of clinicians we reach are saying, ‘We don’t know how to identify ‘maladaptive’ grief, and we don’t know how to treat it,’” Kaplow says.

“One of our goals is to reduce various forms of maladaptive grief – which can include preoccupation with the circumstances of the death, separation distress, identity-related distress, and other issues – while promoting adaptive grief reactions in bereaved youth,” Kaplow says. That includes addressing what is known as “anticipatory” grief in those facing the impending death of a loved one, and the TAG Center now works closely with the U-M Comprehensive Cancer Center to provide treatments for youth and families who are facing such a loss.

The inclusion of a new bereavement disorder (Persistent Complex Bereavement Disorder) in the DSM-5 “is shedding light on the fact that although many bereaved youth are resilient, maladaptive grief can impair functioning, and if left untreated, can be linked to future problems, including substance abuse, depression, or suicide risk,” Kaplow says.

“While we certainly don’t want to pathologize all grieving youth, clinicians are becoming more aware of what to look for to identify those bereaved youth who may need early intervention.”

The TAG Center’s leadership is also heavily involved in the NCTSN through various initiatives. For example, Drs. Kaplow and King co-chair an NCTSN workgroup focusing on suicide risk screening and prevention among traumatized and grieving youth, an area that has been greatly overlooked in the child trauma field. Dr. Rosenblum currently co-chairs the Screening and Assessment subcommittee of the NCTSN 0-6 workgroup, with a focus on identifying developmentally appropriate methods for the evaluation of young children who have experienced trauma or loss.

# PARTNERSHIPS TO ENHANCE CARE AND COMMUNICATION WITH PATIENTS AND FAMILIES

**P**atient & Family Centered Care (PFCC) is a nationwide movement that is influencing how hospitals and clinics partner with patients and families to shape the development, delivery, and evaluation of programs, policies, and services. As a philosophy, PFCC is a powerful tool that can lead to better health outcomes, wiser allocation of resources, and greater patient and family satisfaction.

Established in May 2012, the Department of Psychiatry's own PFCC Committee has grown into a vibrant working partnership in which patients, families, faculty, and staff collaborate to improve communication and the standard of care across ambulatory, inpatient, and emergency settings.

The mission of the department's PFCC Committee is to promote, cultivate, and celebrate healthcare guided by patients and families. By inviting an active exchange of experiences and ideas to inform and shape the healing process, the committee strives to keep the needs of each patient and family at the forefront of care. The committee also works to foster an environment of collaboration that recognizes patients and families as essential members of the healthcare team.

"Psychiatry departments typically have been slow to develop PFCC initiatives. We are pleased that we are creating a robust program at U-M and hope to be a vanguard," says Laura Nitzberg, LMSW, assistant director for psychiatric social work and the Psychiatry lead on PFCC. "Dr. Dalack and other department leadership have embraced PFCC and are encouraging the integration of patients and families on key committees and projects." Nancy Kuemin and Cathy Hanson serve as committee

co-chairs along with an executive committee of "six stellar, committed, active volunteers," Nitzberg says.

The department's PFCC Committee builds on the successes and momentum of the thriving PFCC programs within Mott Children's Hospital, the Cardiovascular Center, and the Cancer Center. About 30 patient and family volunteers and department faculty and staff convene monthly as a committee and also regularly subdivide to focus on more detailed assignments. Many Psychiatry PFCC volunteers are also active in volunteer capacities with other UMHS committees or partner organizations such as NAMI.

Psychiatry PFCC volunteers have provided feedback that has been incorporated into the development and refinement of brochures, websites, standard patient correspondence, and other patient education materials. PFCC volunteers also have a voice on a number of departmental committees tasked to deal with issues such as patient way-finding, scheduling, and inpatient discharge recommendations. The Hope Crane Project, created by a PFCC volunteer, will offer U-M psychiatry inpatients an origami box and crane handmade by volunteers as a gift to inspire hope during the hospital stay and beyond.

The PFCC movement recognizes that emotional, social, and developmental support are integral components of healthcare, and respects that families play an essential role in ensuring the health and well-being of people of all ages. If you are interested in volunteering with the Department of Psychiatry's PFCC Committee, please contact Laura Nitzberg at [nitzberg@umich.edu](mailto:nitzberg@umich.edu).

Patient & Family Centered  
Care promotes a culture  
of these values

DIGNITY AND RESPECT  
INFORMATION SHARING  
ENGAGEMENT  
EMPOWERMENT  
PARTICIPATION  
FLEXIBILITY  
COLLABORATION  
FULFILLMENT



Laura Nitzberg

*Some of the dedicated members of the PFCC Committee*

## COLLABORATIVE CARE INITIATIVES:

# ENHANCING MENTAL HEALTH TREATMENT ACROSS HEALTHCARE SETTINGS

Collaborative care is one of the most effective evidence-based approaches for improving mental health treatment in primary care, and the department has become increasingly involved in these types of programs in recent years.

