Vol.19 No. 1 *A Publication of the American Psychiatric Association Division of Research* Winter 2003

Psychiatric Research Report

APA Moves Headquarters -- *Again*

At the APA Annual Meeting in Philadelphia, the President-Elect in his Presidential Address boldly posed this question to the membership:

Shall the American Psychiatric Association establish a permanent home with a library, museum, and general facilities for directing the work of the Association?

No, it was not at the May 2002 Annual Meeting in Philadelphia, but at the Centennial Annual Meeting of the APA in May 1944, celebrating the 100th anniversary of the Associationís founding, also in Philadelphia, in the year 1844. And, President-Elect Karl M. Bowman, M.D. was challenging the membership to move beyond the fragmented, peripatetic structure that had characterized the organization in one form or another since its formation.

From its beginnings, Association business had been carried out primarily by a Secretary-Treasurer elected for two- or three-year terms. An Association "office" was housed wherever the Secretary-Treasurer was located and therefore the Association office and address changed each time a new Secretary-Treasurer was elected.

Not until 1932 with the hiring of a permanent "Executive Assistant" to manage the affairs of the Association was the APA able to claim an identity that included a letterhead with a stable address (and telephone number), albeit the make-shift office space proffered by the National Committee for Mental Hygiene in its New York headquarters at 450 Seventh Avenue.

18th St., Washington, D.C.

By the time President-Elect Bowman introduced his plea for consolidation at the 1944 Annual Meeting, Association membership had reached 4,000, and APA functions were still geographically distributed: business and financial offices remained in New York City; professional activities were carried out from Washington, D.C., following the example set by many other professional associations; and offices of the *American Journal of Psychiatry (AJP)* were located in Toronto where the journal Editor, Clarence B. Farrar resided.

1400 "K" St., Washington, D.C.

It took the post-war reformation zeal of 1947, however, to move the membership to vote affirmatively for an association agenda that authorized governance "to increase the dues, to become more active in leadership of psychiatry, and *to establish a central office under a Medical Director*." It was thus that the first Medical Director of the APA, Dr. Daniel Blain, moved into a cubby-hole of an office on Eye Street, N.W., in Washington, D.C. in April 1948. And, it was not until the end of Dr. Blainís tenure, in 1958, that the organization bought, renovated, and established the real "permanent home" that Dr. Bowman had called for 14 years earlier in his 1944 Annual Meeting address.

Rosslyn, VA

The Parsons Mansion at 1700 18th Street, N.W., in Washington, D.C. (pictured below) was built by the scholar and Library of Congress consultant Arthur J. Parsons in 1910 to house his rare book collection. The elegant and imposing four-story Georgian structure remained the Associationís national headquarters for 24 years (1958-1982) although it was not long able to contain the organizationís growth. With

*(see **Headquarters**, continued on page 22)*

Also in this Issue

From the Committee on Research Training

Research Training Without a Track

Michele T. Pato, M.D.* with Raj Narendran, M.D.

Most of the columns that I have written about research training have focused on organizing a research initiative within residency training or on specific programs that have developed formal research tracks of one kind or another. For this issue of the PRR I have decided to share with you another approach to research training.

They say "necessity is the mother of invention," and so it was when I took on the residency training directorship at SUNY Buffalo some years ago and was faced with a gifted and talented resident, Raj Narendran, eager to do research where no research track existed. As Raj writes:

I was confronted with the difficult decision of choosing a psychiatry residency training program which would provide me not only solid clinical training but also with mentorship and research time to facilitate my growth as a clinical researcher. The choice was between the highly productive, well-reputed 'research mill' institutions that seemed to have unlimited resources and mentorship with a relatively less flexible approach in administering the curriculum (rotations, supervision, classes, case loads) versus the relatively smaller university programs that seemed to be willing to use a flexible approach in which the curriculum was customized to account for the individual resident's interest and long-term goals.

With this in mind we were lucky to have Raj match at SUNY Buffalo. The main issues we, mentor and mentee, faced were about time and money. That is, time to do research and some pilot funds to pay for computers, statisticians and research assistants to make the projects happen. Raj's enthusiasm and diligence in pursuing research ideas made everything else possible.

