



# Psychiatric Research Report

The Promise of Science  
156th Annual Meeting

May 17–22, 2003

The Power of Healing

**Looking ahead**

Returning to APA headquarters in Washington, D.C. from the 2002 Annual Meeting in Philadelphia, our thoughts turned immediately to the 2003 Annual Meeting in San Francisco.

Struck once again by the vast number of venues available at the annual meeting both to present and to absorb the wide spectrum of research activities that abound in our field, we chose to highlight in this issue of the PRR, the growing number of research-oriented opportunities that APA and APIRE offer to young as well as to seasoned researchers.

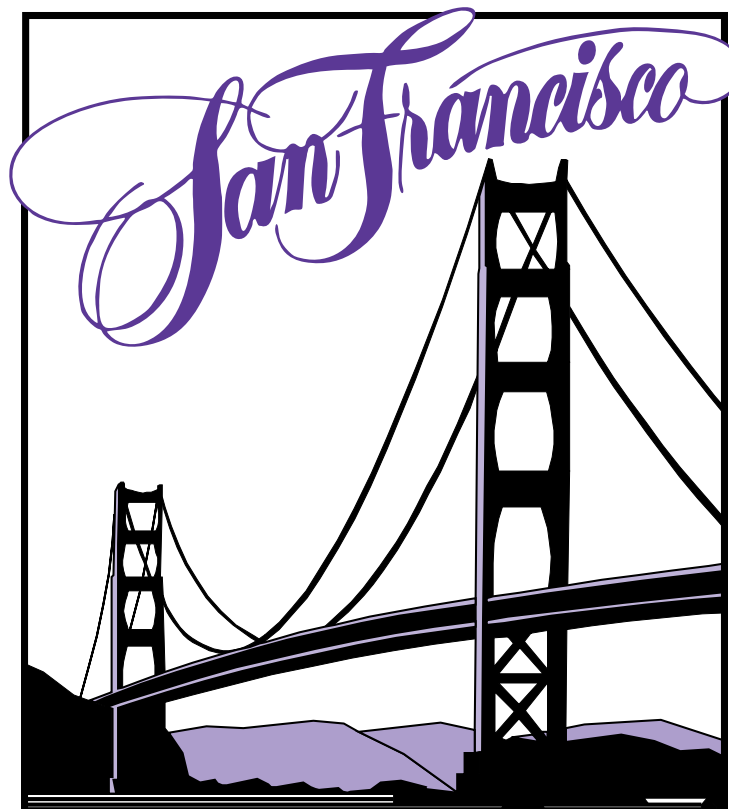
Annual meeting activities spotlight the central role that research can, should, and does play in the mission of the APA. Dr. Paul Appelbaum's choice of theme for the San Francisco annual meeting, and his invitation to the membership, give voice to the symbiotic roles that research and patient care play not only in the lives of all health professionals but, increasingly so, in the lives of those who need and receive care.

**From Dr. Appelbaum**

“At no point in the history of psychiatry have scientific advances come so steadily, with so much promise for the treatment of persons with mental disorders. The rapid production of new knowledge, however, brings with it the challenge of converting the results of laboratory experiments and clinical trials into information that clinicians can use and integrate with their clinical experience and practical wisdom.

On behalf of the American Psychiatric Association, I invite you to contribute your data and your wisdom to the program of the 156<sup>th</sup> Annual Meeting, as we come together next May in San Francisco to teach and to learn from each other....”

**American Psychiatric Association**



We echo the values and the invitation embodied in Dr. Appelbaum's words. On the following two pages we summarize the annual meeting formats open to submissions from the field. On pages 4 and 5 we highlight present annual meeting as well as training award opportunities specifically for young investigators. The *Residents' and Fellows' Corner* begins a two-part article on NIH “K Awards,” and the APA Council on Research presents a description of a unique research training program at the University of Michigan.

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FORUM

LUNCHEON FOR  
RESIDENTS, MEDICAL  
STUDENTS AND  
EDUCATORS

## Scientific Program Submissions

At the Annual Meeting, a variety of presentation formats are used for research and clinical presentations. While selected formats are routinely filled only through invitations issued by the APA Scientific Program Committee (SPC), an equal number of formats are open to competitive proposals submitted to the SPC. The formal *Scientific Program Submission Forms* with more detailed instructions are now available online: [www.psych.org](http://www.psych.org), click on San Francisco Annual Meeting logo, click on 2003 Submission Forms, download the forms and mail or fax to APA.

Presentations can be proposed on more than 60 sub-topics grouped into five topic categories: Disorders, Practice Areas/Settings, Subspecialty Areas or Special Interests, Treatments, Other Issues. A complete list of sub-topics is available on the Web site (see above).

Descriptions of the formats that require formal proposals and the corresponding **submission deadlines** are given below.

**Course.** These formal, four-hour (half-day) or six-hour (one-day) sessions either review basic concepts in a special subject area or present advanced material on a circumscribed topic. Courses are designed to emphasize learning experiences that actively involve participants and include opportunity for informal exchange with the faculty. To qualify for CME credit, 60 minutes of the half-day course, and 90 minutes of the full-day course, must be devoted to a question and answer or a group interaction period.

**Scientific and Clinical Reports.** Reports on any subject relevant to psychiatry may be submitted but may not have been published prior to September 4, 2002. Reports are grouped by topic and presented at 90-minute sessions conducted by a chair- or co-chair person. Authors have 20 minutes each to present reports, followed by 10 minutes of discussion. Authors are not required to submit the complete text of their submission.

**Symposium.** These are formal, three-hour sessions focussing on a specific scientific or clinically relevant topic in psychiatry and representing several points of view. Symposia include a minimum of three to five papers, an optional formal discussant, and a minimum of 45 minutes allotted for audience discussion (in order to qualify for CME credit).

**Workshop.** Two types of workshops are offered at the Annual Meeting. Each is an informal, 90-minute session. Workshops are highly interactive with substantial opportunity for discussion with the audience and a minimum of 20 minutes devoted to a question and answer or panel interaction period.



HEALTH  
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ISSUE

WORKSHOP

DEBATE

PSYCHIATRY IN THE  
GLOBAL VILLAGE:  
A SESSION FOR  
INTERNATIONAL AND  
US MEDICAL STUDENTS

*Issue Workshops* deal with topics of special interest to psychiatry. Presentations may concern innovative or controversial topics, and may be comprised of multiple, brief presentations or a smaller number of longer presentations.

*Component Workshops* are proposed by APA committees, councils, task forces, district branches, etc., and address topics relevant to and identified by the components.

**New Research.** This format allows for presentation of very recent findings obtained from ongoing research. Data must be *new*, that is, findings may not have been published prior to January 3, 2003. The three types of new research formats are:

*Young Investigators' Oral/Slides.* Residents, medical students, or fellows (clinical or research) present in thematically organized sessions devoted to both biological and psychosocial research. Presentations are 15 minutes in duration with a three-minute period for questions.

*Young Investigators' Poster.* A visual, self-explanatory presentation of recent research findings combined with formal discussion among presenters and participants. Provides an opportunity to meet and share work with other young colleagues and to discuss work with senior investigators. Residents, medical students, and research or clinical fellows are defined as Young Investigators.

*Poster.* A visual, self-explanatory presentation of recent research findings combined with formal discussion among presenters and participants.

FORMAT	DEADLINE
<i>Course</i>	September 4, 2002
<i>Report</i>	September 4, 2002
<i>Symposium</i>	September 4, 2002
<i>Workshop: Issue</i>	September 4, 2002
<i>Workshop: Component</i>	September 17, 2002
<i>New Research</i>	January 3, 2003

Questions concerning the submission form or how to participate in the 2003 Annual Meeting may be addressed to the Office of the Scientific Program at (202) 682-6237.



## From the Committee on Research Training

### *Words of Wisdom for Young Investigators*

**Michele T. Pato, M.D., Chair**

This year's Colloquium for Young Investigators, the seventh, brought together a group of enthusiastic mentees (n=45) and mentors (n=20) to focus on three topic areas: Cognitive Neuroscience, Special Populations, and Translational Research. The day's events, which as always were held on the Sunday between the Biological Psychiatry meeting and the Annual Meeting of the APA, have a two-fold purpose. The first, to provide a day of intensive mentoring for young investigators on their current research; the other, to provide counseling on their career development. This forum also provides an opportunity for mentees to meet some of the most gifted research mentors from around the country and to develop a view of their own research and career that goes beyond their home institution.

While most of the day consists of one-on-one mentoring in small groups of 5 mentees with 2 or 3 mentors, the colloquium also includes opening remarks about the joys and tribulations of pursuing a career in research, given by University of Michigan chair John Greden M.D., and brief talks by the various NIH institutes that fund psychiatric research (NIMH, NIDA, NIAAA). These three institutes are also instrumental in supporting the meeting since they co-fund the colloquium through an R-13 conference grant awarded in 2001 for 5 years to the APA Committee on Research Training and to APIRE (American Psychiatric Institute for Research and Education). This funding allows for a \$1000 honorarium to each mentee, that helps to defray the expenses for attending the colloquium. Mid-day activities include a combined poster session and buffet lunch, where each mentee presents his/her work and also has the opportunity to view the work of colleagues. This portion of the meeting helps to emphasize the importance of networking and collaboration in the pursuit of research goals. Participants - mentors and mentees - are encouraged to exchange e-mails and phone numbers, and a distribution list

including this information is provided to all participants.

This year's colloquium closed in the late afternoon with a roundtable review of the "words of wisdom" that came out of each mentored small group meeting. "Wisdom" was focused in two major areas: Grantsmanship and Mentorship/Career Development.

**Grantsmanship.** Having a successful research career *ultimately* involves success in funding. Nevertheless, mentors encouraged the participants to:

- ✓ Take it slowly
- ✓ Think in steps
- ✓ Get involved in projects in a gradual way
- ✓ Don't be too ambitious too quickly

When writing grants:

- ✓ Focus on SPECIFIC hypotheses and SPECIFIC aims
- ✓ Ask why the work you're doing is important
- ✓ Have a statistical plan from the beginning
- ✓ Value the importance of pilot data
- ✓ Recognize that negative data can still be useful
- ✓ Seek out agencies best suited to your research proposal
- ✓ Publish in high profile journals where your work will be rigorously critiqued
- ✓ VISUALIZE what you do

**Mentorship and career development.** Many salient points were offered:

- ✓ Search for the right mentor(s). It's worth the time and energy to find out if the fit is good, how available your mentor is to discuss your work and career, how others have fared with the mentor.
- ✓ Think about advancing your career. Time spent mapping out a 1-year, 2-year and 3-year plan is well spent; it will keep you on track.