By coordinating activities between the providers involved in the care of patients with psychiatric care needs, collaborative care has been shown to:

- Improve symptoms, quality of life, and outcomes for people with a variety of mental health conditions across a range of treatment settings
- Help ensure the appropriate delivery of healthcare services, and
- Enhance the quality of care provided.

Collaborative care interventions have been shown to be more effective than usual care for conditions including depression and anxiety disorders.

Collaborative care models to integrate physical and mental healthcare typically feature the following elements:

- Patient screening in primary care clinics
- Measurement-based care by self-report assessment on validated clinical rating scales
- Shared databases to monitor patient status and progress
- Care managers who work with clinic staff to obtain new referrals for screening, provide further screening assessment, and facilitate/coordinate care
- Supervision/consultation by a psychiatrist to manage the caseload, suggest higher levels of care, and facilitate referrals to specialty psychiatric care.

In recent years, the department has been involved in several versions of “embedded” psychiatry care where psychiatrists and other behavioral health specialists are co-located in other clinics, including:

- The Collaborative Care Psychiatric Clinic at Ypsilanti Health Center, which assists primary care clinicians in helping patients with both medical and psychiatric problems; provides

psychiatric evaluations to clarify questions about diagnosis and appropriate treatments; and provides appropriate referrals within UMHS or the community mental health system for patients who need more specialized care.

- The Corner Health Clinic, which has one staff psychiatrist and two trainees an afternoon a week, and also provides medical student teaching. In addition to providing psychiatric care, the clinic provides students/trainees the experience of working with underserved groups.
- The Geropsychiatry Clinic, co-located within Turner Geriatric Center along with Geriatric Medicine and Neurology clinics, which provides care to patients and their caregivers coping with depression and dementia, among many health conditions.
- The PsychOncology Program at the U-M Cancer Center, which provides care by psychiatrists, social workers, and nurse practitioners, as well as training for fellows, residents, and medical students.

To help meet the mental health service needs in rural and underserved areas, the department’s Michigan Child Collaborative Care Program (MC<sup>3</sup>), supported by the Ravitz Foundation, provides child and adolescent psychiatry support to primary care physicians in Michigan who are managing pediatric patients with mild to moderate behavioral health problems in their practices. Other department efforts to integrate behavioral and medical care management in various community settings include:

- Collaborative care partnerships with primary care sites across Hillsdale and Jackson Counties (Mich.)
- Co-located clinics with several OBGYN and pain clinics
- A pilot project beginning at Briarwood General Medicine Clinic, and
- A presence in safety net clinics in Washtenaw County as part of the Washtenaw Health Initiative.

Collaborative care models extend integrated psychiatric services into the community and provide an important educational setting for our trainees and medical students. The department looks forward to strengthening and expanding its activities in this area.



