



**DEPARTMENT OF
PSYCHIATRY**

UNIVERSITY OF MICHIGAN
HEALTH SYSTEM

UNIVERSITY OF MICHIGAN DEPARTMENT OF PSYCHIATRY

WINTER 2014

A LETTER FROM THE CHAIR

Greetings,

I am delighted to share with you our annual newsletter from the Department of Psychiatry. The winds of healthcare change continue to swirl around all of us, and I am continually impressed and encouraged by how well the faculty, staff and trainees in the department face the challenges. Our clinical activity continues to grow as we work to develop more innovative and cost-effective ways to provide care. Our trainees continue to embrace the opportunities to learn and keep us on our toes to continually improve our clinic and classroom based training activities.

Through diligent and creative efforts by our faculty and research staff, supported by our research administration, we have grown our National Institutes of Health (NIH) portfolio at a time when inflation adjusted NIH dollars are actually shrinking; and this does not count successes in the U.S. Department of Veterans Affairs, the U.S. Department of Defense, foundation and other funding.

All of this comes only by the hard work and dedication of the many faculty and staff throughout the department, committed to our research, clinical and educational missions. Surely, there is significant stress associated with the pressures we face; at the same time, the commitment and resilience of the members of the department is inspiring.

In these pages, we share a sample of some of the innovative work going on and hope to convey the rigor with which programs are planned and implemented and the regularity with which they meet more than one of our missions. We also introduce you to some of the trainees, faculty and staff (and some alums!) who are involved with this work, carrying on the tradition of Psychiatry at Michigan.

Much of this work was catalyzed by alumni and friends of the Department whose support made possible pilot funding to start projects which ultimately resulted in funding from grant awards or larger philanthropic gifts. We are deeply grateful for that support and hope that we can continue to partner with our extended friends and family who participate in the ongoing *Victors for Michigan* campaign.

As always, we appreciate your support and hope to hear from you in the coming year. If you are in the Ann Arbor area, please let us know so that we can schedule a visit.

Best wishes for the holiday season and the new year,

Gregory W. Dalack, M.D.



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PROGRAM UPDATE

Around the World with Dr. Kales and the DICE Approach

The U.K., Ireland, Japan and beyond!

For the past six months, Helen C. Kales, M.D., Professor of Psychiatry and Director of the Section of Geriatric Psychiatry and the Program for Positive Aging has been on academic sabbatical. She has devoted her sabbatical to further developing and disseminating the “DICE Approach,” an algorithm for managing difficult behaviors in dementia which include; agitation, depression, apathy, psychosis and aggression.

DICE stands for D to describe, I to investigate, C to create and E to evaluate. The description comes from the patient or caregiver to get a clear picture of the problem, the investigation looks at all aspects of a patient’s health, creation is when the patient’s caregiver and health providers develop a plan of action, and the evaluation assesses how the plan is working.

Global interest took off after the algorithm was published in the April issue of the Journal of the American Geriatric Society. Throughout the summer and into the fall, Dr. Kales traveled to the United Kingdom, Ireland, Baltimore, and finally to Japan sharing her wisdom about the DICE approach.

“The approach puts the pieces of dementia behavior management together in a way that people are really responding to...it is easy to use and combines strategies using medications and behavioral and environmental interventions,” said Dr. Kales. “Often more than memory loss, behavioral symptoms of dementia are among the most difficult aspects of caring for people with dementia. These symptoms are experienced almost universally, across dementia stages and causes.”

While in the U.K., Dr. Kales met with expert colleagues and lectured on the DICE approach at King’s College in London. She spent time with a “Specialist Mental Health Intervention Team” which provides consultation to people with dementia in care homes, prioritizing non-pharmacologic management and care that is person-centered. She was also honored to be an invited attendee at the first G7 Global Dementia Legacy Event in London. At the event, Prime Minister David Cameron spoke of the U.K.’s commitment to funding research and to helping those affected by dementia.

In Ireland Dr. Kales lectured to faculty and clinicians from Trinity College and at St. James Hospital in Dublin. Her trip to Baltimore,



Dr. Gitlin | Dr. Shari Ling | Dr. Kales | Dr. Lyketsos

Maryland included her close collaborators Drs. Laura Gitlin and Kostas Lyketsos from Johns Hopkins University. The group gave grand rounds at the Centers for Medicare and Medicaid Services on assessing and managing behavioral symptoms of dementia with DICE.

