



**DEPARTMENT OF
PSYCHIATRY**

UNIVERSITY OF MICHIGAN
HEALTH SYSTEM

UNIVERSITY OF MICHIGAN DEPARTMENT OF PSYCHIATRY

2015 EDITION

A LETTER FROM THE CHAIR

Greetings,

I am so pleased to share with you this year's annual newsletter from the Department of Psychiatry at Michigan. The pace of change in healthcare has not slowed, and we continue to work diligently to advance our research, training and clinical care activities to meet these changes head on. This year, we have been actively engaged in developing a strategy to integrate more robust behavioral health services into our primary care network. We hope to start the implementation of this program in 2016. Our faculty continue to compete extremely well for research dollars in what continues to be a constrained funding environment. Their pursuit of new breakthroughs is breath-taking. The trainees that come to Michigan also help us sharpen our efforts to provide a top notch training experiences in and outside of the clinic.



In this edition of the newsletter, you will find updates about selected research work: from advances in treatment of substance use disorders; to studies focused on gene-environment interactions in health and illness. We also highlight cutting edge work to use functional brain imaging data across many subjects over time to understand the function of brain circuits and whether specific activity may be seen as a marker of psychiatric symptom profiles. You will also meet a faculty member conducting basic laboratory work to understand the neurobiological basis of motivated behavior.

We do this work in partnership with colleagues, both within and outside of the department, and at other institutions. We also do this work in partnership with our dedicated volunteers. Information about their contributions will be found in these pages. You will also meet a key donor whose major gift catalyzed the plan to move our Child and Adolescent Inpatient unit to the new C.S. Mott's Children Hospital in the spring of 2016.

Finally, I invite you to meet some of our trainees, as well as graduates of our program, both recent, and not so recent, and hear about their current activities.

Our progress is accelerated and amplified by the support of alumni and friends of the department like you. We are so grateful for your interest and for your support. We invite you to partner with us to continue the success and growth of Psychiatry at Michigan.

Best wishes for a healthy and fulfilling New Year,

Gregory W. Dalack, M.D.

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Using Neuroimaging to Construct “Growth Charts” for Maturing Brain Networks

For the last five years, Chandra Sripada, M.D., Ph.D., and his research team have been using neuroimaging to map the major networks that mature in the brain. Dr. Sripada and his team have been using advanced ‘Big Data’ computational methods to quantify how these networks develop from childhood to young adulthood. Dr. Sripada compares his work to a child going to the pediatrician for check-ups each year.

“The basic idea is similar to the growth charts used by pediatricians to assess a child’s height, weight, head circumference, etc.,” Sripada said. “If a child falls outside the typical range for his or her age, this could indicate the presence of specific kinds of problems and alert the pediatrician to the need for quick intervention. In the same way, if certain major networks in a child’s brain deviate from the typical developmental profile, this can serve as an early indicator of specific psychiatric problems and signal the need for intervention.”

In 2014, Sripada and his colleagues Daniel Kessler and Michael Angstadt looked at brain scans of 275 youth with attention-deficit/hyperactivity disorder (ADHD) and 481 others without it. There are two sets of brain networks of great interest to ADHD researchers: 1) a network involved in internally-directed thought (e.g., day dreaming); and 2) networks that support externally focused thinking (for example, concentrating on doing a math problem). Sripada and colleagues found the connections between these sets of networks are immature in children with ADHD. This lag in maturation may help to explain why children with ADHD get easily distracted or struggle to stay focused. The results of this study were published in the September 2014 issue of *Proceedings of the National Academy of Sciences*.

In a follow-up to this study, Sripada, Kessler, and Angstadt looked at an independent sample of 1,000 youth who were scanned as part of the Philadelphia Neurodevelopmental Cohort. They applied a new and improved set of ‘Big Data’ methods to the neuroimaging data to create separate growth charts for the maturation of several major brain networks. They found that when the maturation of brain networks was below what was expected for age, the child had significantly worse attention functioning. Usually results from imaging studies are far too weak to provide useful information to inform a decision-making in real-world clinical settings. But not these findings; they were so strong that there is potential for the “brain network growth charting” method to provide clinically useful diagnostic information.



Chandra Sripada, M.D., Ph.D.
Assistant Professor, Department of Psychiatry
Assistant Professor, Department of Philosophy

With a recently awarded National Institute of Mental Health R01 grant and other grant funding, Sripada and his team will expand this research program from ADHD to a wider range of childhood disorders that involve impulsive thoughts and actions. For example, a critical factor in suicide at all ages — but especially among youth — is impulsivity; young brains have poorly developed capacities to exert regulatory control over self-destructive emotions, thoughts, and actions. Future work will use the neuroimaging growth charting to aid in predicting likelihood of suicide.