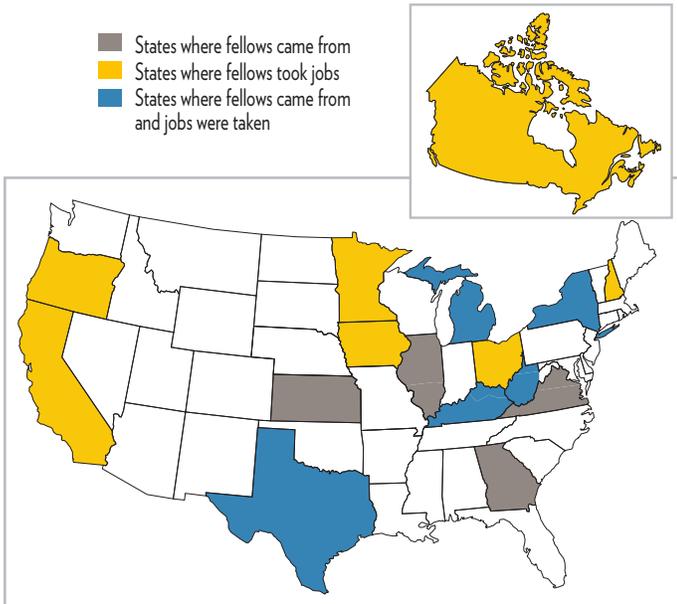
# TRAINING PROGRAM HIGHLIGHTS

## Child and Adolescent Psychiatry Fellowship

For the period 2009-2013

Total number of fellows: 27

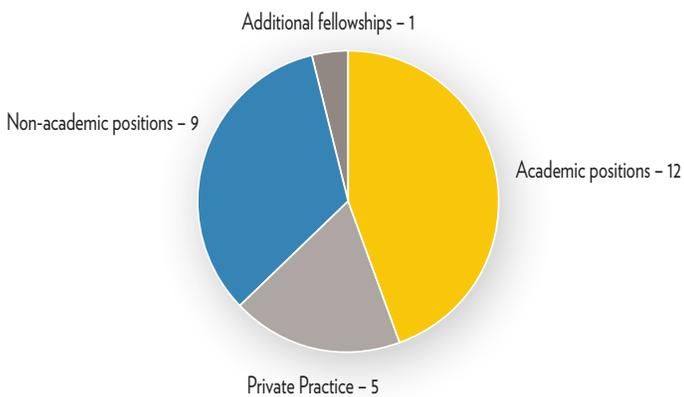
- States where fellows came from
- States where fellows took jobs
- States where fellows came from and jobs were taken



States that child psych fellows came from include: Michigan, Texas, Illinois, Georgia, West Virginia, Virginia, Kansas, Kentucky and New York

After graduation jobs were taken in the following states: Michigan, Texas, Ohio, California, Iowa, New York, Minnesota, New Hampshire, Kentucky, West Virginia, Oregon, and Canada.

### Graduating child psych fellows took jobs in:



## Psychology Post-doctoral Program

Since the programs were accredited by the American Psychological Association in 1998, 73 postdocs have completed training in the department. A U-M/VA Consortium was formed in 2008, and 18 VA postdocs have completed their training at our affiliated VA hospital since that time. Including the VA trainees, 15 have specialized in Clinical Child Psychology, 32 in Clinical Adult Psychology, and 44 in Clinical Neuropsychology. There are currently 11 postdocs in the U-M program and five in the VA program.

Most postdocs have been U.S. citizens, but trainees have also come from Canada, Mexico, Malaysia, South Korea and Ireland. Trainees have come from universities in California, Arizona, Utah, Michigan (mostly Wayne State and U-M), Ohio (mostly Ohio University and the University of Cincinnati), Pennsylvania, Indiana, and Illinois, among others. After completion of training, most have obtained jobs at academic medical centers like ours, while some went into private practice or group practices here and around the country. A few have gone directly into academic teaching positions. The VA graduates have been very successful securing positions in VA medical centers, which is a goal of the training program.

- Henry (Gus) Buchtel, Ph.D., director of psychology training

### STAY IN THE KNOW

About upcoming department Grand Rounds, annual lectures, and other community events at: [www.psych.med.umich.edu/events/](http://www.psych.med.umich.edu/events/)





**Seema Calip, PGY3**  
Medical School: Michigan State University, College of Human Medicine (2011)

### **Why did you choose Michigan?**

I remember coming home from my residency interview and feeling really good about the people I met. Their excitement and enthusiasm for the program resonated with me. Also, both my husband and I have family in Michigan.

### **What is your current focus?**

I just started my third year, so my focus is on outpatient clinical work. In addition to my general clinic, I am spending time at specialized clinics like UMATS, Bipolar Clinic, and Community Mental Health.

### **Has anyone or anything in particular inspired you?**

Collectively, there are several attending psychiatrists who I admire here at U-M and from whom I have had the pleasure of learning. Dr. Bess' collegial and friendly attitude was much appreciated, particularly in my early residency years. He will be greatly missed! Dr. Casher is a fantastic teacher and a model of efficiency. He seemed to rule the world from his iPad. Dr. Belmonte's bedside manner is legendary among the residents, and Dr. Rosinski's dedication to this field is unmatched. Beyond this, I have found a lot of inspiration within my own residency class. I could not have asked for a more solid group of individuals and am thankful to call them colleagues.

This past summer, Dr. Calip had the opportunity to do an elective rotation at the ABC News Medical Unit. There, she worked with other medical residents from across the nation to help develop and research news pieces that were featured on various news platforms (*ABC World News* with Diane Sawyer, *Good Morning America*, and *ABCnews.com*), and work closely with the managing editor of the Medical Unit, Dan Childs, and the medical correspondent, Dr. Richard Besser. "This was an invaluable opportunity to see how medical news was evaluated and dispersed by a major news network – a fascinating and fast-paced process – and provided a window into a completely different world," she says. "I am grateful for the flexibility that this residency program demonstrated in allowing me to explore this interest in medical journalism."



**Elizabeth Ssemanda, PGY1**  
Medical School: Warren Alpert Medical School of Brown University (2013)

### **Why did you choose Michigan?**

I did a lot of soul-searching before I submitted my rank list. I choose Michigan for many reasons. I thought everyone was genuine and welcoming. Michigan is at the forefront of evidence-based medicine and research. Resident education is a priority. The curriculum is balanced in terms of psychopharmacology and psychotherapy. All sites have an EMR. Michigan has all five psychiatry fellowships and a sleep fellowship. Ann Arbor is an awesome city. The cost of living is low compared to cities on the east coast, and Chicago, Detroit, and Indianapolis are nearby.