Finally, in October, Dr. Kales was invited to Japan to present the DICE approach at the International College of Geriatric Psychoneuropharmacology (ICGP) Congress in Tsukuba Japan and to meet with officials at the Ministry of Health in Tokyo.

“I hope our work will help to usher a paradigm-shift that leads providers away from the knee-jerk use of antipsychotics and other psychiatric medications in dementia without any assessment of underlying causes.”

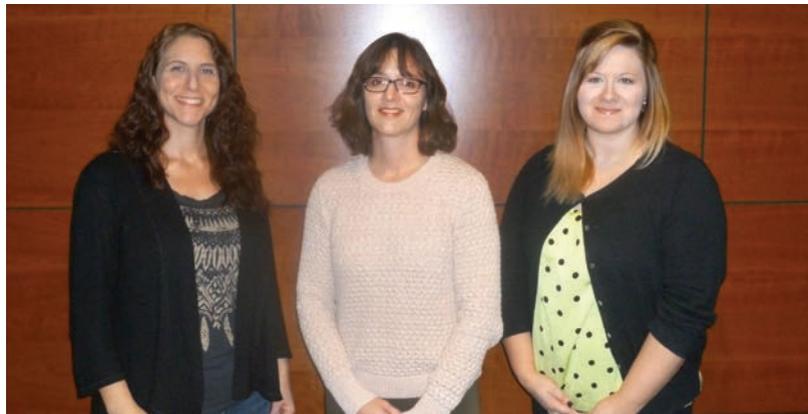
There are multiple projects that have been launched from DICE. One is a current National Institute of Nursing Research R01 grant that is embedding the DICE approach into a technology tool (called WeCare) for use by caregivers. The WeCare tool will be tested in a research trial starting this winter.

PROGRAM UPDATE

The Psychotherapy Competency Committee

The Psychotherapy Competency Committee (PCC) at U-M consists of an interdisciplinary representation of Psychiatry Department faculty and staff with the mission of supporting the use of evidence based psychotherapy through access to psychotherapy training and follow-up. Dr. Sheila Rauch, Ph.D., Associate Professor serves as chair of the committee with Ms. Kate Bullard, LMSW, MPH, as Assistant Chair. Jessica Peatee, MA, of the Department of Psychiatry provides coordination and support for the PCC initiatives. The PCC is currently focusing on two main initiatives; the Measurement Based Care Program and the Ambulatory Psychiatry Psychotherapy Consultation Group.

The Measurement Based Care (MBC) Program was created to provide a tool for clinicians as they care for individuals receiving psychotherapy services. The program uses M-Strides, a web-based system for patients to report their symptoms between appointments. Patients are asked to complete three questionnaires every two weeks that measure and track depression levels, anxiety levels, and how much their symptoms are interfering with their daily routines. M-Strides offers a report of the patient's symptoms and functioning over time to alert clinicians to changes in a client's mental health. The reports include flags to assist the provider in knowing when to consider a transition in level of care for the patient. If a patient is having trouble in therapy, flags may suggest that a client should be considered for further assessment using second tier clinical measures. Clinicians may use patient's answers on questionnaires to aid in more accurate diagnosis, more individualized treatment planning and additional support for clinical decision making. Patients may also track their own progress and level of functioning in M-Strides, which promotes patient



Kate Bullard | Sheila Rauch | Jessica Peatee

involvement in the psychotherapy process. We hope that this new resource will assist providers in clinical care and improve outcomes for patients.

The Ambulatory Psychiatry Psychotherapy Consultation Group was created to provide a resource for advanced providers to discuss challenging cases and the implementation of evidence based psychotherapy. This group is for advanced clinicians in the department who provide psychotherapy to patients, in order to deepen their clinical skills, foster mentoring, and create networking opportunities. Clinicians are encouraged to bring cases and questions to the meeting for discussion, exchange information, and share solutions regarding clinical issues and practice. While this group is intended for advanced clinicians, additional consultation groups and supervision are offered for clinical trainees.