Substance Abuse Program Update

In April and May of this year, the Substance Abuse Program organized two different research symposia: a Festschrift celebrating the career accomplishments of Dr. Robert Zucker and the annual 2015 Silverman conference. Currently, Dr. Frederic Blow is the Director of the Substance Abuse Program. In addition, Drs. Kirk Brower and Stephen Chermack are the Associate Directors for Clinical (at U-M and the VA, respectively) and Drs. Mark Ilgen and Maureen Walton are the associated directors for research (adult and youth, respectively). These events showcased the outstanding research by faculty in this division as well as collaborators from other institutions.

Festschrift for Dr. Bob Zucker

Of German origin, the term Festschrift denotes a celebration honoring a person's academic work, in this case, Dr. Zucker's longitudinal research on lifespan development of alcohol use disorders. Dr. Zucker has conducted research over several decades funded by the National Institute on Alcoholism and Alcohol Abuse on the multi-level etiology and course of alcohol and other drug use disorders and neural circuitry and genetics associated with substance use disorders. This full day meeting titled, "The Development of Addictions: The State of the Science and Future Directions," showcased the substantial impact that Dr. Zucker's research has had on the substance abuse research field. Presentations from outside speakers included talks by Drs. Kenneth Leonard (University of Buffalo), Kenneth Sher (University of Missouri), Sandra Brown (University of San Diego), John Donovan (University of Pittsburgh) as well as John Schulenberg and Mary Heitzeg (University of Michigan). Presentations will be published in a special journal issue. The evening provided opportunities for networking during a reception at the Michigan League.



Group discussion with Dr. Zucker



Audience listening at Festschrift

DEPARTMENT EVENT

26th Annual Albert J. Silverman Research Conference

The annual Albert J. Silverman research conference honors a prior chair, Dr. Albert J. Silverman (1970-1981), continuing in perpetuity via a generous gift from Mrs. Halina Silverman. The focus of the 2015 annual meeting was "eHealth and mHealth Approaches for Individuals with Mental Health/Substance Abuse Concerns." The keynote speaker was Dr. David Gustafson, who is the director of the Center for Health Enhancement Systems Studies at the University of Wisconsin — Madison. His state-of-the-art presentation focused on a smartphone app for substance use relapse prevention (A CHES) as well as expansion of the CHES APP for other physical and mental health behaviors. In addition, U-M faculty Dr. Erin Bonar and Maureen Walton delivered innovative presentations on use of ehealth and mhealth technology for assessment and interventions for youth, with Dr. Bonar's research focusing on drug use and sexual risk behaviors and Dr. Walton's research focusing on substance use and violence. This conference also included 95 poster presentations from faculty and trainees, with awards being presented to Drs. Fitzpatrick, Duval, and Javanbakht.



Dr. Bob Zucker

Contributions to Psychiatric Genetics across the Department of Psychiatry

Historically, genes have helped us predict who would be at risk for disease and who would not. Within the past 15 years it has become increasingly clear that there is much more to the story. While we still have a lot to learn, we are making progress in understanding the issues of how our genes interact with our environment, and how this can affect development throughout the lifespan.

Researchers in several different research groups at the University of Michigan Department of Psychiatry have been studying these questions for years. This work is varied, including one study, now in its third decade, examining inter-generational transmission of risk for substance use disorders, two studies examining the genetics of brain activity in of obsessive-compulsive disorder, and another study examining the role of a calcium channel gene, called CACNA1C, in the risk of developing bipolar disorder. Below is a brief sampling of this work being conducted to advance knowledge and improve patient care.

Predicting Addictive Behavior through the MICHIGAN LONGITUDINAL STUDY

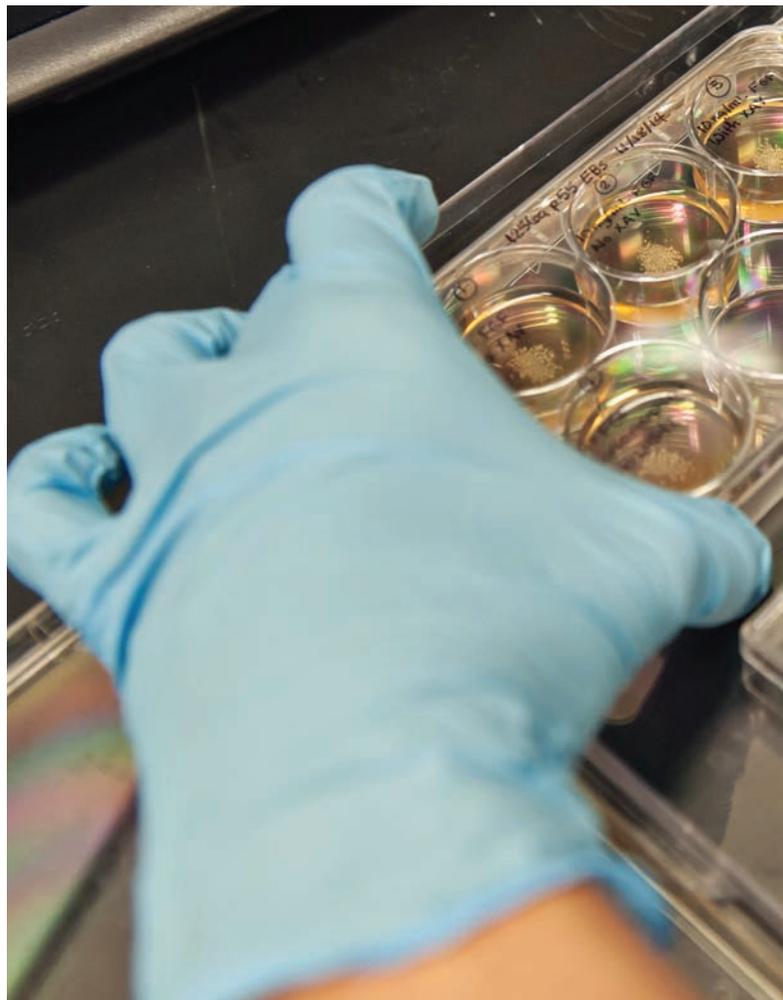
The Michigan Longitudinal study investigates the mechanics of genetics and environmental exposure across several generations of families. Some of these families have members with substance use disorders and others do not. These families are matched for neighborhood, socioeconomic status and other factors. This work follows participants starting at age three into adulthood and has been ongoing for nearly 30 years.