- ✓ Think about your work environment. Will it help, hinder, or be neutral to your career path? What are the alternatives?
- ✓ Protected research time should be structured.
- ✓ Stay focused on a particular area. Don't make your knowledge base a mile long but only an inch deep.
- ✓ Balance is important to sustain any career. It's a marathon not a 50-yard dash. Clinical, financial and personal life must be balanced in any career plan.

The morning after the successful 7<sup>th</sup> colloquium, planning began for the 8<sup>th</sup> colloquium, on Sunday May 18, 2003 in San Francisco. The topics chosen for the 8<sup>th</sup> colloquium reflect both the breadth of our field and areas of needed research. The topics chosen are: I. Anxiety and Stress related disorder (including Axis I and II illnesses); II. Clinical Trials (both pharmacologic and non-pharmacologic); and III. Epidemiologic and Health Services Research (including data analysis, ethnic disparity, access to treatment, and quality of care).

Applications for the colloquium will be solicited in September, for a November 15 submission deadline. The application includes: a poster abstract of the research project to be presented, a career plan, a CV, and a letter of recommendation. The definition of a Young Investigator includes anyone currently in training or with a fellowship, and any early career faculty who have not yet received RO1 funding. Those interested in applying for the San Francisco colloquium are encouraged to visit the APA Web site ([www.psych.org](http://www.psych.org)), click arrow on "Site Guide" and select "Research Resources." Ernesto Guerra, the APA's Director of Psychiatry Research Training Programs, can also be contacted for more information: [eguerra@psych.org](mailto:eguerra@psych.org). ■

## ALSO for Young Investigators...and future Young Investigators...

The APA Committee on Research Training and the Committee on Health Services Research also sponsor a number of other research training opportunities and awards that have upcoming application deadlines. We invite applications and requests for further information from mentors, students, and departments of psychiatry.

### Medical Students

#### PMRTP: Program for Minority Research Training in Psychiatry

Support for full-time training (\$1,255/mo.) during an elective period (2-6 month rotation) or as a summer experience. **Deadline:** 3 months before training begins; April 1 for summer experiences.

### Medical Students & Residents

#### PMRTP Mini-Fellows

Provides travel stipends to APA Annual Meeting or to ACNP. **Deadline:** Varied deadlines.

### Residents (PGY-1, -2, -3)

#### Janssen Scholars in Research on Severe Mental Illness

Two-year program (\$5,000/yr.) includes mentorship and travel to APA Annual Meetings. **Deadline:** January 15, 2003.

### Residents (PGY-4)

#### PMRTP: Program for Minority Research Training in Psychiatry

Support for full-time research training in last year of residency (beginning \$42,648). **Deadline:** December 1, 2002.

### Residents (All PGYs)

#### AstraZeneca Minority Fellowship

Two-years of support for travel to APA meetings for minority residents; includes service on APA component of choice.

### Post-Doctoral Fellows

#### PMRTP Program for Minority Research Training in Psychiatry

Full-time research training fellowship (\$42,648-\$48,852), tuition reimbursement, travel to scientific meetings. **Deadline:** December 1, 2002.

#### APA/Lilly Psychiatric Research Fellowship

One year of support (\$45,000) and protected research time for a fellow who demonstrates significant research potential and has not had extensive prior research training. Department chairs are asked to nominate eligible residents. **Deadline:** October 14, 2002.

#### APA/Wyeth M.D./Ph.D. Psychiatric Research Fellowship

One year of support (\$45,000) and protected research time for a fellow who demonstrates significant research potential and has had research training in conjunction with Ph.D. Department chairs are asked to nominate eligible residents. **Deadline:** October 14, 2002.

#### APA/GlaxoSmithKline Severe Mental Illness Research Fellowship

This fellowship supports (\$45,000) training focussed specifically on clinical and health services research in schizophrenia, bipolar illness or other forms of severe mental illness. **Deadline:** October 14, 2002.

### Junior Faculty/Early Career

#### APA/GlaxoSmithKline Young Faculty Awards for Research Development in Biological Psychiatry

Support (\$45,000) for protected time to carry out research in the biology and psychopharmacology of mood disorders and/or anxiety disorders. Applicants must hold a tenure track position as an assistant professor in the psychiatry department of a U.S. medical school. **Deadline:** October 14, 2002.

#### APA/Kempf Fund Award for Research Development in Psychobiological Psychiatry

This award recognizes the mentor-trainee relationship by offering \$20,000 to the trainee and \$1,500 to the mentor for the support of research career development in the physiological, psychological and/or sociological causes and treatment of schizophrenia. **Deadline:** October 14, 2002. Residents, Fellows, and Junior Faculty

#### APIRE/GlaxoSmithKline Health Services Research Scholars Program

Candidates with less than 5 years of post-training experience are invited to apply for \$5,000 in support and \$1,000 travel stipend, to conduct secondary data analyses using several APIRE data sets containing information on utilization, costs, and outcomes related to mental health care. **Deadline:** February 1, 2003.

#### APIRE/GlaxoSmithKline Early Career Award

Provides \$1,000 in recognition of a significant paper in the field of Health Services Research published in the previous year by a young researcher (under 40 years of age and within 5 years of training). **Deadline:** January 6, 2003.

#### Breakfast for Young Investigators at the Annual Meeting

An annual opportunity for young investigators to interact individually and in small groups with distinguished senior researchers around specific research topics and career issues. Trainees are recommended by department chairs, residency training directors, and research training directors. **Timetable:** Chairs and directors invited to submit nominees, first week in January 2003; submissions due by February 28, 2003; formal invitations to trainees mailed, April 18, 2003.

#### Health Services Research Breakfast at the Annual Meeting

The format and nomination procedures are the same as those for the *Breakfast for Young Investigators*, above; research topics are selected with specific regard for current health services research issues. Nominations from chairs and training directors are requested in April, and invitations are issued immediately following receipt of the nominations. ■

## From the Council on Research



*In the Spring 2002 issue of the PRR, Michele Pato, M.D., Chair of the APA Committee on Research Training, described the seminal NIMH/APA Workshop on Research Training for Psychiatry Residents. Four models of residency research training programs were presented as part of the Workshop agenda. As promised by Dr. Pato in the previous issue, each program will also be presented here in a series of articles that we hope will begin a continuing survey focused on research training, in its various shapes and sizes, within psychiatry residency programs throughout the U.S. The first to be presented at the NIMH/APA Workshop, and the first to be described here, is the program at the University of Michigan School of Medicine, Department of Psychiatry, John F. Greden, M.D., Chair.*

*Robert McCullumsmith completed his five-year residency in June 2002 and is currently a lecturer in the Department of Psychiatry and a research investigator in the Mental Health Research Institute, University of Michigan Medical School.*

### *Training the Next Generation of Biological Psychiatrists The Michigan Model*

Robert McCullum-Smith, M.D., Ph.D.

Recent trends indicate the continued shortage of trainees to perform and lead the next generation of psychiatric research. A NIMH/APA Workshop on Research Training for Psychiatrists, held in November 2001, characterized this problem as a crisis and compared it to a leaky pipeline, due to the attrition of candidates at all phases of training. Several innovative approaches to address this problem have been developed around the country at undergraduate, medical school and post-graduate levels. This article describes one program designed to prepare the research-oriented psychiatry resident to successfully enter and navigate an instructional track career in biological psychiatry.

#### *The University of Michigan Psychiatry Residency Research Track*

The Residency Research Track (RRT) was started in 1983 with the goal of providing a *longitudinal* research experience for residents interested in a research career. The RRT is a five-year program, with up to 18 months of protected research time. The program typically begins in the PGY-2 year, with the selection of a research mentor and formulation of a research project with this mentor. Research time in the PGY-2 year is provided in one-month blocks to facilitate integration with the one-month long 2nd year clinical rotations. In the PGY-3 through PGY-5 years, time is usually divided approximately 50 percent research and 50 percent clinical, a format permissible due to the structure of the outpatient clinical rotations at the University of Michigan. RRT participants do not have a diminished clinical training pathway in the name of research training and complete the same basic requirements as residents not in the RRT. In addition to attending the regular core lectures for psychiatry residents, RRT participants have a weekly one-hour core didactic focused on such topics as career development and grantsmanship. The RRT is currently funded by the NIMH R25 mechanism as a Mental Health Education Grant.

#### *Entering the pipeline: The RRT experience*

My interest in academic psychiatry developed late in my third year of medical school. With a Ph.D. in lung pathology, I was planning to enter a pathology residency program, when I fell in love with clinical psychiatry during the third-year psychiatry clerkship. My somewhat naïve dilemma at the time was that I did not think there were any good psychiatric research opportunities. Delighted to find that I was in error, I matched in psychiatry, at the University of Michigan with its Mental Health Research Institute. Thus began my transition from lung to brain. During my internship year, I met my mentor, Dr. James Meador-Woodruff. At a roundtable discussion during the post-grand rounds luncheon, he asked about my research plans. After lunch, Dr. Meador-Woodruff, now director of the RRT, introduced himself and expressed an interest in helping me find a place to do the type of research in which I was interested. This was the first mentoring interaction I had with Dr. Meador-Woodruff, an interaction that underscores the importance of both access to first-rate scientists as well as the process and development of the mentor-mentee relationship.

Under the guidance of my new mentor, I developed a research proposal, joined the RRT, and had two one-month blocks of research time early in my PGY-2 year. This allowed me to acclimate to a new laboratory and get a project started that I could work on in my free time, evenings, and weekends throughout the PGY-2 year. The timing of my laboratory rotations early in the academic year permitted me the opportunity to submit an abstract and attend my first national scientific psychiatry meeting that spring.

The most important aspect of the protected research time in the PGY-2 year was simply that I returned to the laboratory. From my junior year in college through the end of my Ph.D. training, at no time was I unaffiliated with a laboratory, including the first two years of medical school. Following completion of my Ph.D. in graduate school, I had only 3 years away from the laboratory (years

3 and 4 of medical school and my PGY-1 year). For some of my colleagues this transition took up to 5 years, as many psychiatry and non-psychiatry residencies do not have research experiences until the PGY-4 year. In one instance, a good friend of mine whose research focus is in human genetics had a 5-year gap away from the lab; in this span, the human genome was cloned and new techniques such as microarrays were developed.

***Staying in the pipeline: Some important lessons and successes***

My PGY-3 year was divided equally between clinical and research time, a difficult but invigorating balance. I arranged my schedule to have 2 full days and 1 half-day of laboratory and clinic time each week. Full lab days on Mondays and Fridays allowed me to begin experiments on Sunday or finish them on a Saturday, with a half-day on Wednesday to keep laboratory projects moving. This so-called partial immersion in two activities that could occupy all of your time can be frustrating. During the same day, you have to shift your focus from seeing patients (for example, two medicine checks, a psychotherapy session, and a new patient evaluation) to getting your sequencing gel loaded, PCR primers designed and *in situ* films developed. This issue of divided time has been a frequent topic of discussion during RRT didactics led by instructional track faculty who have suggested that the split format beginning in the PGY-3 is similar to the type of schedule that RRT participants may have when they become faculty.