PROGRAM UPDATE

Obsessive Compulsive Disorder Across the Lifespan

Obsessive-compulsive disorder (OCD) is a common psychiatric illness that often emerges in childhood and causes life-long disability in over 50 percent of patients. It is characterized by intrusive thoughts or obsessions and behavioral rituals. Symptoms begin with simple tasks, like hand washing or locking a door, which become laden with fear and anxiety (obsessions) that the task is not done correctly, e.g. that the hands are not clean enough or that the door is not locked properly. The intense feeling leads to the repeated behaviors or compulsions to reduce the fear and anxiety. Unfortunately, the need to repeat the compulsive behavior, sometimes for hours, is highly disruptive to a person's life. The disruption caused by compulsions is what distinguishes OCD from normal checking behavior, such as going back once to check a lock after locking it.

Drs. Kate Fitzgerald, Assistant Professor of Psychiatry and Stephan Taylor, Professor of Psychiatry are addressing this problem by 'training' children's brains and by 're-training' adults' brains using cognitive behavioral therapy (CBT).

Cognitive Behavior Therapy is a type of psychotherapy in which patients must resist giving in to their fears about not engaging in compulsive behavior. For children, CBT is the most effective type of treatment for OCD. It is used to 'train' brains to disengage from obsessive concerns about making mistakes by resisting compulsive urges to 'be correct.'

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TRAINING PROGRAM HIGHLIGHTS

The General Residency Program

The Psychiatry Department's residency and fellowship programs have a long history of leadership and innovation, providing outstanding clinical, educational, and research experience to about 60 trainees each year. A recent opinion poll from the U.S. News & World Report ranking the nation's approximately 250 psychiatry residency programs placed the University of Michigan in the top 20 for overall quality of training. We have also seen a rise over the past 5 years in the number of applicants from U.S. medical schools to the general residency program from 100 to 250 per year. Consequently, we have recruited excellent groups of residents throughout this period and have achieved a nearly perfect pass rate on the American Board of Psychiatry and Neurology certification examination since 2009.

Innovative programs that contribute to our overall training mission include a 5-year research track that is unique in its longitudinal approach to research training without compromising quality clinical education. Our Clinical Scholars Track (CST) was the first of its kind when introduced in 1998. The CST has graduated 25 residents

*Michael D. Jibson, M.D., Ph.D.,
Professor of Psychiatry,
Director of Residency Education*



prepared for clinical track academic careers and has served as a model for over a dozen similar programs at other institutions. As a result of these two programs, nearly 40 percent of our graduates are in academic positions here and at other leading universities throughout the country.

At graduation, they most often cite the 1-to-1 interactions they had with faculty supervisors as the most important factor in their success. Not surprisingly, more than half choose to stay close by and contribute to the Michigan economy and Ann Arbor community. Nearly 20 percent of graduates seek careers in the public sector, most in underserved areas. Our graduates are thriving and reflect well on our program and department.

The Clinical Social Work Post Graduate Training Program

The UMHS Clinical Social Work Post Graduate Fellowship Training Program in Psychiatry is a leading program through which trainees attain strong clinical skills and obtain licensure. It is in its 26th year of providing graduate level teaching to approximately 70 individuals through clinical training, challenging work, and dynamic experiences at the interface of science and practice. Post Graduate Fellows (PGFs) have opportunities to work closely with faculty, staff, and trainees from a variety of disciplines to grow professionally and personally.

There are currently seven PGF positions within the U-M Department of Psychiatry, three in Adult Ambulatory Psychiatry and four in Child and Adolescent Ambulatory Psychiatry. The curriculum is two years and includes providing new patient evaluations and psychotherapy, participation in leading the depression and bipolar family education workshops and support groups, attendance at grand rounds and other lectures. After completing the program, clinicians go onto work in a hospital, university, outpatient or private practice setting.



*Left to right: Melissa Webster, LMSW, Program Director | Anna Cesa, LLMSW | Sara Tischler, LLMSW | Azra Alic, LLMSW
Carolyn Ruffolo, LLMSW | Kristen Miner, LLMSW | Gregory Dalack, M.D.*

The Matthew K. Smith Stuttering Research Project

More than 3 million Americans stutter, yet its etiology is largely unknown and treatment options remain limited. Stuttering affects the capacity of speech communication: something that most take for granted. Speech allows us to fluently share thoughts and emotions with others. Those with moderate to severe stuttering can experience major disadvantages in psychosocial, vocational and academic aspects of life, with many developing social anxiety as a result.