Two studies, under the direction of Bob Zucker, Ph.D. and Mary Heitzeg, Ph.D., who lead this work within the U-M Addiction Research Center, are looking into the relationship between genetics and these other factors, working to understand what pieces of this puzzle make the difference in determining who will develop a substance use disorder down the road.

A recent study carried out by Elisa Trucco, one of Dr. Zucker's post-doctoral fellows, examined the relationship between the GABRA 2 gene, environmental influences, and risk for substance abuse between age 12 and later adolescence. The study found that only a portion of the population of children with the GABRA2 gene were at genetic risk, but even here, the risk only showed itself when exposed to a particular kind of environment, and in some instances the child would even be at lower risk!

The environmental factor that made a risk-lowering difference was positive parenting — influences like good communication with your child and knowing his or her whereabouts.

Another recent study conducted by Dr. Heitzeg, included a special focus on the development of the dopamine system which



is responsible for the reinforcing properties of drugs of abuse. Dopamine function and regulation are influenced by the GABRA2 gene. Heitzeg's group found that these regulatory processes are not constant across childhood, adolescence, and young adulthood. The study observed that under conditions where youth were anticipating the possibility that they would receive a reward, brain activation was higher during adolescence compared to both childhood and young adulthood. So, the level of sensitivity to being rewarded varied with age, being highest in adolescence, and less so in the pre-teen years and also in young adulthood.

But even when they responded, not all children responded equally strongly. Those who had the same genetic composition that provided susceptibility to substance use in the Trucco study mentioned above, were also more likely to become stimulated when in adolescence; but not in childhood, and not in early adulthood. In this case, genetic effects were quite specific for age.

These specific differences in vulnerability for children depend on genetic makeup, as it expresses itself in different contexts and at



different times. It also shows us that prevention tactics need to be targeted for vulnerable ages, where they will have their greatest effect. The long-term goal is to document the very earliest stages of vulnerability to alcoholism. The ongoing study will be able to track these relationships as the study participants grow older.

Overall, these studies prove that there is more involved than genetics in the development of addictive behaviors. Inheritable vulnerability is only a risk factor when damaging environmental circumstances are present, and only when they occur at a particular time during development.

Genetic Variations in OCD

Dr. Gregory Hanna has been conducting research on the genetics of obsessive-compulsive disorder (OCD) and related disorders for over 25 years. He and his colleagues published the first genome-wide linkage study of OCD, as well as other studies examining the role of genetic variations in OCD. Hanna and his team have contributed to the cross-disorder genetic analyses of

OCD, Tourette disorder, anorexia nervosa, and other disorders being done by the Psychiatric Genomics Consortium and to a targeted genetic sequencing study of OCD being done at the Broad Institute.

An ongoing study funded by the National Institute of Mental Health with Drs. Gehring and Arnold is examining the relationship between genetic variants and abnormalities in brain response to certain visual stimuli associated with obsessive-compulsive behaviors in youth (R01 MH101493, "Action Monitoring and Genomic Variants in Pediatric Obsessive-Compulsive Behavior"). A second study, also funded by the NIMH with colleagues from Wayne State University and the University of Calgary links genetic analyses to functional brain imaging in order to understand relationships between certain genetic profiles and the activity of brain circuits known to function abnormally in OCD and other conditions. (R01 MH085321, "Brain Function and Genetics in Pediatric Obsessive-Compulsive Behaviors"). These studies aim to examine brain circuit function to look for commonalities associated with genetic variations and behavioral traits that cut across traditional categories of illness.