### **What is your current focus?**

Now, I am completing my first year in psychiatry residency. My focus is on applying for the clinical scholars program, successfully completing residency, and applying for a fellowship in geriatric psychiatry.

### **What is most rewarding about your work?**

I am finally doing what I have wanted to do: advocating for mental health and treating mental illness in patients. I find it gratifying to work with patients and their families to optimize their health and quality of life. There is truly nothing else that I would rather do.

### **Has anyone or anything in particular inspired you?**

I have only had a few rotations so far. However, I can say that my senior residents and attending physicians have all been outstanding.

### **What have you learned that has surprised you?**

Excellent communication, good organization skills, and efficiency are critical to having a successful intern year.

### **What future directions do you see for your career?**

I am interested in clinical education and psychotherapy research in older adults. I would like to focus on interventions that increase quality of life and outcomes that are patient-centered.

## Ken Silk, M.D. professor of psychiatry



Ken Silk never imagined that his career in psychiatry would take him to the Midwest or land him in an academic medical center. He also never would have predicted he would care for patients across inpatient and ambulatory settings, become immersed in research on a poorly understood disorder, or serve in a wide range of leadership roles across clinical care, training, and administration.

But now, reflecting back on nearly 40 years in the field as he enters a phased retirement, Dr. Silk says he wouldn't have changed a thing.

"There are two things I've wanted to do in my life: not be bored in what I do, and always continue to learn," he says. In psychiatry, "there has never been a time when I felt like those two things weren't being met. I've never felt disenchanting, and never, ever felt like I'd chosen the wrong thing."

To hear him tell it, the events that led him to where he is today could be seen as an unfolding string of coincidences and happy accidents. More likely, it was Dr. Silk's extraordinary gifts in working with patients, his persistent scholarship, and his dedicated mentoring that were responsible for building his rich and varied professional career.

Growing up in Fall River, Mass., graduating from Albert Einstein College of Medicine in the Bronx, and completing the significant part of his training in New Haven, Conn., "I'm one of those people who probably thought life did not exist west of the Hudson River," Dr. Silk says. "But coming here was one of the nicest things that ever happened to me."

Dr. Silk's career path was heavily influenced by his residency experience at Yale Psychiatric Institute, which he characterizes as a long-term, psychoanalytically oriented hospital for adolescents and young adults with a multidisciplinary approach to patient care. During his training at YPI, he discovered a passion for conducting psychotherapy with patients with serious mental illnesses.

During his work in VA Hospital inpatient units (first as a resident in New Haven, and then as a young staff psychiatrist in Ann Arbor), Dr. Silk became intrigued by the significant numbers of patients who turned out to be wrestling with borderline personality disorder (BPD). Clinically, these patients were interesting to him because they did not respond very well to established psychotherapies, and when they did it was usually after many years of intense psychotherapeutic engagement. At the time there were few established treatments for BPD, and little published research about it.

For Dr. Silk, the vacant research landscape and a dynamic partnership with Naomi Lohr, a clinical psychologist at U-M, presented an incredible opportunity to contribute to the literature on BPD. Together, they collaborated on some 25 articles and book chapters that characterized the experience of these patients, and they were one of the first research teams to establish a correlation between the disorder and the occurrence and severity of sexual abuse. Dr. Silk had never intended to pursue research, but found himself engrossed in the scholarship, and discovered it was also great fun.

"I wound up being in a place that I never thought I would be," he said, "but the research allowed me in some small way to try to figure out why people struggle, and what they struggle with, and to help them in that way."

During his time at U-M, Dr. Silk has served in a variety of leadership appointments within the department, at the VA, and across the university in training, clinical care (including stints as Director of Adult Inpatient Psychiatry, Adult Psychiatry Services Chief, and Director of the Personality Disorders Program), and administrative capacities (Associate Chair of Clinical and Administrative Affairs for Psychiatry, and Chair of the Faculty Group Practice Board).

While Dr. Silk says he found his work in administration truly interesting, stepping away from those types of responsibilities in recent years has allowed him more cherished uninterrupted time with patients in the adult ambulatory clinic – where he's practiced for more than 20 years – and students at University Health Service.

"I have found that patients are incredibly trusting," he says. "They come in and tell us as strangers things that they may have never told anyone else, and may never have even told themselves."