The format of the RRT core is informal, and most of the didactics sessions follow one of two themes. Faculty are invited to talk about their specific career pathways in academic psychiatry, with particular focus on transitions and the decision making involved in various career choices. The other theme is what I call academic tool development, with sessions on topics such as grantsmanship, writing papers, and statistical methods. For example, we recently had a series of didactics sessions in which the presenter provided his most recent RO1 grant application including the reviewers' comments (pink sheets) as the topic for discussion. In addition to demonstrating that pink sheets are no longer actually pink, he went through each reviewer's comments point-by-point and provided his perspective on how he could have improved the application. One ongoing highlight of the RRT core is simply the face-to-face time spent with faculty who operate successfully funded research programs. Such exposure to first-rate neuroscience-oriented psychiatrists has provided me with a great deal of motivation and perhaps most importantly a glimpse of my future career trajectory.

As I reflect on my five years of residency at the University of Michigan in the RRT, there have been some highlights. I have published papers in first-rate journals, won some awards including a travel award to the prestigious American College of Neuropsychopharmacology (ACNP) meeting, and successfully competed for both internal and external funding to support my current and future research efforts. These achievements will hopefully provide the momentum necessary for me to enter the next section of the academic pipeline.

Two features of the University of Michigan Residency Research Track that I believe made these successes possible are administrative flexibility and mentorship. In my case, the planning and scheduling of clinical experiences were designed to minimize interference with my research efforts, without shortening or compromising my clinical training. Further, I benefited from timely and extraordinarily effective mentorship primarily from my formal laboratory mentor and also, from time to time, from other faculty in the department.

***Plugging the leaks: Streamlined clinical training and debt reduction***

My successful (so far) experience at the University of Michigan highlights the effectiveness of emphasizing research training during the psychiatry residency. The RRT at the University of Michigan is just one of several innovative programs in place around the country with the goal of increasing both inflow and outflow into successful biological psychiatry research. However, a handful of innovative programs is insufficient to plug the leaky pipeline, and more solutions are needed.

At the NIMH/APA meeting in November, several novel approaches to this problem were discussed including streamlining clinical training to provide more research time and paying off education loans. An informal poll of RRT participants at the University of Michigan indicated that the length of training was not a barrier to the pursuit of a research career; low salaries and heavy debt loads were perceived as significant barriers. The NIH has implemented a loan payback program to facilitate debt reduction post-residency, but I hope for an ongoing dialogue in the psychiatric research community to address other approaches to remedy the shortage of academic investigators. The well-being of future generations of patients and families depends upon it. ■



## Residents' and Fellows' Corner

### Writing an NIMH Mentored Career Development Award (a.k.a. "K award"): Part I

**Melissa P. DelBello, M.D.**  
 Department of Psychiatry  
 University of Cincinnati College of Medicine

There is no doubt that we desperately need more researchers in psychiatry. However, I believe that instead of simply complaining about the shortage of junior investigators in psychiatry, we should be nurturing the interests of those who are even remotely considering a career in psychiatric research. One way to nurture this interest is to help junior investigators achieve one of the first major milestones in developing a research career, which is to obtain a research grant. Research grants may be supported by private foundations, pharmaceutical companies, or by one of the institutes of the National Institutes of Health (NIH). The National Institute of Mental Health, NIMH, most commonly sponsors psychiatric research. For physicians who are close to completing or who have completed their residency training, the NIH recommends a specific developmental trajectory for grant applications, the first of which is the career development award mechanism ("K award"). In this issue and the next, we will examine the K award application process, discuss some ways in which you can make this a more pleasant experience for yourself and those around you, and examine how NIMH might improve upon this process so that early-career psychiatrists are encouraged to pursue research careers.

#### **What is a "K award"?**

There are several types of K awards. Those most relevant to early career psychiatrists are the K23 and K08 grant mechanisms:

"The purpose of the Mentored Patient-oriented Research Career Development Award (K23) is to support the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research. This mechanism provides support for three

to five years of supervised study and research for clinically trained professionals who have the potential to develop into productive, clinical investigators focusing on patient-oriented research." (NIMH Web site).

"The purpose of the Mentored Clinical Scientist Development Award (K08) is to support the development of outstanding clinician research scientists. This mechanism provides specialized study for individuals with a health professional doctoral degree committed to a career in laboratory or field-based research. Candidates must have the potential to develop into independent investigators. The K08 supports a three, four, or five year period of supervised research experience that may integrate didactic studies with laboratory or clinically-based research." (NIMH Web site)

In other words, a K award is a federally funded grant that provides partial salary and research support so that junior faculty may have protected research time (a minimum of 75 percent effort) to develop their research interests and careers. A K23 award is for those who engage in patient-oriented research and a K08 is for those whose research activities are more laboratory based and less patient related. There are two main components to a K award grant proposal, the career development and the research plans. The career development plan is an exercise in grandiose self-promotion and in developing a training plan that complements the research plan; the research plan is a fairly typical research grant proposal.

#### **Thinking about a K award?**

The first stage in the process of writing a K23 career development award is to prepare to write the grant. This process can

involve anywhere from a year to several years. Yes, several years. In fact, the entire process, from thinking about a K proposal to receiving the award notification, typically takes at least 5 years. During the initial stage, the potential applicant is still enthusiastic and optimistic. At this stage applicants are not yet overwhelmed by the process. Therefore, they eagerly ruminate about what their general topic should be and collect information from those who have preceded them in this endeavor. After several years of observing potential applicants in this stage, I concluded that only a small percentage ever advance to the next stage, which is beginning to write the grant proposal. There are several potential explanations for this, including being overwhelmed by a daunting task, a lack of mentorship in psychiatry, and being frightened away by the negative experiences of predecessors.

In my opinion, there are several activities that you can engage in prior to and during the initial stage to improve your chances of being successful at the K process. First, begin early by participating in research during residency and as junior faculty. Protected research time is imperative to accomplish this task. Talk to senior researchers who have reputations as good mentors and establish a specific goal or project that may be accomplished in a small amount of time. It is neither realistic nor necessary to start from scratch. Many senior researchers have enormous amounts of unanalyzed data that they are willing to share with energetic residents or junior faculty. The goal should be to write and publish at least one peer-reviewed journal article as the first author. Although several first-author papers are typically necessary to successfully obtain a K award, *one* is at least a start.

It is important to be in a supportive environment and institution where there is a successful track record of obtaining K awards. In fact, there is a part of the application that focuses specifically on your institution's resources and the level of support that your institution and department are willing to provide. That is not to say that you can't be the first at your institution to be awarded a K. However, it is very helpful if those around have experience in the process. Similarly, it is essential to identify a qualified primary mentor for your K proposal. Typically, a good "K mentor" is someone who has been successful at obtaining NIH funding, someone who is at least an associate professor (some people have been criticized for not having a mentor who is a full professor), someone who has the experience of mentoring other K awardees (though someone who is currently mentoring too many K awardees may not have the time to be a K mentor), and ideally, someone with whom you have an established relationship and who is invested in helping you succeed. Mentoring someone on a K award is a time consuming endeavor that has little reward, except for the joy of watching your mentee succeed. Presently, mentors are not permitted to receive financial support from a K award for their time and effort. Since it is very difficult to find qualified mentors in psychiatry, it might be beneficial for NIMH to reconsider this policy, opting instead to reward qualified mentors for their efforts.

Travel awards (as discussed in the previous issue of this newsletter) are excellent opportunities to network with others who have undergone this process and learn from their successes and mistakes. Additionally, travel awards will allow you to meet potential consultants and advisors from outside your institution, whom you will need for your K proposal to enhance your application.

This stage in the process is also a good time to begin investigating the resources at your own institution. Although this involved a lot of time and effort, it was an

enlightening experience for me. I was naïve to the outstanding neuroscience and biostatistical expertise that was available at my institution. I was also pleasantly surprised at the willingness of very busy and productive senior faculty, even those outside my department, to serve as consultants and advisors.

As early as residency, you can begin to apply for private foundation and pharmaceutical sponsored research grants, which provide financial support to obtain preliminary data for K award proposals. The National Alliance for Research on Schizophrenia and Depression ([www.mhsource.com/narsad](http://www.mhsource.com/narsad)) and the Klingenstein Third Generation Foundation ([www.ktgf.org](http://www.ktgf.org)) are two private foundations that have specific funding mechanisms to provide financial support for early-career psychiatrists to obtain preliminary data for K award proposals. The American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry also have pilot research awards that provide funding specifically for junior faculty. Most pharmaceutical companies invite investigator-initiated proposals that can also serve as a funding mechanism for preliminary data. Although to my knowledge there are no systematic data to support this statement, my impression is that most successful K applicants have had prior non-NIH funding that has allowed them to obtain preliminary data for their application.

Again, it is my opinion that only a small percentage of people who leave stage one ever enter to stage two of the process, which is the writing phase. During my child and adolescent psychiatry fellowship, I had the opportunity to attend two NIMH sponsored workshops aimed at teaching the basics of applying for a K award to potential K applicants in the field of child and adolescent psychiatry. Although I was overwhelmed by the first workshop I attended, the second time I learned an enormous number of useful tips that I believe were instrumental in facilitating my K experience. At these workshops, topics included understanding where your K proposal will be, literally every minute

from when you mail it to when you are awarded your grant, and what you can do to enhance your chances of submitting a successful application.

I would like to encourage those who lament the lack of psychiatric researchers to organize a lot more of these workshops and expand them to include adult psychiatrists.

It was at these meetings that I realized the different perspectives of early-career psychologists and psychiatrists. Although early-career psychiatrists and psychologists may be struggling with some of the same issues, there are distinct differences that are not adequately addressed in that the K process is the same for both professions. For example, after graduating residency, most psychiatrists will begin paying off their medical school loans, which often can add up to over \$100,000, where as most psychologists have not accumulated this amount of debt. Psychiatrists have the option of practicing in the community where they can easily earn double the amount that they would by staying in academics. Therefore, there is a low threshold for the frustrations and obstacles of establishing a research career and some potential researchers flee to private practice. In an effort to confront this trend, the NIH has recently established a Loan Repayment Program for those who pursue careers in patient-oriented research, and it is available to both M.D.s and Ph.D.s.

Although only a small percentage of psychiatrists will ever advance past stage one of the K process, it seems that most of those who enter stage two and actually begin to write, do eventually complete and submit a K proposal to NIMH. However, only 30-40 percent of K proposals submitted to NIMH receive funding, typically after several submissions and revisions.

Discouraged? Don't be. In the next issue, we will examine the next stages in the K process, some personal accounts of the experience, and how to increase your odds of success. ■

# Research Agenda

## *A Research Agenda for DSM-V: Summary of the White Papers*

Michael B. First, M.D.