Biology and Genetics of Mood: an update from the HEINZ C. PRECHTER BIPOLAR RESEARCH FUND

The Heinz C. Prechter Bipolar Research Fund at U-M supports fundamental research in the study of the underlying biology of the illness. The research programs, established in 2005, are anchored in the "Longitudinal Study of Bipolar Disorder" and the Heinz C. Prechter Bipolar Genetics Repository. There is evidence of a calcium channel gene, CACNA1C, that is associated with bipolar disorder and is the focus of study in the lab of Sue O'Shea, Ph.D., of the Department of Cell and Developmental Biology and collaborator in the Prechter Bipolar Research Program. Mutations in this gene are associated with increased risk of developing bipolar illness. Paul Jenkins, Ph.D., Assistant Professor of Pharmacology and Psychiatry, recently joined the Prechter research team and studies a different gene also known to increase the risk of bipolar disorder, ankyrin-G (sometimes called ANK3). Working in collaboration with Sebastian Zoellner, Ph.D. (Department of Biostatistics in the School of Public Health, and the Department of Psychiatry), Dr. Jenkins has found several ANK3 variants among the participants in the Prechter study.

In summary, inroads are being made. Faculty with the Department of Psychiatry work each and every day to better understand the complex relationships between genes, environment and brain function in health and illness. Work like this will help us advance toward a future where treatments can be personalized and precise.

The Nyman Family Child & Adolescent MENTAL HEALTH AND WELLNESS UNIT

A Gift from the Samuel and Jean Frankel Health and Research Foundation

Thanks to a generous gift from the Samuel and Jean Frankel Health and Research Foundation along with a significant commitment from the University of Michigan Health System, patients seeking care at the U-M child and adolescent psychiatric inpatient unit will be welcomed into a brand new state-of-the-art facility at the C.S. Mott Children's Hospital starting in the spring of 2016. Jo Elyn Frankel Nyman, a trustee of the foundation, is a psychotherapist based in Birmingham, Michigan. She has always had a passion for making a difference in the lives of children and adolescents suffering from psychiatric illnesses and considers this gift from her family a personal one.



From many years of practice, Nyman knows that when children and adolescents experience symptoms of depression or anxiety and related mental health disorders but do not receive a diagnosis or treatment, their conditions usually worsen. And as with other diseases, this puts children at a higher risk for compounding medical illnesses, while also increasing the risk for educational failure, unemployment, poverty and suicide. Despite the deep need, treatment options for children and adolescents with psychiatric illnesses continue to be very limited, particularly inpatient options for those in crisis and suffering most acutely.

At the University of Michigan Health System, a transformative gift from Jo Elyn Nyman will change the way patients receive their care. The gift has catalyzed the construction of the new Nyman Family Child and Adolescent Mental Health and Wellness Unit in C. S. Mott Children's Hospital, currently underway and scheduled to be completed in March 2016.

The new 16-bed unit on Mott's eighth floor features expansive views of Nichols Arboretum which is just across the street. A gym, classrooms and a full program of activities allow kids to be kids while still receiving treatment. And the new unit's close proximity to Mott's full cohort of pediatric medical staff will allow more medically acute patients — those recovering from self-injury, for example, or living with a chronic disease like diabetes, or a serious eating disorder — to be treated here.

"A safe, warm and pleasant healing environment is so critical to recovery from psychiatric disorders," said Child and Adolescent Psychiatry Inpatient Director, Ben Biermann, M.D., Ph.D.. "For too long, psychiatric patients have been isolated and separated from those with other medical conditions, as if mental illnesses should be hidden. This often fosters stigma and a sense of aloneness during times of greatest need for empathy and understanding. The Nyman Family Child and Adolescent Mental Health and Wellness Unit will allow us to treat our patients in a beautiful, state of the art setting designed to foster mental wellness and promote healing."

"I hope to provide these vulnerable patients with a comfortable and safe space that will enhance their recovery," said Jo Elyn Nyman. "This gift is representative of my commitment to young people who struggle with psychiatric illnesses."



Joining Forces to Provide HOPE

Gifts of all sizes, gifts of time, talent or financial resources, can make an impact on patients and our community. The power of our volunteers is not to be underestimated, and it is truly amazing what a group of people with shared goals can do. At the Department of Psychiatry, we are fortunate to have many devoted volunteers and donors that help us serve the community and provide hope our patients.

Below are a few examples of how our volunteers and donors have helped the department achieve its mission: to lead and collaborate in the reduction of disease risk, promote mental health and well-being across the lifespan, and help individuals with mental illness achieve their highest potential.

Turning annual donations from Psychiatry Alumni into a Large Grant for Medical Marijuana

Annual gifts from our department alumni and friends can be leveraged to have impact that is far reaching. The “Chair’s Discovery Fund” was established to give department leadership the ability to fund promising research initiatives through the pooling of annual gifts. As an example, in 2008, voters in the State of Michigan passed Proposal 1 (“Michigan Marijuana Act”) to legalize the use of marijuana for the treatment of several debilitating medical conditions, including cancer, glaucoma, Crohn’s disease, and severe and chronic pain. Despite the changing legal landscape, little is known about the course of illnesses, particularly severe and chronic pain, among individuals who are certified to use medical marijuana.