In 2011, the Department of Psychiatry received a gift for an endowed professorship in stuttering from a graduate of our residency program, Dr. Carlos Solano-Lopez ('90). Through Dr. Solano-Lopez's gift the department was able to recruit an expert in the field, Dr. Soo-Eun Chang from Michigan State University.

Since Dr. Chang arrived at U-M she has been focusing on multimodal neuroimaging, brain stimulation, speech motor control and timing and rhythm perception and production. Dr. Chang has been working to identify neural bases of stuttering and to find more effective treatments. Regular funding is needed to make consistent strides in this research program.

In early 2014 the department was contacted by a gift officer from the U-M College of Literature, Science & Arts. A donor by the name of Matthew K. Smith ('93) who had made gifts over the years to the Political Science Department was interested in learning more about U-M stuttering programs. After several meetings, Mr. Smith agreed to fund some of Dr. Chang's new ideas for innovative research in brain development and stuttering with a gift of \$350K.

"Projects supported by Mr. Smith's funds have translational goals that are expected to lead to neuroscience guided treatment approaches in stuttering," said Dr. Soo-Eun Chang, Rosa Casco Solano-Lopez Research Professor of Child and Adolescent Psychiatry at U-M. "Currently, there is no cure for stuttering. Behavioral treatment offers help for many, but also leads to variable outcomes, especially in adults who stutter. The new research projects supported by Mr. Smith's funds have the potential to help us take a step closer to finding novel efficacious treatment options for children and adults who stutter."

"As a child, I had a stuttering problem and at the time I found that resources to help me through it were non-existent," Mr. Smith said during a phone interview. "I had to figure out how to overcome it by myself, which was a very frustrating process for a 6-year-old and my parents. I came up with my own way of managing my stuttering problem."

Mr. Smith is now Chief Executive Officer of Shoes for Crews, LCC based in West Palm Beach, Florida. Shoes for Crews is the global leader in slip-resistant footwear for foodservice, hospitality,



Matthew K. Smith

healthcare and industrial workers worldwide. With offices in the U.S.A., Europe, and Asia, he manages 500 employees and speaks publicly often. Stuttering was an early roadblock for Matthew, but he overcame it.

"Over the years, there has not been a lot of research and attention given to stuttering. The Academy Award winning movie, 'The King's Speech' did bring some attention to the issue. My goal is to help the University of Michigan determine the causes and eventually develop effective treatments for stuttering. I want to help the children who are going through what I went through."

The University of Michigan is a leader in the study and treatment of neurodevelopmental disorders thanks to generous donors like Matt Smith. Through research, earlier diagnosis, effective treatments and dissemination to others, the University of Michigan is paving the way for talented young researchers like Dr. Chang.



Dr. Gregory Dalack with Dr. Thomas Dishion, guest speaker (center), and Jack Westman (BS '49, M.D. '52, Psychiatry Residency '59) celebrating the inauguration of the Jack and Nancy Westman Lectureship in Family and Community Psychiatry on September 24, 2014.



Aislinn Williams, PGY5
Medical School:
University of Iowa (2010)

1. Why did you choose Michigan?

I spent middle and high school in Ann Arbor, and then traveled widely for the rest of my education. I ended up choosing the University of Michigan not so much because it was home, but because it had the strongest clinical and research training programs. I searched widely for the best program, and U-M had it.

2. What is your current focus?

I work with the Prechter Bipolar Research team, working with induced pluripotent stem cells. We take skin samples from research participants and reprogram them into stem cells. We then differentiate these stem cells into cell types that we think are important for mental illness. My interest is in the ways that neurons communicate with each other, and how that goes awry in mental illness.

3. Has anyone or anything in particular inspired you?

There are a lot of people who contributed to my science training and may or may not know they inspired me. My fourth grade teacher taught me that science could be interesting, fun and engaging. Also, my graduate mentor, Henry Paulson, M.D., Ph.D. does basic research that is clinically informed. That is the model I hope to follow as I feel it helps ensure that the research one does is clinically relevant to the patients you want to help. Dr. Paulson has been a great ongoing mentor and inspiration.