"What makes psychiatry different from other specialties is that we try and spend time getting to know the person who is suffering, and we also spend some time trying to figure out what we might call what their suffering is," he says. "I worry that we lose sight of the patient as we become more and more focused on symptoms and whether they fit a diagnosis. I've always been interested in who the person is who is having the problem."

When Dr. Silk is fully retired in mid-2014, he knows the day-to-day engagement with patients will be one of the things he will miss most. Just as much, he says he will miss teaching and interacting with residents and other trainees, which he calls "the richest experience of my life."

John Greden, M.D., who served as Psychiatry Department chair during much of Dr. Silk's career at U-M, calls him "the prototype of stellar psychiatry. His dedication to patients, education of students and colleagues, and grasp of new research advances are accompanied by a remarkable sense of humor and an absolute love for what he is doing."

Among his many honors, Dr. Silk earned a Lifetime Achievement Award in Clinical Care from the dean of the Medical School in October. He has also received an Exemplary Psychiatrist Award from the National Alliance on Mental Illness, and most recently was honored with the International Society for the Study of Personality Disorders Senior Award at ISSPD's conference in Copenhagen.

Over the years Dr. Silk has also held many leadership positions with various editorial boards, peer review services, and professional organizations, work he hopes to continue in some form during his retirement, in addition to reading a long list of books, doing some more downhill skiing (something he started at age 45), and spending time with his first grandchild, born in September.

"I'm just not able to not work hard, so I need to go cold turkey, so to speak, or maybe just work hard at other things," Dr. Silk says. "I don't think of myself as someone who will have trouble finding things to do."

## Alumni PROFILE

### Elissa Benedek, M.D.

(M.D. '60, Residency '62, Child and Adolescent Psychiatry Fellowship '64)



Elissa Benedek's career in psychiatry has spanned nearly 50 years, and she has no plans for slowing down any time soon. Currently an adjunct professor in the department with a busy private practice, a strong love for teaching and mentoring, and filling active roles as consultant and advisor on issues from forensics to ethics, Dr. Benedek exudes a zeal for her work that she endeavors pass on to new trainees at every opportunity.

As a medical student at U-M in the 1960s, Dr. Benedek chose to enter psychiatry because she loved engaging with patients, and she also wanted a field where she could combine practicing medicine and raising a family – a balance she has kept firmly in check throughout her career. It was also one of the few specialties open to women physicians, although at the time, women were hardly well represented in the medical profession in general; Dr. Benedek remembers only a handful of women in her graduating class in medical school, and just one other woman during her residency.

Dr. Benedek met her husband at U-M while he was a law student and she was attending medical school ("We studied together as students – I used to take my microscope to Rackham," she says.). They married after her sophomore year, and they had their first child while she was finishing up her fellowship in child psychiatry. She and her husband have been married for 55 years and raised four children together, and she proudly lists all of their names as the first item on her CV.

After residency, she started out practicing child psychiatry at the York Wood Center, which was a residential treatment facility for youth in Ypsilanti. Her career then shifted directions when she joined the Center for Forensic Psychiatry, where she became its first director for training and research and helped develop the forensic fellowship program now run jointly between the center and U-M.

Forensic psychiatry, as it turned out, "was the perfect fit for me," Dr. Benedek says. Being married to an attorney (with whom she has collaborated on many publications), "I've always been very comfortable with lawyers and trying to understand how they think," she says. "Also, I love detective novels, and doing forensics is a lot like trying to figure out the intricacies of what happened and why."

Regarded as a national expert on child abuse, trauma, and neglect, Dr. Benedek continues to work in court through her private practice (which encompasses child, adolescent, adult, and forensic psychiatry), and she relishes the new challenges and demands for quick thinking that each case presents.

Dr. Benedek currently serves as a consultant to the Center for Forensic Psychiatry and has U-M forensic fellows shadow her in her courtroom work. Teaching and mentoring fellows, residents, and medical students is one of her passions. She is well known for her annual ritual of providing dinner for U-M medical students interested in pursuing psychiatry, following in the tradition of Stuart Finch, one of her own esteemed mentors, who provided similar guidance to budding psychiatrists as the director of child psychiatry when Dr. Benedek was a fellow. "With all of the students I teach and interact with, I hope in a way to convey the responsibility to bring up the next generation of students," she says.

Today's psychiatrists-in-training are "very energetic, and very skilled in using all the new technology available to them," she says. "But they also recognize the importance of interpersonal relationships and the 'old' skills and techniques of psychotherapy. I think people go into psychiatry for the same reason they always have – because they want to work with people."

In 1990, Dr. Benedek became only the second woman president of the American Psychiatric Association since its establishment in 1844 (she also served as APA vice president, secretary, and trustee), and over the years has very actively contributed to the committees, task forces, and councils of many professional organizations, as well as the editorial boards of numerous journals. In October, she received the Alexandra Symonds Award, given by the APA in partnership with the Association of Women Psychiatrists to recognize and honor a woman psychiatrist who has made significant contributions to promoting women's health and the advancement of women.