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**P**ublication of a new APPI monograph, *A Research Agenda for DSM-V*, signals completion of the initial phase in the DSM-V planning process that began in 1999. The monograph, containing six "white papers," is an attempt to stimulate research and discussion in the field in preparation for the eventual DSM-V revision process. The papers were produced under a partnership between the American Psychiatric Association, the National Institute of Mental Health, National Institute for Alcoholism and Alcohol Abuse, and the National Institute for Drug Abuse with the goal of providing direction and potential incentives for research that will provide an improved scientific basis for future classifications.

Workgroups responsible for the development of these white papers were constituted for two primary reasons: 1) to stimulate research that will enrich the empirical data base prior to the start of the DSM-V revision process; and 2) to devise a research and analytic agenda that would facilitate the integration of findings from animal studies, genetics, neuroscience, epidemiology, clinical research, cross-cultural, and clinical services research, which will lead to the eventual development of an etiologically-based scientifically-sound classification system.

Workgroup members were selected primarily for their expertise in diverse areas such as family and twin studies, molecular genetics, basic and clinical neuroscience, cognitive and behavioral science, development, life span issues and disability. In order to encourage thinking beyond the current DSM-IV framework, most of the workgroup members had not been closely involved in the DSM-IV development process. They were encouraged to consider new and emerging data, to identify knowledge gaps, and to suggest how data might be generated to fill those gaps; they were cautioned against thinking too narrowly with regard to how new information from emerging fields such as neuroscience and genetics may be used in a classification system.

In the remainder of this article, we summarize the contents of the six white papers. For more information we suggest you review the actual monograph, which will also be available on APPI's Web site concurrent with its publication in August of this year.

### ***Basic Nomenclature Issues***

The Nomenclature Workgroup, chaired by Bruce Rounsaville, M.D., focused on a variety of issues that had to do with the way disorders are classified in the DSM. The group noted a lack of clarity regarding the definition of "mental disorder" in the DSM and suggested that it would be desirable in DSM-V to provide a definition of mental disorder that can be used as a criterion for assessing potential candidates for inclusion in the classification and deletions from it.

A second issue examined by the workgroup concerns problems in how psychiatric diagnoses are validated in the DSM. Disorders are generally evaluated using validators such as family history, treatment response and course. One problem is that different diagnostic validators of a given nosologic problem do not all produce the same answer. For example, if the goal is to define schizophrenia as a disorder with high diagnostic stability, then the diagnostic criteria should require prior chronicity (e.g. 6 months of illness). By contrast, if the validating criterion to be applied is familial aggregation, then the most valid criteria set would be much broader and include a range of other psychotic disorders as well as schizophrenia-spectrum personality disorders. One way to address this problem is to develop a hierarchy of validators that ideally would cut across the disorders and to test alternative criteria sets against different orderings in the hierarchy.

A third nomenclature issue concerns the markedly different knowledge bases from which the criteria sets were developed and validated across diagnoses. The workgroup considered whether it might be advisable and feasible to rate the quality and quantity of information available to support the different disorders in order to indicate the disparity of empirical support across the diagnostic system.

A fourth issue considered by the workgroup was what criteria to use for making changes in the DSM-IV diagnostic criteria sets. Given the many burdens imposed on the user community as a result of changes in the diagnostic system, changes should only be made when the advantages outweigh the disadvantages. The group suggested developing criteria by which to determine whether the advantages (e.g., simplification, improvements in validity) justify the disadvantages of change.

A fifth issue covered by the workgroup concerned the fundamental structure of the DSM. Is the classification best served by continuing to use a categorical approach in which the patient is considered to have one or more disorders (i.e., a disorder is either present or absent)? In contrast, a dimensional approach would describe the patients psychopathology in terms of where the symptomatology falls along a number of dimensions, for example, low on depression, high on psychosis, etc. Although the categorical approach more closely conforms to the way clinicians think, a dimensional approach without discreet boundaries more closely conforms to clinical reality.

A sixth issue concerns the need to close the gaps between DSM and ICD classifications. Although efforts were made to make DSM-IV and ICD-10 as compatible as possible, many small and large incompatibilities persist. The group suggested a research agenda to identify and reconcile differences so as to allow for a single, unified DSM-V/ICD-11 classification system.

A final issue considered by the group concerned the use of the DSM in non-psychiatric settings. As greater emphasis is placed on detection and early intervention for mental disorders in settings other than traditional psychiatric clinics and practices, there is a need to define or operationalize diagnostic criteria using methods other than the traditional psychiatric interviews which require considerable training and clinical judgment. Strategies to reduce reliance on clinical judgment include increased use of laboratory tests, psychological testing, and standardized self-report rating scales.

### ***Basic and Clinical Neuroscience and Genetics Research Agenda***

The central focus of the Neuroscience and Genetics Workgroup, chaired by Dennis S. Charney, M.D., was to develop a basic and clinical neuroscience and genetics research agenda to guide the development of a future pathophysiologically-based diagnostic classification. The current DSM-IV classification adopts a descriptive approach to diagnosis in which disorders are defined by clusters of symptoms and characteristics of clinical course. This approach has allowed for the development of a classification system that successfully met the fields need for a common language without being mired in ideological hypotheses about the causes of psychiatric illness. Many critics, however, charge that the DSMs descriptive approach has outlived its usefulness and may in fact be potentially misleading.

Current DSM definitions are virtually devoid of biology, despite a large body of research that indicates a neurobiological basis for most mental disorders. A primary purpose of this group then, was to determine why progress has been so limited and to offer strategic insights that may lead to a more etiologically-based diagnostic system. The group ultimately concluded that given the current state of technological limitations, the field is years, and possibly decades, away from having a fully explicated etiology- and pathophysiology-based classification system for psychiatry. Although the past two decades have produced a great deal of progress in neurobiological investigations, the field has thus far failed to identify a single neurobiological phenotypic marker or gene that is useful in making a diagnosis of a major psychiatric disorder or for predicting response to psychopharmacological treatment.

Essential elements of a research agenda that would elucidate an etiology-based system include genetic studies, brain imaging, post-mortem studies, and animal studies. Genetic studies, despite several decades of effort, have not yet identified with certainty any bona fide psychiatric disease gene, although the field is getting closer and new advances in genetics (including the availability of the human genome sequence) portend rapid progress. Brain imaging studies in humans promise, for the first time, to provide detailed information about molecular and cellular substrates of the brain involved in psychiatric disorders. While currently available imaging techniques have thus far failed to provide diagnostic tests for psychotic, affective, or anxiety disorders, it is only a matter of time before these techniques have the spatial and temporal resolution, and chemical specificity to study relevant pathophysiological mechanisms. Finally, studies of brain samples obtained at autopsy should permit more detailed molecular analyses of the pathophysiology of psychiatric disorders. Over the last decade, the field has greatly increased the sophistication with which it utilizes postmortem tissue.

There is no question that animal research has vastly expanded our knowledge of normal brain function. It also has been invaluable in identifying the initial protein targets through which most currently used pharmacotherapeutic agents produce beneficial clinical effects as well as identifying the protein targets through which most drugs of abuse cause addiction. It also has been possible to develop several animal models that have outstanding predictive value in developing new medications with fewer side effects than older agents. The second generation antipsychotic agents, the serotonin-selective and norepinephrine-selective reuptake inhibitor antidepressants, and the benzodiazepine-like agents that act on selected subunits of the GABAA receptor, have all derived directly from rational drug-design efforts based on animal models.

The group outlined a blueprint for the future that included a review of emerging technologies and approaches, and suggested future directions for research. For preclinical animal work, the group focused on four domains: 1) better animal models for the major psychiatric disorders; 2) genes that help determine abnormal behavior in animal models; 3) imaging studies in animals to better understand the nature of imaged signals in humans; and 4) functional genomics and proteomics involved in psychiatric disorders, that is the identification of genes or proteins that are regulated in particular brain regions by a given drug or behavioral state.

Other domains included in the blueprint include: 1) work to identify disease-related genes from among the 26,000 identified in the human genome project; 2) post-mortem studies to examine circuitry and gene expression; 3) the newer brain imaging techniques; 4) approaches that integrate the use of multiple modalities; and 5) neuroinformatics, the integration and management of large amounts of data produced at various levels of investigation.

### ***Advances in Developmental Sciences***

The Developmental Issues and Diagnosis Workgroup, chaired by Daniel S. Pine, M.D., focused on outlining a research agenda to inform developmental aspects of the diagnostic classification. This workgroup presented an approach to development encapsulated by the concept of bioecology which considers the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environment. (Bronfenbrenner 1977, p 513). Under this approach, development involves interactions between the individual and nested systems in the individuals environment through a transactional process; the individual affects the environment, which, in turn, affects the individual.

The initial focus of the workgroup was on the manner in which contextual, ethnic, and cultural issues affect and are affected by nosology. Contextual factors have been shown to affect either the expression of particular behaviors or the risk for psychopathology during development. The current ICD and DSM systems, however, provide definitions of mental disorders that, as far as possible, are applicable across age groups, genders, ethnicity, and context. The workgroup thus expressed concern about studying the effects of context on diagnoses that rely on a psychiatric nosology designed for use across multiple contexts.

*(continued on next page)*

The second part of the groups report summarizes key advances in four areas of developmental science as they relate to nosology. Domains covered include: 1) progress in developmental psychology and psychopathology (e.g., the roots of many chronic mental disorders, such as antisocial personality disorder, schizophrenia, mood, and anxiety disorders, are found in childhood); 2) developmental neuroscience (e.g., evidence of developmental plasticity in the nervous system); 3) developmental genetics (e.g., studies identifying genetic causes of neurodevelopmental and neuropsychiatric syndromes demonstrate both clinical heterogeneity across individuals with common genetic abnormalities and genetic heterogeneity across individuals with comparable behavioral phenotypes); and 4) epidemiology and services research (e.g., understanding the relationship between risk and pathophysiology requires epidemiological samples because apparent associations seen in treatment-seeking samples can be the result of referral biases). Seeking the answers to questions raised by studies in these domains may provide novel opportunities for scientific breakthrough in the coming decades.

The third section of the Developmental Workgroup white paper reviews the current DSM classification, noting innovations that have set the stage for future advances and deficiencies that need to be addressed in the future. Identified strengths of DSM include the explicit definitions of disorders; many of the identified symptom groupings (e.g., basic distinctions between emotional syndromes like childhood anxiety disorders, and behavioral syndromes, like conduct disorder and attention deficit hyperactivity disorder); emphasis on an empirically-driven revision process; and adoption of a developmental perspective (e.g., having a section on disorders first diagnosed in infancy, childhood, and adolescence). Identified weaknesses include problematic distinctions between some disorders (e.g., between oppositional defiant disorder and conduct disorder) as well as problems and deficiencies in the multi-axial system.