Beginning with his internship year, even though there was not much time to do research we met regularly to plan his research time and potential projects. Rather than thinking of one "mega project" we thought of small "do-able" projects that he could fit into his clinical commitments but still further his research interests in schizophrenia and the chronically and persistently ill. Then in the PGY-2 year, we accelerated Raj's curriculum by including the "research basics course," usually taught to PGY-3's, into his PGY-2 curriculum. Raj notes:

The course, besides teaching research basics, encouraged the residents to write a Letter to the Editor about an interesting clinical case. The inspiration and experience of writing to the editor led me to publish four interesting cases that I encountered during my first year as a resident.

To begin working on funding issues Raj applied for and received the APA Excellence in Psychiatry Residency Award, based on work he had begun as a psychiatric research assistant at McLean Hospital before coming to residency. Not only did the award strengthen his commitment to research, it provided $2500 which covered initial start up and consultation expenses for one of his future research projects.

In trying to individualize a research track in this way it also became important to expose Raj to clinical experiences that fit with his research interests (in this case the treatment of the chronically and persistently mentally ill) while at the same time making time to work on research projects he was developing in this area. Thus during his third year, as part of his inpatient experience, he was assigned to a six-month rotation on a long-term-stay state psychiatric hospital for the severely and persistently mentally ill patients.

The smaller clinical case load provided me with adequate time to work on three research protocols in this population, obtain IRB approval, and collect data for a chart-review study that looked at olanzapine therapy in treatment resistant psychotic mood disorders over the long term. The work was ultimately published! (J Clin Psychiatry 2001; 62: 509-516).

Since our program did not offer a broad range of mentors it was critical for Raj to have other means of exposure to research environments and mentors. This could have been done through other departments in the medical school, at the university, or at other local institutions. Instead:

During the third year of my residency, I applied for the APA Research Colloquium for Junior Investigators Travel Award. This colloquium gave me the opportunity to present several of my projects to senior researchers and to obtain the critical feedback that helped so immensely in getting the work published and in furthering my research thinking.

Also in my third year I applied for other small sources of funding at both the national and local level. Thus I succeeded in getting an additional $5,000 in research startup money from the American Psychiatric Institute for Research and Education/Janssen Scholars in Research on Severe Mental Illness Award as well as $15,000 (with the help of Dr. Cynthia Pristach, our Associate Residency Training Director) from a local Erie County grant for research in health sciences. These funds not only allowed me to attend national meetings to present findings and meet with other potential mentors, but they supported another pilot research project to assess the efficacy of clozapine in the treatment of atypical antipsychotic refractory schizophrenia. (J Clin Psychopharmacology, in press). The funding efforts also led to hiring a research assistant, provided a laptop computer and statistical software.

All this was accomplished during the PGY-3 year. However, ongoing discussions with Raj made it apparent that he needed more time on a regular basis to finish up projects and to be able to prepare a competitive application for a research fellowship in neuroimaging, which he had chosen as the "next step" in his research training. Here again some innovation and flexibility were needed. All residents in our program were allowed three months of electives, usually in the PGY-3, year followed by a 12-month outpatient rotation

*Dr. Pato is currently Professor and Director of the Center for Psychiatric and Molecular Genetics, Department of Psychiatry, Upstate Medical University, SUNY and VAMC-Syracuse.

in the fourth year. It became clear, however, that Raj could not accomplish all he wanted with just a three-month block of time. His research projects needed a more longitudinal approach, including time to get studies through IRBs, to find and review charts, interview subjects, etc. Following the model of "continuity clinic," used in many medicine and pediatric residencies, we decided to set up a "research continuity clinic" for Raj. Instead of a 12-month full-time outpatient rotation, he added his three months of elective time to his 12-month outpatient rotation, making it 15 months. He then spent four days per week (80 percent time) in the outpatient rotation with a one day a week (20 percent time) in the research rotation. This gave him roughly the same 12 months of outpatient (80 percent x 15 months = 12 months) and three months of research elective (20 percent x 15 months = three months).

Along the way Raj also involved fellow residents in his research projects and had them co-author papers and posters with him. This model was subsequently used, in part, by other residents who wanted to pursue more continuous research experiences. Thus as a training director I saw a multiplier effect of Raj's research enthusiasm among his fellow residents. I am also happy to report that Raj is presently completing a schizophrenia PET imaging research fellowship at Columbia University.