4. What is most rewarding about your work?

I enjoy that I get to think about the problems I am interested in from every possible perspective. I am able to listen to what is important and relevant to my patients. Their experiences heavily influence our research decisions. It is amazing that we are able to take action to try to provide the answers to the questions they have. We truly take what patients say to heart, try to understand their experiences, and then get into the lab to try to address those problems scientifically.

5. What have you learned that has surprised you?

I always understood that psychotherapy was an important part of treatment for psychiatric disorders, but I was very impressed by depth and breadth of therapy training here, and how much opportunity I have to learn therapy with my patients. I have the ability to block my time so I can administer the treatment they need with excellent supervision from the faculty. Mentoring at Michigan is amazing. All of my mentors have been very involved and invested in my success.



Daniel Wurzelmann, PGY2
Medical School:
University of North Carolina (2013)

1. Why did you choose Michigan?

I chose Michigan for many reasons. My wife and I participated in the couples match, with her going into internal medicine. We were looking for a place with strong residency programs in both fields. I met several people at Michigan in the psychiatry department who really impressed me with their motivation, intelligence, and vision. I wanted to be like them, so I convinced my wife to rank Michigan first.

2. What is your current focus?

My current focus as a second year resident is on developing good habits as I gain more independence in practice. I also organize a psychiatry book and movie club (we're always looking for new members!).

3. Has anyone or anything in particular inspired you?

My grandparents are always an inspiration for perseverance and hard work. I'm most inspired by those who have created something of their own, who follow a deep curiosity to obtain more knowledge, and who create a positive environment. There are several members of the housekeeping staff who are incredibly cheerful and I'm trying to be more like them. Among academic inspirations, the chief residents have been amazing throughout my time here, and among faculty the inspirational figures are too numerous to list.

4. What have you learned that has surprised you?

I just got back from the Association for Academic Psychiatry (AAP) conference and I hadn't realized how well-represented Michigan was. There was a large contingent from U-M and the experience infused me with energy about ways of improving education in psychiatric training.

5. What future directions do you see for your career?

I am planning on a career in academic psychiatry. I am particularly interested in education of medical students and residents.

“We truly take what patients say to heart, try to understand their experiences, and then get into the lab to address those problems scientifically.”

LEADERSHIP at Federal Agencies

Faculty on NIH Study Sections

Being asked to join a Study Section with the National Institute of Health is an honor that comes with a significant workload and responsibility. Here is a sampling of University of Michigan Psychiatry Faculty involved with NIH Study Sections.

James Abelson, M.D., Ph.D. serves as a member of the Behavioral Mechanisms of Emotion, Stress and Health Study Section.

Margit Burmeister, Ph.D. serves as a permanent member of the Genomics, Computational Applications and Technologies Study Section.

Israel Liberzon, M.D., Ph.D. serves on the Brain Disorders and Clinical Neuroscience Integrated Review Group.

Stephan Taylor, M.D., Ph.D. serves on the Adult Psychopathology and Disorders of Aging Study Section at the Center for Scientific Review.

Maureen Walton, MPH, Ph.D. is an Ad Hoc Grant Application Reviewer for the National Institute on Alcohol Abuse and Alcoholism Special Emphasis Panel and for the Risk, Prevention and Intervention for Addictions Study Section.

Past Appointments

Soo-Eun Chang, Ph.D. was an Ad Hoc Reviewer for Motor Function Speech and Rehabilitation Study Section (October 2014).

Brian Hicks, Ph.D. was an Ad Hoc Member of the Behavior Genetics and Epidemiology Study Meeting (October 2014).

Continued from page 3

PROGRAM UPDATE

Obsessive Compulsive Disorder Across the Lifespan

“We use cognitive behavioral therapy on children to teach them that obsessive fears are like a ‘false alarm’ that can be ignored,” said Dr. Fitzgerald. “We like to believe that our patients’ brains are lifting weights and growing new muscles when undergoing CBT therapy with us. For example, a child may feel that they must wash their hands for at least ten minutes or risk getting sick. In this case, CBT would involve training the child to wash their hands for a shorter length of time and letting them realize they did not become sick.”

Drs. Fitzgerald and Taylor also use CBT to treat adult patients, although in adults, medication tends to play a larger role. CBT is still an important part of the treatment of adult OCD, using the same principles as in children.