Associate Professor Mark Ilgen, Ph.D. and Professor Frederic Blow, Ph.D. wanted to learn more about patient characteristics before and after receiving approval for State of Michigan medical marijuana registration. The Psychiatry Department’s Discovery Fund, a gift fund established by Dr. Dalack to help innovative ideas get off the ground, provided critical support to conduct a feasibility pilot study to examine the characteristics of patients seeking medical marijuana certification at several Michigan medical marijuana clinics. Results of this pilot study showed that the majority of patients coming to these clinics had severe and chronic pain and many were willing and motivated to participate in research. These findings provided the basis for a large longitudinal study (\$2.2 million) funded by the National Institute on Drug Abuse that is underway and will examine the longitudinal trajectories of marijuana use, pain and functioning. Work like this is critical to a balanced evaluation of an under-studied treatment.

“Gifts to the Discovery Fund have enabled our group to leverage initial pilot data to obtain funding to study this treatment on a larger scale. This work will help us understand the risks and benefits of this approach in a much more rigorous manner,” said Mark Ilgen, Ph.D. “We are grateful that the department has a Discovery Fund that supports pilot research and that our Chair saw the potential to support rigorous work in an area with clinical and policy implications.”



The Annual Summer Gathering Organized by the Community Volunteer Committee

The Depression Center’s Community Volunteer Committee held its 10th Annual Summer Gathering in July at the home of Department Chair Gregory Dalack and Amal Dalack. The goal of the event was to raise awareness about depressive illnesses, reduce stigma, and to raise funds to support the Research and Early Clinical Intervention for Mothers, Infants and Young Children program, also known as MOM Power. Donations totaled over \$25,000.

“Every child deserves a healthy mother and every mother deserves to be supported in her transition to parenthood, particularly if she suffers mental health issues such as anxieties, depression or bipolar illness,” said Maria Muzik, M.D., assistant professor of psychiatry. “Through gifts raised at this fundraiser, we are able to support mothers with mental health needs by providing a nurturing, safe and trusting environment to grow and thrive.”

The nearly 200 attendees at the event made an impact by joining forces with others who share an interest in this important population of patients and families.

Running for Schizophrenia Research: Third Party Contributions

On a beautiful Saturday this past May, the 10th annual Mind Over Matter (MOM) 5k was held in Royal Oak, MI. The mission of the MOM race is to “erase the stigma surrounding mental illness and suicide, provide hope, and raise funds for life-saving programs.” To date, the MOM Race has brought more than 5,000 people together and raised over \$150,000 for local brain research, suicide prevention programming, and crisis intervention services.

In our department, gifts from the annual MOM race have been used to support the Boledovich Schizophrenia Research Fund at U-M and further the research of Dr. Stephan Taylor for the past nine years. Funding from recent MOM Races has allowed his research to move into the promising new arena of early identification and intervention of psychosis. The Boledovich family of Royal Oak started the MOM race in memory of their mother, Gail, who died in 2005 after a brief struggle with schizophrenia.



Child Psychiatry Fellows 2014/2015

The Child Psychiatry Fellowship Program

The Child Psychiatry Fellowship Program has a long history of leadership and innovation. We provide outstanding clinical, educational, and research experience to 12 child fellows each year. This includes training in treatment resistant depression, the Infant and Early Childhood Clinic, the Multidisciplinary Autism Program, and the multidisciplinary ADHD Clinic. We participate in the residency match program and are one of few programs in the country that continue to be able to successfully recruit through this avenue. Outstanding groups of fellows are recruited every year and have achieved a nearly perfect pass rate on the child psychiatry certification examination over the last decade.

In addition to their clinical training, the program provides scholarship and scientific writing training to all fellows. Our “writer’s workshop” has received a national commendation from the Accreditation Council of Graduate Medical Education. Over the last 5 years, fellows have completed 17 oral and poster presentations at national and regional conferences, and have published 15 scientific articles in leading child psychiatry journals. Over a third of our graduates enter academic positions at leading institutions throughout the country.

In addition, many of our graduates are chosen to lead clinical programs within Michigan and throughout the country. Over 50 percent of our graduates choose to stay in Michigan and contribute to the ongoing need for mental health care to the children of our state. The fellowship program continues to provide outstanding training and through this, continues to produce leaders in the field of child psychiatry.

The Geriatric Psychiatry Fellowship

Geriatric psychiatry is the intersection of psychiatry, medicine and neurology. Geriatric psychiatrists diagnose and treat late life mental disorders (including dementia). Geriatric psychiatrists provide collaborative patient and family centered care, recognizing that late life mental illness impacts the entire family, and that effective treatments involve more than medications. Modifying the environment, coordinating medical care, and caregiver support and education are necessary to the practice of geriatric psychiatry.

The Geriatric Psychiatry Fellowship was founded in the early 1990s, and has graduated 29 geriatric psychiatrists. Half of our graduates have remained in Michigan to practice, and nearly half of our graduates hold academic affiliations — educating the next generation of psychiatrists in the skillful evaluation and treatment of older adults.