I present this experience as just one example of how even programs without prescribed tracks for research can allow gifted and motivated residents to pursue research, and still meet ACGME requirements. By simply providing flexibility within the curriculum and building upon simple projects and small funding sources, good research environments can be provided in most programs. ■

AADPRT

Pre-Meeting – March 5, 2003

Sponsored by NIMH, APA Committee on Research Training, and APIRE

Scholarly Activity: What is it? How to do it?

Selected Workshops:

Journal Clubs as Scholarly Activity

Evidence-Based Teaching as Scholarly Activity

Turning a Notion into Research

Evidence-Based Case Conferences

Critical Reading of the Literature

Matching Mentors with Residents

Investing Clinical Faculty in Evidence-Based Thinking

How to Write a Scientific Presentation/Paper

Basic Quantitative Methods

Learning about the IRB Process

All AADPRT members are encouraged to attend this Pre-Meeting. **Program Chair:** Michele T. Pato, M.D.; **Co-Chair:** Carol Bernstein, M.D. Pre-registration is required. Information available on the AADPRT Web site: www.aadprt.org.

From the Council on Research

Presented below is the third in a series of four articles on models of research training in psychiatry residency programs. All four models were originally addressed at the NIMH-APA Workshop on Research Training for Psychiatrists, November 7, 2001.

Research Training: The Columbia Model

Ronald O. Rieder, M.D.
Vice Chairman for Education
Department of Psychiatry
Columbia University

As part of the PRR series on models of research training, I will describe our research training programs at Columbia. The prior contributions in this series have been authored by those being trained in research. This article is written from the Research Training Director's perspective, and focuses on the aims and process of research. I have organized it along a journalist's rules: who, what, when, where, why, although the order is somewhat modified. I also have provided some data on the results of the research training programs that are under my direction. Unfortunately, little such data are available to potential research fellows who are considering research training and who wonder about the likelihood of developing a successful research career.

Where? Columbia University's Health Science Campus is in northern Manhattan, at 168th Street, at the medical center complex that includes the Presbyterian Hospital portion of New York Presbyterian Hospital (NYPH) and the New York State Psychiatric Institute (NYSPI). NYSPI is a New York State-funded institute that functions both as locus for many basic research and clinical research laboratories, and as a clinical facility providing inpatient and outpatient care for community and research patients. Professional employees of NYSPI, including researchers, research fellows and residents, are all members of the Department of Psychiatry at Columbia. Other members of the Department are paid by Columbia University or Presbyterian Hospital. In other words the three institutions - - Columbia University, NYSPI and NYPH - - are interdigitated and collaborative. For example, the extensive neuroscience laboratories that comprise the Center for Neurobiology and Behavior of Columbia University and the Howard Hughes Institute, directed by Eric Kandel, M.D., are mostly located in the New York State Psychiatric Institute, though Dr. Kandel is a University Professor at Columbia. When combined, the federal and foundation funds coming through Columbia and NYSPI to support research in the Department of Psychiatry amount to approximately $80 million per year. In addition, approximately $30 million is allocated annually by New York State as the budget for NYSPI. This level of funding for research in our Department is greater than such funding for most medical schools and makes our Department one where research is a primary mission.

This well-funded and diverse environment is quite ideal for research training as well as for conducting research. The "hard money" support for senior faculty at NYSPI helps support their role as mentors for fellows and junior faculty. The Department of Psychiatry has nine separately funded NIH T32 Institutional Research Training Programs in the following areas:

a) Affective, Anxiety, Eating and Related Disorders
b) Schizophrenia
c) Substance Abuse
d) Child Psychiatry
e) Geriatric Psychiatry
f) Psychiatric Epidemiology
g) Psychobiology
h) Neurobiology
i) Psychiatric Aspects of HIV Infection

Some are administered in combination with other components of Columbia such as the School of Public Health. As Vice Chair for Education I have an oversight role for all these programs, but I am Program Director for the first two of these fellowships, and it is these that have most frequently attracted *psychiatrists* who wish to obtain research training.