Other Honors

Amy Kilbourne, Ph.D., MPH, was recently appointed with the honor of Director of QUERI (Quality Enhancement Research Initiative) at the U.S. Department of Veterans Affairs. She also serves on the Health Services Study Section for NIMH and is a Professor of Psychiatry here at the University.

Alumni PROFILE

Karen L. Pierce

(M.D. '78, Residency '81, Fellowship '83)

Dr. Karen L. Pierce knew she wanted to become a pediatrician after one of her sister's had a tragic accident as a child. She wanted to help.



After some time at school, she fell in love with psychiatry as she learned about the complexities of the brain. Dr. Pierce earned her undergrad in psychology and her M.D. at the University of Illinois in 1974 and 1978, respectively. She then came to the University of Michigan completing an internship in psychiatry in 1979, her residency in psychiatry in 1981 and a fellowship in child psychiatry in 1983. She was chief resident of child psychiatry by 1982.

Dr. Pierce noted that she believes the training she received at the University of Michigan was top-notch.

"There were three women in leadership in our residency for the first time," Dr. Pierce said during a phone interview. "Dr. Bernard Carroll, the chairman of the department at that time created an entire grand rounds program on women in psychiatry. It was amazing. It solidified my identity in the psychiatry world."

Eventually, Dr. Pierce moved back to Chicago with her husband. Today, she mainly works out of a private practice in Lincoln Park, Illinois but also has a role as Clinical Associate Professor of Child Psychiatry at Northwestern University and in the past at Rush University.

In her free time, Dr. Pierce enjoys spending time in schools educating people about psychiatric illnesses. "I enjoy working

with patient advocate groups and being an ambassador for kids," Dr. Pierce said. "I am lucky to be in the lives of my patients. When you take the hand of a child you take the heart of their mother. I do not take this lightly."

Dr. Pierce also volunteers with her various professional societies often. She is a Distinguished Life Fellow of the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA). With the APA, she is a member of the Council on Quality, and the Council on Adolescents & Children. For the AACAP, she is on the board of the Political Action Committee and is also a member of the Collaborative Care Committee, and the Women's Committee. She writes, speaks, and consults in the area of children and adults with ADHD, learning disabilities, anxiety, and behavior treatment. She is Past President of the Illinois Association of Child and Adolescent Psychiatry.

Dr. Pierce also helped develop the American Academy of Pediatrics evidence-based guidelines on attention deficit hyperactivity disorder (ADHD) in 2011, along with the ADHD toolkit and book for parents. She is co-chair of the Project Management Center of Excellence (PM-CoE) ADHD Work Group to develop quality measures for ADHD care. She also worked on the American Medical Association guidelines for treatment of depression in children.

"I still feel strongly connected to Michigan and my mentors, especially when I think about the rich education I gained at U-M," Dr. Pierce said. "I come back to Michigan for a football game every year. Michigan is in my blood. I grew up at Michigan, and my mentor's wisdom lives in me."





Ben Hampstead, Ph.D., joined the U-M faculty in September 2014 as an Associate Professor in Psychiatry and as a Staff Neuropsychologist in the Ann Arbor VA Healthcare System. A Michigan native, Dr. Hampstead has transitioned from Emory University where he performed memory-related research in patients with Alzheimer's disease. He is the Clinical

Core leader of the Michigan Alzheimer's Disease Center where he will continue his memory rehabilitation research and work to facilitate collaborative research. Dr. Hampstead is an expert in functional imaging and nonpharmacological approaches like cognitive rehabilitation and non-invasive brain stimulation, which are used to enhance age-related memory functioning. Additionally, Dr. Hampstead will be evaluating the benefits of non-invasive brain stimulation as a treatment for post-traumatic stress disorder. Together, his research could lead to much needed, low-risk alternative to existing pharmacologic agents. Dr. Hampstead is currently funded by the National Institutes of Health and the Department of Veterans Affairs.