She has concentrated on a few key issues, including ethics in psychiatry, the psychiatric dimensions of disasters and terrorism, and what she says "at one time were called women's issues, but are really everyone's issues," such as rape and domestic violence. Through committee work or otherwise, Dr. Benedek says, "I think it's really important for psychiatrists to get involved in public policy," and names violence as a critical topic for which psychiatry could be leveraged more as a platform for increasing and enhancing mental health services.

"Through all these years I've had a lot of fun doing what I do, and I've enjoyed all the opportunities I've had," Dr. Benedek says. From all accounts, she will continue to provide wise counsel and contagious enthusiasm for U-M and the field of psychiatric medicine for many years to come.



Austin Thomason,  
Michigan Photography

**Soo-Eun Chang**, Ph.D., CCC-SLP, studies the neural bases of developmental stuttering. She uses multimodal neuroimaging techniques to examine how brain structural and functional connectivity patterns differ in children and adults who stutter. Ongoing projects include a large-scale, NIH-funded longitudinal study that investigates brain and behavioral

development trajectories in young children who stutter. The long-term goal of this research is to help identify biomarkers that may help diagnose and predict persistent forms of stuttering in the future. She is also interested in developing novel treatment options for stuttering, which may include neuromodulatory techniques that augment behavioral therapy, and early intervention to prevent chronic life-time stuttering. Dr. Chang trained as a Speech-Language Pathologist at Vanderbilt University, received her Ph.D. in Speech and Hearing Science at the University of Illinois at Urbana-Champaign, and trained as a postdoctoral research fellow at the National Institute of Neurological Disorders and Stroke (NINDS) Intramural Research Program. Dr. Chang is an assistant professor of psychiatry and is the inaugural Rosa Casco Solano-Lopez Research Professor of Child and Adolescent Psychiatry.



**Polly Gipson**, Ph.D., is a clinical psychologist and clinical assistant professor with expertise in evidence-based clinical practices, suicide risk assessment and intervention, and community-based participatory research. Clinically, she specializes in psychosocial interventions for anxiety, depression, suicide prevention, trauma, and grief for children, adolescents,

and their families. As a clinical educator, she serves as an attending for a cognitive behavioral therapy clinic for psychiatry, psychology, and social work residents. Dr. Gipson is part of the Youth Depression and Suicide Prevention Research Program. Presently, she is a co-investigator and project coordinator for a Centers for Disease Control and Prevention-funded randomized controlled effectiveness trial. This community-based project implemented in an urban underserved region is designed to prevent the initial occurrence of suicidal behavior in adolescents at elevated risk for suicide due to bully victimization, perpetration, and/or low social connectedness. A mentorship strategy is employed with the primary aim to increase youths' sense of community connectedness and enhance their adaptive functioning. Her line of research will continue to focus on community-based prevention and intervention strategies for underserved ethnic minority adolescents at elevated risk for suicidal outcomes. Her recent publications have focused on extending health behavior theories to suicidal individuals' treatment utilization/adherence and mediators of adolescents' suicidal behaviors and adverse life events.



**Mark Ilgen**, Ph.D., is a clinical psychologist, an associate professor of psychiatry, and an investigator with the VA Center for Clinical Management Research (CCMR) at the VA Ann Arbor Healthcare System. Much of his current work focuses on improving treatment outcomes for patients struggling with substance use disorders and complicated co-occurring

problems, particularly chronic pain, other psychiatric disorders, and suicide risk. In working with adults with established drug and alcohol problems, his goal is to help them reverse the course of addiction as quickly as possible to minimize the damaging effects to other areas of their lives.

For individuals grappling with both addiction and chronic pain, he has developed an intervention that can help address both problems and also minimize the treatment challenges that opioids often present for this population. He is in the process of conducting research to determine the potential effectiveness of this intervention. Dr. Ilgen is also keenly interested in evaluating addiction treatment approaches to identify the factors most important to patient motivation, quality of life during treatment, and outcomes. He is also the principal investigator of a new study to better understand marijuana use for pain management and the potential implications for patient outcomes as well as health policy.



## SUBSTANCE ABUSE PROGRAM

After nearly 20 years of leading the Substance Abuse Program (formerly the Substance Abuse Section), **Robert Zucker**, Ph.D., has stepped down from that role to devote more time to his research work. Dr. Zucker, a professor of psychology, has led the program through many milestones, including the development and oversight of a large grant portfolio, as well as moving the addiction treatment program (UMATS) from the community to the Rachel Upjohn Building and making it more integrated within the department. Under Dr. Zucker's leadership, UMARC has ranked in the top 10 of Addiction Research Centers nationally for years.