We usually combine the NIMH T32 stipends with additional New York State support for research fellows. We are able to supplement the stipends of M.D.'s so that they receive between $72,000 and $80,000 per year. We fund them fully at that level for the first two years and give them the NIMH stipend only in the third year, if they are proceeding successfully, asking that they or their mentors obtain additional support for stipend supplementation. We have also frequently supported fellows for a fourth year from Departmental funds, perhaps with the fellows' own grants, especially if they are awaiting the results of a re-submission for a K Award application that had a promising priority score.

Who should we train and why? There are currently substantial research programs in many departments of psychiatry nationwide. Figures from a few years ago put psychiatry only under internal medicine in the list of the highest recipients of NIH funding — above, for example, departments of pediatrics and pathology. However, much of this research is being done by non-psychiatrists. Researchers from other disciplines working in the departments of psychiatry, especially Ph.D. neuroscientists and Ph.D. psychologists, receive these awards. It is useful to ask whether it makes much sense to train psychiatrists in research, if there are available investigators from these other disciplines in which research training is a more integral part of their education. The answer relates to what type of research needs to be conducted. The Ph.D. neuroscientists, though adept at examining the structure and function of the nervous system and its relationship to

behavior with rodents in laboratories settings, are not prepared to conduct studies of patients with psychiatric disorders. Psychologists, on the other hand, are often quite adept at doing human studies but usually lack extensive training in the pharmacological realm and may not direct their research into biological mechanisms. One obvious source of talented clinician-researchers would be M.D./Ph.D.'s, especially those who have obtained psychiatric residency training. Though departments of psychiatry have welcomed such individuals, and NIMH has supported their training, at the present time it would be unwise to rely on this source for our research manpower needs in that it is such a small pool. I have been unable to find out the exact number of such individuals who enter residency training in psychiatry each year, but extrapolating from the number applying for our own residency, I believe that it is in the range of 20-30 individuals.

Thus we must design research training programs for those M.D.'s who have completed psychiatric residency training, perhaps having some experience in research but usually not a multi-year experience involving the design, execution and publication of a substantial research protocol. Approximately 1,000 M.D.'s finish psychiatric residency training in any year, so the available pool is quite large. The number entering research training is a function of the number of available positions, the level of funding for those positions, and the attractiveness of a research career versus competing opportunities. It is impossible for me to estimate how many applicants might be attracted to research training, but I know that currently, even for well-funded programs such as ours, there are only a few individuals who decide to choose research over the perhaps safer avenues that include subspecialties with official board recognition.

What are the products of our research training? The goals of research training have not been specified in the way that, for example, the Residency Review Committee (RRC) demands definition for the goals of clinical training. However, one way to infer aims is to examine the product. The available data are from an analysis of all psychiatrists who trained in our fellowship program over a period of ten years, 1989-1998, and thus have been graduated from the fellowship long enough to provide some data regarding outcome. More is said about this group below, but Table 1 indicates the number of those who successfully developed research careers. Some of the M.D./Ph.D.'s went back to the laboratory and have continued their laboratory-based work in ways very similar to their work before obtaining clinical training. Similarly, some of the M.D.'s, and some of the M.D./Ph.D.'s are listed in the "clinical" outcome column. This is the group of psychiatrists who continue in what has been in the past the most typical research role for psychiatrists, namely conducting clinical trials and/or studying the phenomenology and outcome of clinical disorders. In the middle, which is decidedly the largest group, are those termed "Clinical Neuroscientists." It is this outcome that I wish to describe further.

Table 1
Types of Research Pursued by Successful Psychiatrist Graduates of Columbia University Research Fellowships in Schizophrenia and Affective Disorders, Entering 1989-1998

Degree	Total "Successful"	Clinical Research (%)	Clinical Neuroscientist (%)	Laboratory Research (%)
MD/PhD	10	2 (20)	4 (40)	4 (40)
MD	19	4 (21)	15 (79)	0
Totals	29	6 (21)	19 (65)	4 (14)

The clinical neuroscientist usually does psychobiological studies of a specific condition, for example, OCD, schizophrenia, ADHD, etc., to develop greater understanding of the etiology and pathophysiology of the disorder. To recruit subjects, as well as to examine differences between the ill and well states, such psychobiological studies are usually conducted in conjunction with treatment trials. Thus, there are four sets of skills that are necessary for such investigators:

a) *Clinical Skills*. Expertise is needed in assessment: the phenomenology, diagnosis, clinical subtypes, comorbidities and developmental course of the disorder. Pharmacological expertise is necessary regarding the variety of useful medications, alone and in combination, with knowledge about side effects, drug-drug interactions and proposed mechanisms of action of these drugs. Psychotherapeutic expertise is often necessary to conduct treatment trials with a psychotherapy arm, usually expertise in one or more of the evidence-based brief therapies.