The University of Michigan Fellowship program has 11 geriatric psychiatrists on faculty — one of the largest in the country. This wealth of faculty provides our fellows with superb teaching, mentorship, and research opportunities. Dr. Helen Kales’ internationally renowned research on the DICE approach (treating the behavioral and psychological symptoms of dementia without medications) allows our fellows to become dementia care experts.

The fellowship averages two fellows per year (though many more apply), and provides the fellow innovative clinical experiences at the University Hospital, the VA Ann Arbor Health System, and with community partners. The clinical experiences are in a variety of settings: hospital, clinic, home-based care, memory care, long term care, palliative care, and tele-psychiatry. Our fellows teach medical students and residents. Scholarship is expected of all fellows, and they are encouraged to present at national meetings. Opportunities exist for a two-year fellowship, designed for an exceptional fellow embarking on an academic research career.



*Susan M. Maixner, M.D.,
Geriatric Psychiatry Program Director*



Jennie Quaine PGY-1
**University of Colorado School of
Medicine Class of 2015**

Why did you choose Michigan?

Ultimately, I chose the University of Michigan because I want to provide the best care possible for patients. As a West Point cadet and Army officer, I learned that the best training, though often more challenging, resulted in higher levels of competence and confidence. Thus, when I was searching for a residency, I sought a program that was nationally recognized for outstanding clinical and educational experiences. I hoped that the rigorous and well-balanced training offered by U-M would give me the best opportunity to ultimately provide great care for patients. Additionally, being a non-traditional student and now intern, I was also looking for a program that was flexible and supportive of a trainee who is in the process of starting a family. Few institutions fit that bill, so I was incredibly thankful when I matched at my first-choice program.

What is your current focus?

As an intern I have two main focuses: one is to learn the systems that I'm operating within such as CPRS which is the VA electronic health record, MiChart, the appropriate steps to admit a patient, discharge a patient, how to order labs, where to find imaging results, not to forget to click that one certain box to file the note in the right place ... and the second focus is to start to learn psychiatry! I'm very excited to be learning about psychiatric medications, side effects, diagnostic criteria and appropriate dosing of antipsychotics for the agitated patient.

Has anyone or anything in particular inspired you?

I'm inspired by the spouses and partners who take care of families while medical professionals train. Our training is incredibly demanding, and significant others are forced to take on a large burden, managing almost everything at home (sometimes in addition to their own career) while we are in the hospital. They make a lot of sacrifices so we can pursue our dreams without expecting much in return. Their selfless service inspires me.

What is most rewarding about your work?

Psychiatric disease derails the patient's life. When you can help a patient get his life back on track it is incredibly rewarding.

What have you learned that has surprised you?

Meeting my fellow interns and working with a few of the PGY-2s, I've learned that there's an amazing group of people training in psychiatry right now. They are all incredibly intelligent, hard-working, kind-hearted and from such diverse backgrounds. Everyone has a different passion and perspective to offer, all with the goal to take great care of patients. It's great to be a part of a team like that — something I haven't enjoyed since my Army days.

What future direction do you see for you career?

I would love to work with the active duty or veteran population. I'm not sure if that'll be inpatient, outpatient, on an active duty base, at a large VA, smaller community based outpatient clinics or even doing telemedicine, but that's the community I've been a part of since college and one I'd like to continue to serve.



Nakita Natala PGY-3
**University of Rochester Medical School
Class of 2013**

Why did you choose Michigan?

I chose Michigan because I was impressed by how friendly, driven and intelligent all of the residents and faculty were during my visit.

I also loved the sense of community among the residents, the energy of Ann Arbor and easy access to a large metropolitan area. I knew that by choosing Michigan, I would receive a well-rounded training experience and be able to enjoy my time outside of work.

What is your current focus?

As a third year resident, I am adjusting to the new world of outpatient psychiatry. I am currently working on developing habits that reflect the type of psychiatrist I want to be as I care for patients in a more independent setting. This year I received the American Psychiatric Association's Diversity Leadership Fellowship which has given me the opportunity to be a member of the Council on International Psychiatry. With the fellowship and council membership, I hope to work on expanding our Global Mental Health program and cultural competency within the department.

Has anyone or anything in particular inspired you?

I spent the majority of my summer vacations growing up in Zambia with my father's family. My time spent in Zambia allowed me to experience the contrast between health care systems in the developed and developing world and realize my privilege. I was inspired to become a physician by my desire to work towards mitigating health care disparities. I chose to become a psychiatrist after I began to appreciate the impact mental turmoil has on a person's life and how stigma can affect access to care.

What have you learned that has surprised you?

In my short career as a psychiatrist, I have learned how much I enjoy having the privilege to listen to people's life stories. I am surprised by how differently I see the world today than I did two years ago. I love learning about the programs that are available to people with mental illnesses and all of the amazing things mental health professionals are doing to enhance the quality of care for patients with psychiatric disorders.

What future directions do you see for your career?

I am planning on working primarily with children and adolescents. I am especially interested in reducing mental health stigma and would like to work internationally in the future to broaden services for children and adolescents with mental health disorders and learning disabilities.