Finally, the group proposes a research agenda for the next decade focusing on six areas of research that have the potential to refine the classification of developmental psychopathology, as follows. 1) developmental neuroscience and genetics (e.g., studies in animals to determine associations between maternal behavior and hypothalamic-pituitary-adrenal axis regulation); 2) prevention and early intervention (e.g., studies of early intervention for children and adolescents); 3) improved diagnostic classification of disorders of infancy and early childhood; 4) improvements in the multi-axial system; 5) approaches to psychiatric assessment (e.g., integration of information from different assessment approaches); and (6) developmental epidemiology (e.g., large scale population-based samples of children studied from birth, or even earlier, through adulthood).

### ***Personality and Relational Disorders***

This workgroup, chaired by Michael B. First, M.D., focused on two major gaps in the DSM-IV, namely inadequacies in the classification of personality disorders and of relational disorders. Although some have criticized the validity of the personality disorder construct, the group noted that personality disorders are

an important component of the DSM classification and should continue to be included in future iterations of the DSM. The presence of a personality disorder has been shown to have a significant negative impact on the management and outcome of a comorbid mental disorder or physical condition. Furthermore, personality disorders by themselves can cause clinically significant impairment. For example, antisocial personality disorder increases ones risk for unemployment, impoverishment, injury, violent death, incarceration, recidivism, and relationship instability.

The current categorical method for diagnosing personality disorders, however, has some serious shortcomings. The personality disorder construct in DSM-IV is ill-defined, leading to confusion regarding the difference between personality disorders and chronic, early-onset Axis I disorders such as dysthymic disorder or social anxiety disorder. The lack of clear boundaries between the disorders results in considerable comorbidity, so much so that for individuals with severe personality disorder, a diagnosis of several personality disorders is the rule rather than the exception. Distinctions between disorder, trait, and normal personality are arbitrary, based on symptom thresholds that are without significant empirical basis. Furthermore, there is no documented clinical utility for the DSM-IV categories in terms of guiding treatment decisions. Finally, the current 11 categories have problematic coverage; Personality Disorder NOS, for example, is the most commonly diagnosed personality disorder in many settings.

The group focused on two different aspect of the personality disorders problem. It was proposed that a dimensional approach to diagnosing personality disorder be considered in place of the current categorical system. Under the dimensional approach, a personality trait is considered to be a maladaptive variant of general personality functioning. A number of different dimensional personality systems have been devised by research psychologists over the past 20 years. In fact, the possibility of including a dimensional personality approach in DSM-IV was considered but ultimately rejected on the grounds that there was no consensus in the field as to which of the many proposed dimensional systems should be adopted and because of concerns about clinical utility and practicality. In general, the dimensional systems differ in terms of how they were developed and whether the dimensional items are confined to personality disorder symptoms or reflect the full range of normal and abnormal functioning.

Among the research questions that need to be considered: 1) Do the dimensional models cover the symptoms defined by the existing disorders? 2) Which model best conforms to fundamental biobehavioral dimensions of personality and temperament? 3) Which model has the best clinical utility and predictive validity? 4) Can there be a more explicit rationale for what constitutes a personality disorder?

A second area of group focus was the relationship between personality disorders and certain Axis I disorders. Very high rates of comorbidity have been reported between Axis I and Axis II disorders (up to 79 percent in some settings), raising questions

about whether there is some common etiological or pathophysiological process underlying some Axis I/Axis II disorders (the so-called spectrum model). This model proposes that schizotypal personality disorder is in the schizophrenia spectrum, that avoidant personality disorder is in the anxiety disorders spectrum and that borderline personality disorder is in the mood disorders spectrum. The group advocated a research agenda that would focus on elucidating the etiological and pathophysiological processes for established spectrum conditions, for example, schizotypal personality disorder.

The group also proposed a research agenda that would address the question of relational disorders: whether to expand the relational disorders in DSM-V and to add specific diagnostic criteria for each disorder. The locus of a relational disorder, in contrast to other DSM-IV disorders, is on the relationship rather than on any one individual in the relationship (e.g., a parent is withdrawn with one child but not with other siblings). Despite this major conceptual difference, relational disorders share many elements in common with other disorders: there are distinctive features for classification; they can cause clinically significant impairment; there are recognizable clinical courses and patterns of comorbidity; they respond to specific treatments; and they can be prevented with early interventions. Specific tasks in a proposed research agenda: develop assessment modules; determine the clinical utility of relational disorders; determine the role of relational disorders in the etiology and maintenance of individual disorders; and consider aspects of relational disorders that might be modulated by individual disorders.

### ***Mental Disorders and Disability***

The workgroup chaired by Anthony F. Lehman, M.D. focused on disentangling the concepts of symptom severity and disability. In the absence of objective criteria based on understanding underlying pathophysiology, DSM-IV disorders are defined by clusters of symptoms that, in milder forms, often occur in mentally healthy individuals. To help differentiate between normals and those with a disorder, DSM-IV criteria sets often include a requirement that the disorder cause clinically significant impairment. This requirement combines the constructs of symptoms and impairment, obscuring attempts to study factors which explain the varying degrees of disability observed across patients given the same level of symptom severity. In addition, requiring that the disorder cause disability complicates efforts to recognize mental disorders earlier in their course (i.e., before they are severe enough to cause impairment), to intervene, and potentially to prevent worsening of the illness.

The group proposed a research agenda that would provide substantial new knowledge enabling transition to a diagnostic system that allows for separate, but coordinated consideration of disease and disability. The agenda would include research on: 1) methods to define and assess disability for both clinical and research applications; 2) multifaceted approaches to the intra-individual factors at the biological and psychological levels that contribute to disability; 3) multifaceted examination of the extra-individual factors that contribute to disability, including influences from family, social networks, the community, and the cultural context in which patients live; 4) pathways to and from disability, including natural course and the impacts of interventions on course of illness; and 5) the role of the health care system and government policies in promoting recovery and in addressing barriers to overcoming disabilities.

### ***Cross-Cultural Issues***

Renato D. Alarcon, M.D. chaired the workgroup that considered cross-cultural issues in diagnosis and classification. Mental disorders are multi-factorial in nature. For any psychiatric diagnosis to be truly comprehensive and culturally valid, it has to take account of a multitude of variables, from race and ethnicity to the more encompassing notions of language, education, religion, habits, values, and gender and sexual orientation. Cultural processes can influence psychiatric diagnosis by: 1) defining and creating specific sources of stress and distress; 2) shaping the form and quality of illness experience; 3) producing the symptomatology of generalized distress and of specific syndromes; 4) determining the interpretation of symptoms and hence, their subsequent cognitive and social impact; 5) providing specific modes of coping with distress; 6) guiding help-seeking and the response to treatment; and 7) governing social responses to distress and disability. As a result of these pervasive and ubiquitous effects, there is no natural history of disease but rather a social course that must be described relative to specific contexts. The diagnostic and assessment process should address cultural differences, language barriers, and the implications of nosological labeling in clinical reasoning and as determinants of the patients behaviors. ■

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# Legislative Forum

Lizbet Boroughs, M.S.P.H., Associate Director,  
Division of Government Relations

## ❖ *NIH Director Confirmed*

Elias Adam Zerhouni, M.D., is now the new Director of the National Institutes of Health (NIH). Dr. Zerhouni is a well-respected leader in the field of radiology and medicine. He brings impressive clinical, scientific and administrative experience to his new role at the \$23 billion federal agency. The APA looks forward to working with him.

Dr. Zerhouni, 51, was most recently executive vice dean of Johns Hopkins University School of Medicine, chair of the Russell H. Morgan department of radiology and radiological science, as well as professor of radiology and professor of biomedical engineering. Previously, he was vice dean for research at Johns Hopkins. Since 2000, Zerhouni has been a member of the National Academy of Sciences Institute of Medicine. He has served on the National Cancer Institute's board of scientific advisors since 1998. In 1988, he was a consultant to the World Health Organization and in 1985 he served as a consultant to the White House under President Ronald Reagan.

Recently, Dr. Zerhouni led a successful effort to establish the Institute for Cell Engineering at Johns Hopkins, capitalizing on the emerging fields of proteomics and stem cell research. Before leaving Johns Hopkins, Dr. Zerhouni was a principal investigator on three NIH grants and co-investigator on two others. He has authored or co-authored 157 journal publications and 11 book chapters. He also holds, singularly and jointly, a total of eight patents.

**Message to NIH Directors.** On May 21st, Dr. Zerhouni held his first meeting with the NIH Institute and Center Directors (ICDs) to signal his vision for the future of NIH. He stressed the importance of interacting collegially. When we stick to this core principle, everyone wins. Dr. Zerhouni said the challenge for NIH is not

so much how to do things right but deciding what are the right things to do. This is an area in which NIH needs to lead. He reiterated the core message of his Senate confirmation hearing: our Nation cannot successfully meet its health care challenges without further fundamental biomedical research that leads to discoveries at an accelerated pace. He called this his number one priority.

A second priority is translational research. NIH must bring the fruits of our research to clinical testing more rapidly and enhance our ability to prevent disease and detect disease much earlier. Dr. Zerhouni also believes NIH must develop strategies to demonstrate to the Nation that the money NIH funds for biomedical research have been well spent. A question that recurred at his interviews and hearing was, "What has NIH done with all that money?" He said this issue will define the NIH agenda for the next year or two.

Dr. Zerhouni suggested that there should be a standard way of accumulating clinical trial data and an ability to query the clinical research database across trials. Other topics were the effect on new investigators if NIH cannot maintain a substantial commitment to them; the need to articulate for various audiences and constituencies our vision of what NIH can accomplish with additional funds; how basic NIH research has led to drug development and how to successfully partner with pharmaceutical companies to translate NIH research into new drugs; drug pricing issues; the perception by some patients that it is dangerous to participate in clinical trials; and the Department's consolidation efforts.

Dr. Zerhouni thanked ICD for their ideas, and concluded with the message that NIH must be transparent, accountable, and proactive as well as strategic.

## ❖ *Honoring Kirschstein*

Members of Congress have found a lasting way to express their thanks to Ruth L. Kirschstein, a 46-year veteran of the NIH and still going strong as its deputy director. On 22 May, Senator Tom Harkin (D-IA) announced that Kirschstein's name will be added to NIH's main training grants program, the National Research Service Awards.

Kirschstein's career at NIH has included serving as an institute director and as acting NIH director from January 2000 until Elias Zerhouni took over the post last month. Richard Knapp of the Ad Hoc Group for Medical Research Funding says he and others were looking for a way to honor the 75-year-old Kirschstein and her "very strong commitment to training" scientists. He says they hope the "Kirschstein awards," which go to more than 16,700 pre- and postdoctoral students a year, will become as familiar as the federal Pell grants for undergraduate education.