b) *Clinical Trial Skills*. There are a variety of skills that are necessary, and the list would certainly include knowledge about research design, arranging collaborations, constructing protocols and obtaining IRB consent, recruiting patients, issues of measurement, the conduct of a treatment study involving double-blind and placebo elements, supervising those who treat patients, administration of other study personnel, data recording, data analysis, and proper interpretation of the data, especially generalizability. Additional skills regarding data interpretation and manuscript preparation are listed in "d" below.

c) *Laboratory Skills*. Various types of laboratory investigations might be performed. The most common at Columbia, currently, is some type of brain imaging study. It would be impossible to list all the necessary skills of each type of laboratory investigation or even each type of imaging study. However, to illustrate, I list some of those skills important in conducting a PET study: radioligand development, including biochemical derivation and animal/safety testing, understanding workings of the camera and associated equipment that record the emitted radioactivity, patient procedures such as arterial lines for the administration and sampling of the radioligand and any other administered compounds, as well as the distribution of these compounds, biochemical analysis of drugs adminis-

(continued on next page)

tered, dynamic modeling of the drug-receptor interactions, analysis of the images including recognizing artifacts and co-registering the images on MRI images for location, and statistical comparison procedures allowing for the analysis of group data.

d) *Translational Skills*. The last stage in such a set of experiments is to integrate the clinical and laboratory data sets. This involves interpretation of any associations between laboratory and clinical measures, and sophisticated statistical analysis to examine whether the relationship can be explained by other variables. All associations need to be related to the large, growing human and animal literature on the relationship of brain and behavior in order to propose or evaluate models of the development of the disease in question. And then, of course, the trainee must master the skill of writing up such experiments for publication and presentation to scientific audiences.

How, how long, and where to train? I have tried in the above to illustrate the very large skill set that a clinical neuroscientist needs to conduct translational research. I did not do so to discourage those who are considering such a career but rather to provide a basis for thinking about how such extensive training could be conducted. The major conclusion I draw is that such training takes many years, about five to ten for most people. In other words, research training, which is often thought to be something that could be accomplished in two years, takes much longer, at least if doing translational research is the goal. This means that traditional research fellowship training, two to three years in duration, falls far short of the mark unless it is joined with a longer period of training supported, for example, by a K Award. This has led us at Columbia to strongly encourage fellows to focus on the goal of obtaining a K Award. It is something that we emphasize from the very beginning of the fellowship.

We emphasize to fellows the necessity of developing a broad range of skills, and to do that it is often necessary to have multiple mentors rather than a single mentor. We found this not to be too difficult to arrange since senior researchers often have both clinical and laboratory researchers in their departments, and in general there are well-established lines of collaborations between senior investigators along which the fellow moves in order to gather skills in different areas. There are many reasons to think it might be advantageous for fellows to learn the different skill sets in sequence. However, the realities of obtaining a K Award have led us to do otherwise. Successful K Award applications usually build on the development of skills that are already becoming established. In other words, it would be unusual for a brain imaging K Award to be awarded to someone who had spent the first two years of the fellowship learning to do clinical trials. Therefore, it is necessary for fellows to begin the development of many research skills almost simultaneously in the fellowship, rather than sequentially.

The data set mentioned above allowed us to review the outcomes for psychiatrist research fellows trained over a ten-year period, to review how successful we ourselves have been. The results are in Table 2 for the 42 psychiatrists who entered training. We have taken K Awards as a mark of successful fellowship experience, and we would add as successful those graduates who are continuing in full-time psychiatric research supported through other mechanisms (three for example being paid on NYSPI lines to conduct their research). The training outcomes are virtually identical across those categories that one might presume would make a difference in success rates, for example, gender, minority status, or having done a psychiatric residency at Columbia before entering the fellowship. The one difference that might be significant is the K Award success rate of M.D./Ph.D.'s versus M.D.'s: 69 percent versus 34 percent. However, as Table 2 shows, when we take into account those who have successfully found other routes to becoming a full-time researcher, the difference is not substantial.