Charles Surber, M.D., joined the U-M faculty in July 2015 as an Instructor of Psychiatry and as a staff psychiatrist in the Hospital Program of the Department. Dr. Surber transitioned from Brigham and Women's Hospital where he was Co-Director of the Harvard Longwood Psychiatry Residency Training Program and worked as a consult-liaison psychiatrist. He continues

to enjoy working with medically complicated patients at UMHS, and also attends on the inpatient psychiatric unit. In addition to his clinical endeavors, he's working with the residency program leadership to evaluate and update the residency curriculum. Furthermore, he's a Captain in the United States Army Reserve. Dr. Surber graduated from the University of Arkansas for Medical Sciences where he began his residency, and graduated from the Harvard Longwood Residency program. Dr. Surber completed his psychosomatic fellowship at Brigham and Women's Hospital/Harvard Medical School.



Shelly Flagel, Ph.D., is an Assistant Professor of Psychiatry and a Research Assistant Professor in the Molecular and Behavioral Neuroscience Institute. Shelly attended the University of Michigan for both her undergraduate (B.S., Honors, Biopsychology, 1998) and graduate (Ph.D., Neuroscience, 2003) degrees, and then stayed in Ann Arbor for postdoctoral

training in the laboratory of Dr. Huda Akil. Shelly has had her own laboratory in the Molecular and Behavioral Neuroscience Institute since 2011. Her research focuses on understanding the genetic, environmental and neurobiological factors that contribute to individual differences in reward learning and susceptibility to mental illness, including addiction. Shelly and her team use a combined approach of behavioral, pharmacological, molecular and chemogenetic tools to better understand the neurobiological bases of motivated behavior. Shelly was recently awarded an R01 from NIDA for research investigating the neural circuits underlying individual differences in cue-driven behaviors. Using DREADD technology (Designer Receptors Exclusively Activated by Designer Drugs) to manipulate specific neural circuits, she will be able to identify which circuits are critical for different forms of reward learning, including those that lead to maladaptive behaviors. Shelly is also a Co-Investigator on a National Institute on Drug Abuse (NIDA) P50 Center for Excellence grant aimed at identifying the genetic factors contributing to addiction vulnerability, and a NIDA PO1 Program Project Grant that is examining behavioral and neurobiological correlates of addiction using an animal model. Shelly was recently elected as an Associate Member of the American College of Neuropsychopharmacology and in 2014 was selected as a Kavli Fellow of the National Academy of Sciences.



Brian M. Hicks, Ph.D., joined the U-M faculty in 2009 and is Associate Professor with tenure in the Substance Abuse Program in the Department of Psychiatry. Dr. Hicks is a Michigan native and completed his undergraduate studies at Eastern Michigan University. He went on to earn his doctorate in clinical psychology at the University of Minnesota and then completed

a postdoctoral position at the Minnesota Center for Twin and Family Research. Dr. Hicks has been the principal investigator on multiple NIH grants all funded by the National Institute on Drug Abuse (NIDA). His research focuses on examining the interplay among genetic, environmental, and developmental influences on the emergence, persistence, and desistence of substance use disorders and related conditions including antisocial behavior and psychopathic personality disorder. Dr. Hicks' research accomplishments have been recognized by early career contribution awards from the Behavior Genetics Association, the Society for Research in Psychopathology, and the Society for the Scientific Study of Psychopathy. Most recently, Dr. Hicks also received the Research Faculty Recognition Award (campus-wide award) from the Office of Research at the University of Michigan.



2015 Rieger Service Awarded to Sheila Marcus, M.D. for the Michigan Child Collaborative Care Model (MC3)

The American Academy of Child and Adolescent Psychiatry presented the 2015 Rieger Service Award to Sheila Marcus, M.D. The Rieger Award recognizes programs that address prevention, diagnosis and treatment of mental illnesses in children

and adolescents, and serve as model programs in the community. Dr. Marcus led the team that developed and implemented the Michigan Child Collaborative Care Model (MC3), which is now in place in 40 counties throughout the state of Michigan. Dr. Marcus, together with the Department of Health and Human Services, has brought together primary care providers, community mental health leaders, psychiatrists, and mental health professionals in order to increase access to scarce child psychiatry services. Dr. Marcus has been tireless in her efforts to engage stakeholders throughout the state to address the mental health needs of underserved children. Dr. Marcus is a professor of psychiatry and is service chief of Child and Adolescent Psychiatry at U-M.

"Providing access to quality mental health care for impoverished youth has been a great challenge in our profession. This access is critically important because in intervening promptly with youth we have the opportunity to fundamentally change the trajectory of their lives. It has been my great privilege to contribute to the Michigan Child Collaborative Care Program with my primary care and psychiatry colleagues throughout the state," said Dr. Marcus.

Jesse H. Wright, M.D., Ph.D.