**Frederic Blow**, Ph.D., has assumed the Substance Abuse Program leadership role. He also continues to lead the Mental Health Services, Outcomes and Treatment (MHSOT) Program, working with MHSOT faculty to further infuse health services expertise and activity throughout the department's many programs and clinical activities. Dr. Blow will work closely with faculty and staff in the Substance

Abuse Program, and in particular with Kirk Brower, M.D., UMATS executive director and Addiction Psychiatry Fellowship director, to integrate UMATS further into the department's broader clinical and research enterprise.

**John McCarthy**, Ph.D., has been appointed interim director of the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) at the Ann Arbor VA, as Dr. Blow steps out of his role as SMITREC director.



**Randolph (Randy) Nesse** (M.D. '74, Psychiatry Residency '77)

Dr. Nesse's history with the department goes back 40 years, when, as a medical student, he helped Dr. George Curtis conduct research on phobias. Dr. Nesse's job was to procure the necessary spiders and snakes, and to draw blood at five in

the morning. Continuing this research as a resident, he published many papers on neuroendocrine responses to anxiety. He began on the faculty embedded in a general internal medicine clinic, an experience that "ruined my identity as a psychiatrist," he says. "I saw all the patients who had seen a psychiatrist and vowed they would never go again." He was later appointed director of Resident & Fellow Education, and went on to help develop the Anxiety Clinic, to serve as an associate department chair, and to provide care for thousands of patients. For the past 18 years he has also worked half time on main campus at the Institute for Social Research (ISR), as a professor of psychology, and as director of U-M's Evolution and Human Adaptation Program.



## NEUROPSYCHOLOGY PROGRAM

**Bruno Giordani**, Ph.D., was appointed to the role of U-M Faculty Ombudsman in September 2013. To fulfill his new responsibilities, Dr. Giordani stepped down from his role as director of the Neuropsychology Program – a position he has held since 2001 – but will continue in his roles as a faculty member in the Neuropsychology Program and as Chief Psychologist for the department.

**Carol Persad**, Ph.D., previously director of the Neuropsychology Clinic, has assumed the role of Neuropsychology Program Director, while **Elise Hodges**, Ph.D., who worked closely with Dr. Persad as assistant Neuropsychology Clinic director, has stepped fully into the clinic director role.

## ADULT INPATIENT PSYCHIATRY

**Josh Bess**, M.D., departs his role as medical director of the Adult Inpatient Unit ("9C") to take on new challenges in an active private practice in Seattle, Washington, a setting in which he will have opportunities to continue and expand his work in neuromodulation.

**Laura Hirshbein**, M.D., Ph.D., has ably stepped into the role as the new 9C medical director. Dr. Hirshbein is a graduate of our residency program, and a medical historian as well a clinician-educator. She has been a member of the Hospital Service, working both on the inpatient unit and in PES. She was also involved in the Crisis Support Clinic (CSC) in Ambulatory shortly after it was launched.

In the early 1980's, he began spending time with animal behavior researchers at the Museum of Natural History. As an undergraduate at Carleton College (Minn.), he had developed a theory that aging was good for the species. When he presented it to U-M biologists, however, "they laughed and laughed, and asked what kind of education Michigan was giving medical students. I realized that I was almost completely ignorant about the evolutionary half of biology." He soon published several papers testing a theory of aging by the biologist George Williams, which posited that a gene that caused aging would be selected for if it offered benefits in youth. He then collaborated with Williams on several papers and a book, *Why We Get Sick: The New Science of Darwinian Medicine*. These contributions gave rise to a new field, now flourishing with conferences, courses, textbooks, journals, and a foundation of which Dr. Nesse serves as president. In January 2014, Dr. Nesse will begin a new position as the founding director for the Center for Evolution, Medicine, and Public Health at Arizona State University. What is his next big challenge? "We are making good progress in establishing evolution as a basic science crucial for medicine, but the opportunity is greatest for psychiatry. I sure hope my friends and colleagues in the department carry on the mission and keep in touch."