## ❖ *Frist Encourages New Research Framework*

In an editorial published in the *Journal of the American Medical Association* (4/03/02), U.S. Senator and cardiac surgeon Bill Frist (R-TN) lauds the progress made in biomedical research over the past several decades and credits the "rapidly increasing government funding" for enabling such advances. However, in order to benefit fully from current and future endeavors, Senator Frist explicates the need for "an improved framework that simplifies and clarifies this research and discovery process." In order to construct this framework, Frist sets forth three necessary improvements to the current system: clearer research priorities, better communication between policy makers, researchers, patients and health care professionals, and closer collaboration among government agencies, non-profit organizations and academia, and private industry. Only within a framework built upon such a foundation can research be translated into better care for patients. ■

# News and Notes

## Juvenile Bipolar Research

The Juvenile Bipolar Research Foundation (JBRF) is the first charitable foundation to focus its energies and funding solely on research into childhood-onset bipolar disorder. With the participation of a consortium of researchers in the areas of clinical diagnosis, brain imaging, neuropsychology, molecular genetics, and chronobiology, JBRF's primary aim is to advance the state of knowledge about this illness so that more effective treatments can be developed.

In March of this year, the foundation launched a new and comprehensive Web site: [www.bpchildresearch.org](http://www.bpchildresearch.org).

The Web site will offer information on research studies sponsored by the foundation; expedite recruitment into these studies; host a professional listserv designed specifically to facilitate a dialogue between psychiatrists, pediatricians, and developmental neurologists; hold bi-monthly Grand Rounds, a forum of interdisciplinary experts to review and discuss clinical case reports; offer resources for parents including a referral network for families seeking help in the selection of physicians competent to diagnose and treat the condition.

A primary goal of the foundation is to foster cross-disciplinary discussions among clinicians of different specialties and to promote interdisciplinary clinical research collaborations.

## WPA in Japan

The World Psychiatric Association (WPA) is hosting the 12th World Congress of Psychiatry in Yokohama, Japan, August 24-29, 2002. Taking place in Asia for the first time and coinciding with the 100<sup>th</sup> anniversary of the Japanese Society of Psychiatry and Neurology, this year's meeting is built around the theme Partnership for Mental Health. Teruo Okuma, M.D., Ph.D. and Jiro Suzuki, M.D., Ph.D., serve as Chair of the Organizing Committee and as Executive Director of the Congress, respectively. Their goal for the meeting is "to stimulate the development of psychiatry, mental health, and welfare in Asian countries."

The WPA has been hosting the World Congress of Psychiatry for over fifty years. Over the past decade the World Congress has been held every three years, and each meeting has served as an important international forum for the exchange of psychiatric research. This year the APA's Division of Research has organized a symposium, entitled "The Research Base for New Diagnostic Criteria for Depression," taking place on August 25. Co-chaired by Drs. David Kupfer, and Norman Sartorius and with internationally renowned participants such as Dennis Charney and Assen Jablensky, this symposium will serve as the prototype for a series of research conferences to be held over the next several years. The goal of these meetings will be to develop an international research agenda to form the basis for developing diagnostic criteria in the next iterations of the DSM and the ICD. More information about the WPA's XII World Congress of Psychiatry is available at [www.wpa2002yokohama.org](http://www.wpa2002yokohama.org).

## Commission on Mental Health

President Bush, as part of his New Freedom Initiative to improve the lives of persons with disabilities, has created the "President's New Freedom Commission on Mental Health" to focus on individuals with severe mental illness and severely emotionally disturbed children. The commission is made up of 22 members, 15 appointed by the President, 4 from the Department of Health and Human Services, and one each from the Departments of Labor, Education and Justice. The commission is chaired by Michael F. Hogan, Ph.D., Director of Ohio's Department of Mental Health. Created on April 29, 2002, it has one year to fulfill its mission, to "conduct a comprehensive study of the United States mental health service delivery system, including public and private sector providers, and to advise the President on methods of improving the system."

Meeting for the first time on June 18<sup>th</sup> and 19<sup>th</sup> just outside of Washington, D.C., the commission developed a working framework, dividing the relevant issues into two

categories: patient-related and system-related. The commission will form task forces to address concerns such as cultural competency and diversity, comorbidity of mental health and substance abuse disorders, integration of mental health care with primary care, access to mental health care, prevention and early intervention. The commission plans to describe the extent of unmet needs, barriers to treatment, and successful community-based care in its Interim Report to the President on October 29<sup>th</sup>. Recognizing the need for feedback from all segments of the mental health community, all monthly meetings will be open to the public with time set aside to hear comments from those in attendance. Comments also can be posted to the commission's Web site, ([www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov))

## DHHS Research Council

The U.S. Department of Health and Human Services (DHHS) has created a new Research Coordination Council intended to increase the efficiency and integration of biomedical research conducted throughout the department. The overarching goals of the council are to achieve closer integration of DHHS-sponsored research endeavors, to improve communication and coordination among the various agencies of the department, and to ensure that the department's research priorities reflect the priorities of the Bush Administration. To this end, the Research Coordination Council will require all DHHS agencies to develop performance standards and regularly assess the quality of their research programs. Further, research resulting from "a formal solicitation for grant applications or contract proposals" will be subject to review by the Research Coordination Council, although investigator-initiated research at federal agencies will remain outside the council's jurisdiction.

According to HHS Secretary Tommy Thompson, the council will work to coordinate "both [the] content and timing" of specific biomedical research projects. The council is chaired by Bobby Jindal,

*(continued on next page)*

Assistant Secretary for Planning and Evaluation; members include senior-level staff from all HHS agencies that are involved in either funding or conducting biomedical research. The council will meet quarterly and smaller workgroups will be formed as needed.

### **NIH Clinical Researchers**

Speaking at the June 12<sup>th</sup> meeting of the Institute of Medicine's Clinical Research Roundtable, NIH Deputy Director Ruth Kirschstein, M.D., indicated that two of its career development (K) awards will receive funding increases in FY2003. The number of Mentored Patient-Oriented Research Career Development Awards (K23) will increase to 689 from 594 in 2002, and the number of Midcareer Investigator Awards in Patient-Oriented Research (K24) will rise from 259 to 303, representing a budget increase of \$13.4 million and \$5.3 million, respectively.

In addition, with a budget that is nearly doubled (\$27 million to \$52 million), the Extramural Clinical Research Loan Repayment Program and the Pediatric Research Loan Repayment Program will likely double the number of awardees to 500.

### **9/11 Research Awards**

The National Institute of Mental Health (NIMH) has awarded four grants under the Rapid Assessment Post Impact of Disaster (RAPID) grants program, to study mental health consequences of the September 11<sup>th</sup> terrorist attacks in New York City.

The NIMH RAPID grants program expedites the application, review, and funding of small pilot projects that promise, in a relatively short time frame, to yield information helpful to the design of larger-scale studies on the mental health consequences of mass violence. "It is important to learn what we can from these terrible tragedies," said Richard Nakamura, Ph.D., Acting Director of NIMH, "and the RAPID grants program has helped us do that for many years."

In addition to the newly awarded projects that are focused on September 11, a dozen *supplements* to ongoing studies have been awarded so that the investigators can gather new information related to the 9/11 events.

These research projects and the principal investigators funded are identified on the NIMH Web site, [www.nimh.nih.gov](http://www.nimh.nih.gov).

### **Animal Welfare Policy**

The National Institutes of Health is considering a change in the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals. Announced in the Federal Register on March 28<sup>th</sup>, the change in policy would allow institutions which already have PHS Animal Welfare Assurances to submit grant applications without the heretofore requisite verification of approval by the Institutional Animal Care and Use Committee (IACUC). Instead, a so-called "just-in-time" submission of IACUC approval would be allowed after peer review but prior to the awarding of the grant. This same "just-in-time" procedure is currently in place with respect to research proposals involving human subjects. The change is intended to allow institutions to allot more resources to the actual development of the grant proposal. If approved, the policy change would be voluntary.

### **NIH and e-RA**

The NIH Office of Extramural Research will host a new public Web site offering due date information for "Non-Competing Progress Reports." The Web site will have search and sort capabilities and is scheduled to be up and running by August 2002.

The Web site will not issue electronic notification to individual investigators and institutions nor will it offer pre-printed face pages. However grantees may use the Web site until their registration for the NIH Commons is complete. Institutional officials will have the opportunity to establish a central e-mail address for notification of NIH pending actions and general NIH Commons activities. By this means the institution will receive a list of pending non-competing progress reports. Once Principal investigators (PIs) create an account and provide their preferred e-mail they will have the option to receive e-mail reminders of Non-competing Progress Report due dates with links to pre-populated face pages.

### **NEJM Revises CoI Policy**

The *New England Journal of Medicine (NEJM)* has modified its conflict of interest policy for articles and editorials that do not present new data. Authors are now disallowed any *significant* financial interest in a product discussed in their articles, as opposed to the previous policy disallowing *any financial interest*. *NEJM* has determined "significant financial interest" to be \$10,000 annually, following the policies of the NIH and the Association of American Medical Colleges. ■

**National Institute of Mental Health (NIMH)**  
***National Institutes of Health (NIH)***  
***Department of Health and Human Services***

An exciting position for a Medical Officer (Research Training and Career Development) is offered by the NIMH, NIH, in the Division of Neuroscience and Basic Behavioral Science (DNBBS). The position may be filled at grades GS-0602-12, 13, or 14, based on the qualifications of the person selected. Salary ranges from \$59,949 to \$102,965 (includes special rate for Medical Officers), and a full range of Federal benefits.

The DNBBS Research Training and Career Development Office fosters the training of new investigators and enhances the career development of clinical and basic neuroscientists as well as basic behavioral scientists. The program's content areas include clinical neuroscience, molecular and cellular neuroscience, behavioral and integrative neuroscience, genetics, basic behavioral science, and preclinical and clinical therapeutics. DNBBS research training and career development programs encompass: Institutional Training Grants, Mentored Career Development Awards, Mental Health Education Grants, and Individual Predoctoral and Postdoctoral Fellowships.

The incumbent will provide scientific and administrative oversight for grants supported by these programs, and will serve as a program expert regarding the education and training of mental health clinical research personnel. Qualifications: M.D. or M.D./Ph.D., preferably with specialty training in psychiatry or neurology, and research experience in health or health-related fields (i.e., neuroscience, psychology, biology, physics, engineering, genetics, biotechnology, etc.). Selection criteria: specialized knowledge of current clinical research developments related to basic or clinical neuroscience and/or basic behavioral science. Also desirable is experience in managing research or research training programs, professional teaching experience, and outstanding oral and written communications skills.

For specific information on how to apply, please visit the NIMH Web site at <http://www.nimh.nih.gov/orm/pmb/nimhjobs.cfm>. Refer to announcement number NIMH-02-0099. To apply for the position send resume to:

Mark Pinkney  
Personnel Management Specialist  
NIMH Personnel Management Branch  
6001 Executive Blvd., Rm. 8154, MSC 9661  
Bethesda, MD 20892-9661  
301-443-9094, FAX to 301-443-1401  
NIMHHQPersonnel-R@mail.nih.gov.