(M.D. '69, Residency '73, Ph.D. '86)



Born and raised in Hollidaysburg, PA., Dr. Jesse H. Wright received his undergraduate degree from Juniata College in 1965 and his medical degree at Jefferson Medical College in 1969. Dr. Wright knew psychiatry was his calling after seeing the deep need for it during medical school. He completed his psychiatry residency training at the University of Michigan

1973 where he was Chief Resident and then received his board certification in psychiatry in 1975.

Inspired by a number of top-notch faculty including: George Curtis; Phil Margolis; and Derek Miller, Dr. Wright's experience at U-M "sealed the deal" in terms of pursuing academic psychiatry. The fact that there were not a lot of evidence-based therapy options available at the time of his U-M residency is one of the reasons he decided to work in a medical school setting.

After being drafted during the Vietnam War and given a deferment to complete his residency, Dr. Wright served his country as Chief of Neuropsychiatry at the Minot Air Force Base in North Dakota where he was one of only two psychiatrists in northern North Dakota. To say the need was deep would be an understatement. While in North Dakota, Dr. Wright also worked at community psychiatry center in Minot to help fulfill the need for psychiatric services.

"Serving the Air Force was quite a transition from being in Ann Arbor, though I felt I was very well-prepared from my training at U-M." Dr. Wright then went on to earn his Ph.D. in Clinical Psychopharmacology from the University of Louisville in 1986.

"During the early years working on my Ph.D. I became interested in the interaction between psychopharmacology and psychotherapy," said Dr. Wright. "I was introduced to Aaron Beck, M.D. who is known as the father of cognitive therapy. Beck took an interest in my work because we were some of the first to apply cognitive-behavioral therapy (CBT) to treatment of severely ill patients such as those with bipolar disorder and treatment resistant depression." CBT is "a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. The goal of CBT is to change patterns of thinking or behavior that are behind people's difficulties."

Dr. Wright's first book on CBT was titled *Cognitive Therapy with Inpatients: Developing a Cognitive Milieu*. "Writing this book set me on the path that I would end up focusing on for my career," he said.

Subsequently, Dr. Wright has published seven books on CBT including a trilogy for American Psychiatric Publishing, Inc. that include videos interwoven with text. The first in this series, *Learning Cognitive-Behavior Therapy: An Illustrated Guide*, has become a standard book throughout the world for training residents, psychologists, and others in CBT. Another book in this series is titled, *Cognitive-Behavior Therapy for Severe Mental Illness*, won the British Medical Association's Mental Health Book of the Year Award.

For the last 20 years, Dr. Wright's research has focused on developing and testing innovative methods to use technology in the delivery of psychiatric treatment. "In the early 1990's, we had an idea to use computer technology as part of the treatment with CBT," said Dr. Wright. "In the beginning, there was a lot of criticism that a computer could not replace a doctor. However, since the beginning, our aim has not been to replace but to help clinicians. Our goal is to give more people access to treatment at a lower cost. That is how computer-assisted CBT (CCBT) was born."

Dr. Wright noted that he had presented on this topic at the 2014 National Network of Depression Centers (NNDC) annual meeting. Findings from a recently completed study sponsored by the National Institute of Mental Health showed that CCBT was just as effective as standard CBT, even though the amount of clinician time supporting treatment was reduced by two-thirds with CCBT. His group also presented a meta-analysis of a large number of studies on CCBT for depression computerized CBT vs. regular therapy. He noted that there has been a rapid acceleration of research on computer-assisted CBT. "Thankfully, we just received a new research grant from the Agency of Health Care Research and Quality to do a four-year study on dissemination of computerized assisted therapy in primary care patients with depression."

Dr. Wright noted that he is fortunate to be able to work with his family in a professional setting.

"Along with my son (Andrew Wright, M.D. who is now a surgeon at University of Washington), and Dr. Aaron Beck, we developed a prototype for the first multimedia computer program for cognitive therapy, called "*Good Days Ahead*," which was released in 1995." Since then, Dr. Wright's research team has expanded to include investigators at many universities and has developed enhanced versions of their computer programs that are now available online."

Today, Dr. Jesse Wright is Professor and Vice-Chair for Academic Affairs and Director of the University of Louisville Depression Center. He is involved in many professional groups and is the Founder and President of Academy of Cognitive Therapy. He also won the highly respected Distinguished Educator of the Year award from the University of Louisville in 2010. Another especially meaningful award to Dr. Wright is the Aaron T. Beck Institute for Cognitive Studies Award for Excellence, which he received in 2014.

"I still see patients almost every day. I'm an avid gardener and I've been dedicated to lifelong exercise. I'm also a vocalist and still sing with a group. I've been married for 48 years and have two children and four grandchildren. A special privilege has been the opportunity to work professionally with both my son, Dr. Andrew Wright, and my daughter, Dr. Laura McCray. She is the Director of Residency Training in Family Medicine at the University of Vermont. We authored the book *Breaking Free from Depression: Pathways to Wellness* together."

Dr. Wright remembers his years at the University of Michigan with fondness. "My training and education at Michigan was stellar, and I still love coming back to Ann Arbor. The U-M Psychiatry Department is one of the best in world."

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