Katherine Rosenblum, Ph.D., is a Clinical Associate Professor in the Department of Psychiatry, Director of the Women and Infants Mental Health Program and Co-Director of the Infant and Early Childhood Clinic. She is the Psychologist Consultant for the U-M School of Law's Child Advocacy Law Clinic, and an active member of the U-M

Center for Human Growth & Development. Dr. Rosenblum earned her Ph.D. in Clinical and Developmental Psychology at U-M in 2000 and her BA in Psychology at Mills College in 1991. She holds current funding from both the National Institute of Mental Health (NIMH) and from the Eunice K. Shriver National Institute for Child Health and Human Development (NICHD). She was recently awarded a NIMH R03 pilot study, in collaboration with Drs. Kate Fitzgerald and Maria Muzik, for research that will create and validate behavioral and neurophysiological assessments for young children to identify the relevance of Research Domain Criteria for childhood depression and anxiety. She was also recently awarded a Flinn Foundation challenge grant that will allow her to partner with the Michigan Department of Community Health to evaluate infant mental health home visiting in Michigan.



Leslie Swanson, Ph.D., is a Clinical Assistant Professor in the Department of Psychiatry at the University of Michigan. Dr. Swanson's clinical and research interests include behavioral sleep medicine, perinatal depression and sleep and psychiatric illness in perinatal women. The long-term goal of her research is to develop sleep-based interventions to reduce the burden

of perinatal depression. She recently completed a collaborative project with Dr. Maria Muzik to examine the role of childhood

trauma in sleep disturbances during the postpartum period. She was also recently honored with a K23 award from the NHLBI to understand the contribution of sleep-disordered breathing to perinatal depression. Dr. Swanson received her Ph.D. in Clinical Psychology at the University of Alabama. She completed her internship at the Ann Arbor VA and a two-year postdoctoral fellowship in psychology at U-M. She is a member of the Sleep and Chronophysiology Laboratory and the Women and Infants Mental Health Research Group.



SLEEP LAB TRANSITIONS

The Sleep and Circadian Research Laboratory: *Opportunities for Engagement*

In recent decades sleep health has emerged as major contributor to both mental and physical health and well-being. Sleep deprivation and sleep disorders, like insomnia and sleep-related breathing disorders are relevant to almost everyone at some point in their lives. They affect fundamental functions including learning, memory, emotional and physiological regulation and can also play a role in chronic health conditions like hypertension, asthma, and heart disease.

Sleep disturbances can cause psychiatric disorders and they unfavorably affect the response to mental health treatments. Disrupted *circadian rhythms*, which are physical, mental and behavioral changes that follow a roughly 24-hour cycle, have also been implicated in mood and substance use disorders. Therapies based on sleep and circadian science are emerging as innovative alternatives to traditional mental health treatments. Despite these scientific advances, our understanding of the role of sleep and circadian health in mental health disorders is in its earliest stages.

The Sleep and Chronophysiology Laboratory at the University of Michigan was established in the Department of Psychiatry in 2003 under the directorship of Roseanne Armitage, Ph.D., one of the pioneers in sleep and depression research. As one of the few psychiatry-based sleep research laboratories in the country, the primary focus of the laboratory has been to understand sleep and circadian rhythm mechanisms involved in the development and maintenance of psychiatric illness. Under the direction of Dr. Armitage, the sleep lab has made key scientific discoveries in

the area of sleep and psychiatric illness. One of these discoveries was that the regulation of slow wave activity (a marker of sleep need) is different for men and women with depression than it is for healthy men and women. We are now investigating whether disrupting this slow wave system predisposes adolescents to impulsive behavior.

Ongoing projects in our laboratory are addressing such basic questions as: how do sleep disorders impact the mental health of women with depression and the development of their offspring?, what sleep interventions can improve the mental health of adolescents with depression?, and what simple, cost-effective, and reliable assessments of sleep and sleep disorders can we develop?

In December 2013, Dr. Armitage retired from the department and the role of Acting Director was assumed by Dr. J. Todd Arnedt, Ph.D.. The change in leadership has provided a unique opportunity to undergo a process of reflection about the laboratory's core principles, relative strengths and areas of need, and overall scientific direction. The next laboratory iteration will strengthen the foundation established by Dr. Armitage while expanding into new scientific directions that capitalize on existing strengths. The name of the laboratory will be changed to the ***U-M Psychiatry Sleep and Circadian Research Laboratory (SCRL)*** and its research mission will be: (1) to understand how sleep and circadian rhythms contribute to the development and maintenance of psychiatric disorders; and (2) to develop effective sleep focused treatments that can optimize mental health. Very few psychiatry



Research Assistant hooked up to equipment



Main sleep lab

departments in the country have active research programs exploring the complex interactions among sleep, circadian rhythms, and psychiatric disorders. The SCRL is therefore well-positioned to lead the way nationally in this area of research. As we move forward, we would benefit greatly from partnerships with intra- and extra-departmental research programs to untangle the complex scientific questions.