Applications must be post-marked by the closing date of September 3, 2002 and received within five business days of the closing date. U.S. citizenship is required. NIH is an Equal Opportunity Employer.

## 2002 Award For Research In Psychiatry

\* \* \* Call For Submissions \* \* \*

**T**he American Psychiatric Association takes pleasure in inviting submissions for the **2002 American Psychiatric Association Award for Research in Psychiatry**. First awarded in 1949 as The Hofheimer Prize, this is the most significant award given for research by the American Psychiatric Association. It is given in recognition of a single significant contribution, a body of work, or a lifetime contribution that has had a major impact on the field and/or altered the practice of psychiatry. The Award is intended to cover the full spectrum of psychiatric research. Candidates for the Award must be citizens of the United States or Canada and be nominated by a sponsor. Sponsors must be members of the American Psychiatric Association. Members of the Award Board are excluded from submitting nominations.

The **sponsor** should submit a letter setting out, in detail, justification for the nomination and summarizing the research accomplishments of the nominees in a specific area or with a coherent theme.

The **nominee** should submit:

1. A book, paper or group of representative and thematically linked books and papers published in English (or accepted for publication);
2. A summary statement emphasizing the principle theme running through the work, its internal cohesiveness and consistency, and scientific implications;
3. An up-to-date Curriculum Vitae; and
4. An up-to-date Bibliography.

**All entries must be submitted in SEVEN COMPLETE COLLATED SETS and sent to:**

Charles B. Nemeroff, M.D., Ph.D.  
Chair, APA Award for Research Board  
c/o APA Division of Research  
1400 K Street, NW  
Washington, DC 20005

Entries will be acknowledged, but cannot be returned. The Award is based on an annual competition, and resubmission is permitted. The Award, which carries a \$5,000 prize, will be presented at the APA Annual Meeting in May 2002. For more information please contact Harold Goldstein, Ph.D., APA Division of Research at (202) 682-6851 or by email at [goharold@psych.org](mailto:goharold@psych.org).

Deadline for receipt of submissions  
is November 19, 2001.

# Research Training Opportunities

■ **SPONSOR:** American Psychiatric Institute for Research and Education (APIRE)

■ **POSITION:** Program for Minority Research Training in Psychiatry (PMRTP)

**DESCRIPTION:** This NIMH-funded program supports minority medical students and psychiatric residents for an elective or summer experience in a research environment. Funds are provided for stipends, tuition, travel, and training-related expenses. Stipends are also available for one- or two-year post-residency fellowships. Training takes place at research-oriented departments of psychiatry in major U.S. medical schools and other appropriate sites nationwide. A research mentor at the training site oversees the research training experience.

**DEADLINE:** December 1 for residents seeking a year or more of training and for post-residency fellows. April 1 for medical students who are planning a summer research training experience. For other elective experiences students should apply at least three months before the start date of the proposed research training.

**CONTACT:** Ernesto Guerra, Research Training Director, APIRE, 1400 K Street, NW, Washington, DC 20005; (202) 682-6225 or (800) 852-1390, fax: (202) 789-1874; e-mail: [eguerra@psych.org](mailto:eguerra@psych.org), Web site: [www.psych.org](http://www.psych.org).

■ **SPONSOR:** NARSAD

■ **POSITION:** Young Investigator Award

**DESCRIPTION:** The National Alliance for Research on Schizophrenia and Depression (NARSAD) annually supports a large number of young investigators for work in the basic or clinical aspects of schizophrenia, major affective disorders, or other serious neurobiological disorders. In March 2002, 168 Young Investigators were selected. The purpose of the award is to enable promising investigators to either extend their research fellowships training

or to begin careers as independent research faculty. Awardees must be at the advanced post-doctoral or assistant professor (or equivalent) level and already involved in research training. Applicants must have a mentor or senior collaborator who is an established investigator. The *mentor* role is usually extensive for awardees extending fellowship training; for an applicant well prepared to initiate independent science, the role of sponsor is defined more as that of a senior colleague. Awards are up to \$30,000/year for one year, and up to \$60,000 for two years. NARSAD allows considerable flexibility in the use of funds: equipment, stipends, etc., are all acceptable as long as the support is in the service of the NARSAD research project. Requirements for completing applications are minimal, and the review and award process is expedient.

**DEADLINE:** The annual timetable for the NARSAD award process is: applications due in July; notification of award in March of following year; earliest award start date, July 1. For example, the application deadline for the March 2003 notification of awards for the July 1, 2003 start date, was July 25, 2002.

**CONTACT:** Audra Moran, Director, Research Grants Program, NARSAD Research, 60 Cutter Mill Road, Suite 404, Great Neck, NY 11021, (516) 829-5576, fax: (516) 487-6930, [amoran@narsad.org](mailto:amoran@narsad.org), Web site: [www.narsad.org](http://www.narsad.org).

■ **SPONSOR:** Columbia University

■ **POSITION:** Postdoctoral Research Fellowship in TMS

**DESCRIPTION:** Federally funded postdoctoral fellowship available immediately (start date flexible) at the Columbia University Magnetic Brain Stimulation Lab. The fellow will receive extensive hands-on training in transcranial magnetic stimulation (TMS). The lab is equipped with state-of-the-art magnetic stimulators capable of performing single pulse, paired pulse, repetitive stimulation, and magnetic seizure therapy (MST) in humans and in animal models. Access to functional

neuroimaging is available, as well as access to a full spectrum of clinical psychiatric populations. The fellow may participate in a range of clinical and preclinical studies using TMS as a probe of brain function and as a putative treatment for psychiatric disorders. The initial project will employ TMS in combination with functional MRI to study working memory networks affected by sleep deprivation. Clinical training in psychiatry, neurology, or radiology would be desirable. Please send CV and list of references to Dr. Lisanby at [SHL24@columbia.edu](mailto:SHL24@columbia.edu).

**DEADLINE:** Open, ongoing recruitment

**CONTACT:** Holly Lisanby, M.D., Department of Biological Psychiatry, New York State Psychiatric Institute, 1051 Riverside Drive, Unit 126, New York, NY 10032; (212) 543-5568, fax: (212) 543-6056; e-mail: [SHL24@columbia.edu](mailto:SHL24@columbia.edu).

■ **SPONSOR:** University of Pittsburgh

■ **POSITION:** Postdoctoral Research Fellowship in Psychiatry/Mental Health Services Research

**DESCRIPTION:** The University of Pittsburgh Department of Psychiatry and the University of Pittsburgh Medical Center Health System's Western Psychiatric Institute and Clinic is offering a 2-year postdoctoral research fellowship opportunity for M.D.s or Ph.D.s with an interest in mental health services research.

The combined resources of the Medical Center Health System and the Department of Psychiatry provide a remarkably enriched academic environment that has been uniquely successful in fostering research career development.

The fellowship opportunity is designed to provide methodological skills acquisition in addition to research experience with an established investigator in one of three (child, mid-life, late-life) mental health intervention research centers. Research emphasis includes comorbidity of psychiatric disorders and general medical disorders, the effect of mental disorders on health

*(continued on next page)*

services utilization, epidemiology of mental disorders in primary care, and the design and adaptation of intervention strategies for particular settings (e.g. primary care, pediatrics, community and ob/gyn), and populations (e.g. women, underserved).

There will be opportunities for fellows to collaborate with the RAND-University of Pittsburgh Health Institute. The Institute is a joint effort between RAND Health and the School of Medicine and Health Sciences at the University of Pittsburgh. The work of the Institute focuses on traditional aspects of health services research such as financing, organization, quality and access. In addition, post-doctoral fellows can take advantage of established collaborations between the University's Center for Research on Health Care in the Department of General Internal Medicine, the University's Graduate School of Public Health, and the hospitals of the UPMC Health System. The Department is also home to the Robert Wood Johnson Foundation's national program on depression in primary care.

**DEADLINE:** Open

**CONTACT:** Harold Alan Pincus, M.D., Professor and Executive Vice Chair, Western Psychiatric Institute and Clinic, 3811 O'Hara St., Pittsburgh, PA 15213; fax: 412-624-8015, e-mail: [pincusha@msx.upmc.edu](mailto:pincusha@msx.upmc.edu)

■ **SPONSOR:** UCLA Neuropsychiatric Institute & Hospital

■ **POSITION:** Research Training in the Psychobiology of the Major Psychiatric Disorders

**DESCRIPTION:** This NIMH-funded program prepares postdoctoral fellows for research careers in psychiatry and biobehavioral sciences, with particular emphasis on research approaches to clinical problems. Instruction in the principles of research methodology and technique are stressed. The program for each trainee consists mainly of active participation in research work under faculty preceptorship, allowing the trainee to acquire practical as well as theoretical proficiency in a variety of laboratory and statistical techniques, and firsthand experience with problems of experimental design and research strategy. This is supplemented by a curriculum of seminars and workshops in which trainees and faculty participate as a group. Flexible programs that are suited to unique interests and needs may be arranged. Research projects may involve basic laboratory studies as well as clinical studies of patients with psychiatric and medical syndromes. Departmental laboratory facilities are available for human and animal studies in psychopharmacology, psychoneuroimmunology, behavioral genetics, clinical neurophysiology, brain imaging, neurochemistry, cellular neurophysiology, and neuropsychology. In addition, specialty clinical programs in alcoholism and the addictions, aging, mood disorders, schizophrenia, and other illnesses provide ample opportunity for clinical research and collaboration.

**DEADLINE:** Open.

**CONTACT:** Submit a brief statement of background and interests, a two-page description of a potential research project, CV, and three letters of recommendation to Andrew Leuchter, M.D., Director, Division of Adult Psychiatry, UCLA Department of Psychiatry and Biobehavioral Sciences, 760 Westwood Plaza, Room 37-452, Los Angeles, CA 90024. Information can be faxed to (310) 825-7642 or e-mailed to [fellow@qeeq.npi.ucla.edu](mailto:fellow@qeeq.npi.ucla.edu).

■ **SPONSOR:** Yale University School of Medicine

■ **POSITION:** Clinical Neuroscience Research Training

**DESCRIPTION:** The Department of Psychiatry offers a unique opportunity for PGY-IV residents and PGY-V fellows interested in cutting-edge clinical neuroscience research. Emphasis is on the biologic basis of neuropsychiatric disorders. Trainees are encouraged to develop their own research studies in one or more of the following areas: novel psychopharmacology, brain imaging research (PET, SPECT, IH-MRS, fMRI), pharmacologic challenge paradigms, and genetics of psychiatric disorders. Neuroscience faculty have extensive expertise in the areas of schizophrenia, mood disorders, substance abuse (alcohol, cocaine, nicotine) and women's reproductive behavioral health research. Faculty closely mentor trainees to enhance research training and promote trainees' career development.