# PROMOTIONS

## INSTRUCTIONAL TRACK

Linus A. Bieliauskas, Ph.D., *Professor*  
Helen C. Kales, Ph.D., *Professor*  
Amy M. Kilbourne, Ph.D., *Professor*  
Kara B. Zivin, Ph.D., *Associate Professor*

## CLINICAL TRACK

Deirdre A. Conroy, Ph.D., *Clinical Associate Professor*  
Susan M. Maixner, M.D., *Clinical Associate Professor*  
Paresh D. Patel, M.D., Ph.D., *Clinical Associate Professor*

## RESEARCH TRACK

Shao-Hsuan Shaun Ho, Ph.D., *Assistant Research Scientist*  
Shelly Flagel, Ph.D., *Research Assistant Professor, Molecular and Behavioral Neuroscience Institute*  
Juan F. Lopez, M.D., *Molecular and Behavioral Neuroscience Institute, Research Associate Professor (previously promoted to Associate Professor in the Instructional Track)*  
Sandra Villafuerte, Ph.D., *Research Assistant Professor*  
Robert C. Welsh, Ph.D., *Radiology, Psychiatry, Research Associate Professor*

# AWARDS

Huda Akil, Ph.D., and Stanley Watson, M.D., Ph.D., co-directors of the U-M Molecular and Behavioral Neuroscience Institute, professors of psychiatry, and husband-and-wife research collaborators since the mid-1970s, were awarded the 2012 *Rhoda and Bernard Sarnat International Prize in Mental Health* from the Institute of Medicine. The prize honors outstanding work in mental illness and addiction. For Drs. Akil and Watson, the prize recognizes decades of work that have revealed key aspects of the molecules and neurobiological circuitry behind pain and stress and substantially expanded understanding of mood disorders, addiction, and other conditions, findings that have pointed the way to new targets for treatment and prevention.

Rachel L. Glick, M.D., professor of psychiatry and director of Psychiatric Emergency Services, and Kenneth R. Silk, M.D., professor of psychiatry, were among the 19 U-M Medical School faculty and staff honored for exceptional accomplishments in the areas of teaching, research, clinical care, community service, and administration in 2013. Dr. Silk (see profile on p. 7) was awarded a *Lifetime Achievement Award in Clinical Care*, and Dr. Glick received the *Kaiser-Permanente Award for Excellence in Pre-clinical Teaching*, the most prestigious teaching award given by the Medical School.

John F. Greden, M.D., Depression Center executive director and the Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences, is the 2013 recipient of the *James T. Neubacher Award*, which recognizes individuals who demonstrate extraordinary commitment toward supporting equal rights and opportunities for people with disabilities (*a little-known fact: depression is one of the leading causes of disability worldwide*). U-M's Council for Disability Concerns established the award in 1990 as a memorial to Jim Neubacher, a U-M alumnus who was a columnist for the *Detroit Free Press* and an advocate for acceptance of people with disabilities in all aspects of community life.

Laura Nitzberg, LMSW, received the 2013 *NAMI Washtenaw County Community Member Award* for her work in support of individuals and families affected by mental illness. Nitzberg is the assistant director of psychiatric social work and has been a key leader in the establishment and growth of the department's Patient and Family Centered Care Committee.

Maria Muzik, M.D., associate professor of psychiatry, received the 2013 *Marian I. Butterfield, M.D., Early Career Psychiatrist Award* from the Association of Women Psychiatrists. This award recognizes women psychiatrists who have established significant professional careers early in their professional development.

Antonia "Toni" Charles, a senior social work clinician on the Child and Adolescent Inpatient Psychiatry Unit, was honored with the 11th Annual *Beverly Jean Howard Award for Excellence in Social Work*, recognizing distinction in social work practice.

Dawn Marie Cooper, administrative assistant in the department's Resident Education Office, received the 9th Annual *Candace J. Johnson Staff Award for Excellence*, an award established by the Office of the Provost to commend staff members who truly make a positive difference in the workplace by combining enthusiasm with excellence.

Rachel L. Glick, M.D., professor of psychiatry and director of Psychiatric Emergency Services, and Michael D. Jibson, M.D., Ph.D., professor of psychiatry and director of Residency Education, were among the nearly 100 inaugural members inducted into the U-M Medical School's *League of Educational Excellence*. This honor was established in 2013 to celebrate faculty who have a passion for sharing their extensive knowledge through the instruction of the next generation of physicians and scientists in U-M's classrooms, laboratories, and hospitals and health centers.



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In so many ways, philanthropy helps the University of Michigan continue to serve as a leader in academic psychiatry. Without the financial support of faculty, alumni, and other stakeholders, we could not provide our world-class environment that integrates innovative basic, clinical, and translational research, the latest in evidence-based patient care, and academic programs to prepare tomorrow's leaders in healthcare, research, and education.

The U-M Health System is a critical component of the Victors for Michigan campaign, U-M's most ambitious fundraising effort to date, which launched Nov. 8. During this exciting time, please consider recognizing and supporting the important work of the University of Michigan Department of Psychiatry by contributing to the Psychiatry Gift Fund – we would be very grateful for your support! For additional information, please contact:

Courtney Metzger, Development Office  
(734) 763-1409 or [coucarr@umich.edu](mailto:coucarr@umich.edu)  
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