The SCRL is fortunate to have unparalleled research resources to conduct sophisticated sleep and circadian studies including temperature and light controlled research suites. These suites have state-of-the art computer-controlled lighting systems to duplicate the lighting conditions in any environment, making them ideal for conducting longer-term laboratory-based circadian rhythm studies or studies evaluating different light conditions on psychiatric symptomatology.

We are excited as we enter this next phase of our laboratory and we are hopeful that others will be excited by the opportunities that a robust sleep and circadian research laboratory can present for understanding complex psychiatric disorders. We look forward to engaging with other research groups, patients, families, and stakeholders as we try to understand how sleep and circadian rhythms contribute to the development and maintenance of psychiatric illness and what sleep- and circadian-related treatments can be developed to optimize the mental health of our patients.



Sleeping lab apartment

PROMOTIONS

INSTRUCTIONAL TRACK

Sally K. Guthrie, PharmD — *Professor of Pharmacy, with tenure and Professor of Psychiatry, without tenure*

CLINICAL TRACK

Brian Martis, MBBS — *Clinical Associate Professor*
Amy Rosinski, M.D. — *Clinical Associate Professor*

RESEARCH TRACK

Paul Burghardt, Ph.D. — *Research Assistant Professor*
Alison Berent-Spillon, Ph.D. — *Research Assistant Professor*

AWARDS

Judy Coucouvanis, BSN was a recipient of the *International Society of Psychiatric-Mental Health Nurses' Melva Jo Hendrix Award*, where she gave the award lectureship at their annual the conference, *A Journey with Autism: Perspectives from 30 Years of Clinical Practice*. The award lectureship is given annually and acknowledges a psychiatric-mental health nurse whose career exemplifies the values that guided Dr. Hendrix's life, including her commitment to improving care for the underserved and her dedication to educating and mentoring others to become future leaders in psychiatric-mental health nursing.

Brian Hicks, Ph.D. has won three awards this year: the *J. L. Fuller & J. P. Scott Memorial Award* for outstanding scientific accomplishments by a member of the Behavior Genetics Association early in their career, the *Early Career Award from the Society for Research on Psychopathology*; and the *Early Career Award from the Society for the Scientific Study of Psychopathy*.

Kevin Kerber, M.D. was selected for the *League of Clinical Excellence award*. U-M Medical School faculty members who have distinguished themselves in providing the finest care to patients are eligible for this award.

Cheryl King, Ph.D. was a recipient, the *Bud Orgel Award for Distinguished Achievement in Research* from the Association of Psychologists in Academic Health Centers (part of American Psychological Association).

Marcia Valenstein, M.D. was selected for the *Dean's 2014 Community Service award*. This award recognizes Medical School faculty who contribute to the local, national or global community in an extraordinary fashion. The award carries a \$5,000 discretionary academic support prize.

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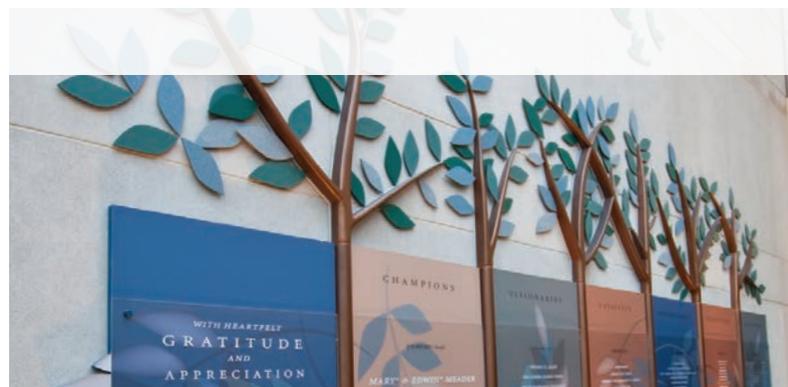
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