**DEADLINE:** Open

**CONTACT:** Interested applicants should send their curriculum vitae to John Krystal, M.D., Deputy Chair for Research, Yale University Department of Psychiatry, Clinical Neuroscience Research Unit, Connecticut Mental Health Center, 34 Park Street, New Haven, CT 06519 or send an e-mail requesting more information to [neill.epperson@yale.edu](mailto:neill.epperson@yale.edu).

# Research Funding Opportunities

*Psychiatric Research Report* will publish notices with short deadlines as well as announcements that allow up to a year for preparation of applications. In addition to traditional sources of research funding, we try to include announcements from sponsors that our readers may not intuitively think of as sources of funding for psychiatric research. If two or more opportunities are offered by the same institution, the sponsor is listed only once at the beginning of these entries.

## ■ American Psychiatric Foundation (APF)

### ■ SUBJECT: Responses to September 11, 2001

**DESCRIPTION:** The American Psychiatric Foundation, the charitable arm of the American Psychiatric Association, is offering grants of up to \$35,000 to help community and local organizations address the mental health impact of the 9/11 attacks.

The Foundation seeks to support activities that: educate the public about the emotional impact of the attacks, and the importance of seeking help; link communities that provide support networks; teach community leaders how to recognize individuals in emotional distress and; help children understand and cope with the mental health aspects of the attacks. Applications will be limited to organizations designated by the IRS as 501 (c)(3) organizations.

**DEADLINE:** Applications will be accepted on an ongoing basis.

**CONTACT:** For application information, contact Barbara Matos, American Psychiatric Foundation, (202) 682-6286, or email [bmatos@psych.org](mailto:bmatos@psych.org).

## ■ SPONSOR: The Robert Wood Johnson Foundation

### ■ SUBJECT: Substance Abuse Policy Research Program

**DESCRIPTION:** The Substance Abuse Policy Research Program (SAPRP) requests proposals through a second Special Solicitation, to produce information on intervention policies (including the advantages, disadvantages and potential impact of these policies) that will reduce the harm caused by the use of tobacco, alcohol, and illicit drugs. Support will be

provided for proposals in seven areas of special interest, including: Policies and Systems that Facilitate or Impede the Introduction of New Therapies and Interventions into Practice; Policies and Systems Pertinent to Mental Health and Substance Abuse.

Grant funding amounts and time periods are flexible and will be commensurate with the size and scope of the proposed activity. Total project awards will be funded up to a maximum of \$400,000 and may extend for a maximum of three years. *Funds are available to enlist more diverse investigators in SAPRP projects. Up to \$25,000 per year is available to minority investigators in the early stages of their careers to develop an additional component of ongoing SAPRP projects.*

Direction and technical assistance for this program is provided by the Wake Forest University School of Medicine, which serves as the National Program Office. David G. Altman, Ph.D., Department of Public Health Sciences, Wake Forest University School of Medicine, serves as the program director. Marjorie A. Gutman, Ph.D., director of prevention research, Treatment Research Institute, University of Pennsylvania, is the co-director.

**DEADLINE:** August 22, 2002 receipt date for letters of intent; October 2002 applicants notified whether they have been selected to complete a proposal; December 5, 2002 receipt date for completed proposals; February 2003 notification of awards; April 2003 through August 2003 dates for initiation of projects.

**CONTACT:** Tracy Enright Patterson, SAPRP, 2000 West First Street, Piedmont Plaza II, Suite 101, Winston-Salem, NC 27104, (336) 716-5170, e-mail: [tpatters@wfubmc.edu](mailto:tpatters@wfubmc.edu), Web site: [www.saprp.org](http://www.saprp.org).

## ■ SPONSOR: National Science Foundation (NSF)

### ■ SUBJECT: Cognitive Neuroscience

**DESCRIPTION:** In January 2002, the NSF announced a new emphasis in the area of cognitive neuroscience. The program is intended to spur the development of novel techniques and models directed toward enabling basic scientific understanding of a broad range of issues involving brain, cognition, and behavior. The emphasis at NSF will be placed on projects that integrate perspectives across disciplines and integrate data from a variety of techniques, e.g., neuroimaging, physiological recording, stimulation methods, cognitive and behavioral methods, genetic analysis, molecular modeling, and computational modeling.

**DEADLINE:** January 15 and July 15 of each year beginning in 2003 (First receipt date for this initiative was March 15, 2002.)

**CONTACT:** Lawrence M. Parsons, (703) 292-7249, fax: (703) 292-9068, e-mail: [lparsons@nsf.gov](mailto:lparsons@nsf.gov), Web site: [www.nsf.gov](http://www.nsf.gov).

## ■ SPONSOR: National Institute on Drug Abuse (NIDA)

### ■ SUBJECT: Imaging-Science Track Award

**DESCRIPTION:** NIDA invites applications for the Imaging Science Track Award for Research Transition (I/START) program, a new program developed to foster the entry of new investigators to areas of brain imaging, clinical neurobiology, and drug abuse research. Although the application of brain imaging has become widespread, it is sometimes difficult for new investigators to obtain independent funding in this area. In many other research domains, junior investigators are given institutional support sufficient to conduct preliminary studies. In contrast,

(continued on next page)

the costs of obtaining preliminary data for clinical neurobiology techniques such as brain imaging often serve as a prohibitive barrier to investigators starting research careers. This award allows for the design and collection of "proof of concept" brain imaging data that can then be used in the transition to more extensive research proposals. The I/START program uses a brief application form and a rapid review process to ensure expedited funding decisions. Funding is limited to direct costs for one year of up to \$150,000 and is non-renewable. (Announcement PAR-02-058)

**DEADLINE:** Receipt date remaining in 2002, October 1; subsequent receipt dates will follow standard NIH application deadlines.

**CONTACT:** Joseph Frascella, Ph.D., Chief, Clinical Neurobiology Branch, Division of Treatment Research and Development, NIDA, 6001 Executive Boulevard, Room 4237, MSC 9551, Bethesda, MD 20892-9551; (301) 443-4877, fax: (301) 443-6814, e-mail: jf80t@nih.gov.

■ **SPONSOR:** National Institute of Mental Health (NIMH)

■ **SUBJECT:** Co-Morbid Mental and Other Physical Disorders

**DESCRIPTION:** The overall purpose of this program announcement is to expand and to refocus NIMH-supported studies on co-morbid disorders. A broad range of studies are of interest: epidemiological studies; studies of biological, behavioral, and psychosocial risk and protective processes underlying co-morbidity; investigations to discover potentially modifiable biological substrates that link co-morbid mental and other physical disorders; tests of innovative pharmacological, behavioral, psychosocial, or environmental interventions; research on preventive, treatment, and rehabilitative interventions across the lifespan; clinical trials and intervention studies targeting pharmacological, psychosocial, behavioral, or environmental approaches individually or in combination; studies to improve recruitment and retention of individuals with co-morbid disorders in real-world practice settings; and research on the impact of organizational systems and financing mechanisms. (Application PA-02-047)

**DEADLINES:** June 1, October 1, February 13, 2002

**CONTACTS:** Peter Muehrer, Ph.D., Co-Morbidity Research Program, Health and Behavioral Science Research Branch, Division of Mental Disorders, Behavioral Research, and AIDS, (301) 443-4708, e-mail: pmuehrer@mail.nih.gov; Junius J. Gonzales, M.D., Services Research and Clinical Epidemiology Branch, Division of Services and Intervention Research, (301) 443-3364, e-mail: jgonzale@mail.nih.gov; Debra J. Babcock, Ph.D., M.D., Division of Neuroscience and Basic Behavioral Science, (301) 443-1692, e-mail: dbabcock@mail.nih.gov.

### ***NATIONAL INSTITUTES OF HEALTH: Multiple Institutes and Agencies***

■ **National Institute of Mental Health (NIMH) and National Institute on Drug Abuse (NIDA)**

■ **SUBJECT:** Translational Research in Behavioral Science

**DESCRIPTION:** This research announcement is part of a major, long-term commitment to the systematic translation of basic behavioral theory, methods, and findings, into research that promotes greater understanding of mental and behavioral disorders as well as into research on interventions and services that reduce the suffering and burden of these disorders. The program announcement seeks to encourage the development of collaborative partnerships among scientists who study basic behavioral processes, researchers who investigate mental and behavioral disorders, and those who study the delivery of services. Translational research, for the purposes of this announcement, will be funded as a research project (RO1) involving either a single Principal Investigator or a group of investigators using the Collaborative RO1 mechanism. Please refer to announcement PA-02-061 in the online NIH Guide to Grants and Contracts for a full elaboration of this NIMH initiative.

**DEADLINES:** June 1, October 1, February 1

**CONTACTS:** Bruce Cuthbert, Ph.D., Adult Psychopathology and Prevention Research Branch, Division of Mental Disorders, Behavioral Research and AIDS, NIMH, (301) 443-3728, e-mail: bcuthber@mail.nih.gov; Lisa Onken, Ph.D., Behavioral Treatment Development Branch, Division of Treatment Research and Development, NIDA, (301) 443-2235, e-mail: lo10n@nih.gov; Herbert Weingartner, Ph.D., Translational Research Branch, Division of Neuroscience and Behavioral Research, NIDA, (301) 435-1321, e-mail: herbw@nih.gov.

■ **SUBJECT:** Building Translational Research in Behavioral Science

**DESCRIPTION:** This research announcement is also part of the major NIMH and NIDA long-term commitment to the systematic translation of basic behavioral research through the development of collaborative partnerships among basic, clinical, and services researchers. This program announcement, however, supports the commitment to translational research partnerships through two different grant mechanisms: (1) The R21 Exploratory Grant supports the initiation of research partnerships by enabling a group of investigators to discuss potential areas of collaboration. Pilot data or extensive research plans are not required under this mechanism. (2) The R24 Resource Development Grant typically involves development of both laboratory resources and scientific capabilities; proposed experiments are in the nature of large-scale pilot studies. Please refer to announcement PA-02-062 in the online NIH Guide to Grants and Contracts for a full elaboration of this NIMH initiative.

**DEADLINES:** October 1, February 1, June 1

**CONTACTS:** Bruce Cuthbert, Ph.D., Adult Psychopathology and Prevention Research Branch, Division of Mental Disorders, Behavioral Research and AIDS, NIMH, (301) 443-3728, e-mail: bcuthber@mail.nih.gov; Lisa Onken, Ph.D., Behavioral Treatment Development Branch, Division of Treatment Research and Development, NIDA, (301) 443-2235, e-mail: lo10n@nih.gov; Herbert Weingartner, Ph.D., Translational Research Branch, Division of Neuroscience and Behavioral Research, NIDA, (301) 435-1321, e-mail: herbw@nih.gov.



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