The average length of the fellowship in our program was 2.8 years for the 42 graduates. In other words, most fellows completed three years of training, some two years, and some were supported for four years. Providing four years of support is difficult, since the NRSA lines that comprise the T32 awards require special permission from the NIMH institute director to extend post-graduate training beyond three years. I have encouraged the NIMH administrators to approve such requests because this extra year of support can allow an excellent developing researcher to re-submit and obtain a K Award. We certainly do not want to lose promising researchers who have already committed themselves to psychiatric research and are in the midst of their learning experience.

Table 2
Career Outcomes for Psychiatrists in Columbia University Research Fellowships in Schizophrenia and Affective Disorders, Entering 1989-1998

	N	K Award (%)	"Successful" (%)
Totals	42	19 (45)	29 (69)
MD/PhD	13	9 (69)	10 (77)
MD	29	10 (34)	19 (66)
Women	15	8 (53)	10 (67)
Men	27	11 (41)	19 (70)
Minorities	6	3 (50)	4 (67)
Non-Minorities	36	16 (44)	25 (69)
Columbia Residency	24	12 (50)	20 (83)
Non-Columbia Residency	18	7 (39)	9 (50)

Conclusions. There are four "models" of psychiatric research training that are being presented in these PRR reports – Columbia, Michigan, Pittsburgh and Yale, but I think there are many similarities across the four sites. Each program recognizes that the training process needs to last a long time and thus it is necessary to provide consistent support. We at Columbia emphasize research training in the later years of the residency and after that for as many years of fellowship training as it takes to obtain the necessary training and independent funding.

Our principles are the following:

1) Have a clear focus on the goals of research training and the skill sets necessary to become a clinical neuroscientist.

2) Be honest with fellows about the necessary elements of such a career, including the necessity early in the fellowship training to gain a wide variety of skills through multiple mentors and simultaneously write a K Award application to provide for advanced training.

3) Take as our responsibility funding fellows at a livable wage and finding ways to continue to fund them beyond the usual two- or three-year fellowships, if they are showing the commitment and promise that indicate success. ■

Legislative Forum

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

❖ *Academic Consortium – 2003*

APA Medical Director James H. Scully, Jr., M.D. announced that the 20th annual meeting of the Academic Consortium will be held April 9-10 in Washington, D.C. The Academic Consortium is an annual meeting of research psychiatrists who educate members of Congress and their staff about the advancements and impact of psychiatric research. The Academic Consortium was founded in 1983 by current co-chairs Lewis L. Judd, M.D. and David J. Kupfer, M.D. to advocate for expanded federal research of mental illnesses, including substance abuse and alcoholism.

❖ *APA Online Advocacy*

Because grassroots advocacy is a critical part of APA's legislative and regulatory strategy, APA has established an interactive online advocacy tool as a new benefit for APA members. Members can use the online facility to gain immediate access to information on their (local, state, and national) elected officials, on current legislation and legislative issues, on House and Senate schedules, and on Committee hearings and actions. Online links also allow APA members to quickly contact their elected officials by letter or e-mail. From the APA Web site (www.psych.org), click on "Advocacy Action Center" (under the ADVOCACY heading) to access the Legislative Action Center menu displayed in the column at the right Å®Å®

By entering your ZIP code, you can view information about your Senators and Representatives, obtain phone numbers and e-mail addresses, identify key staff assistants, and check committee assignments and voting records. You can also find contact information for local and national news media in all 50 states.

❖ *Health Agenda for New Congress*

The 108th Congress opened for business January 7, and APA's lobbyists were there, lining up support for issues critical to psychiatrists and their patients. APA will again push hard for enactment of a comprehensive national parity law to end insurance discrimination against mental illness treatment and will press Congress to repeal Medicare's archaic and discriminatory 50 percent co-pay requirement.

With Republicans controlling both houses and the White House for the first time in decades, priority legislative issues will include Medicare prescription drug coverage, the economic stimulus package, and - perhaps - a quick fix to the Medicare physician payment crisis. Additional health issues include: physician liability and antitrust relief, patient bill of rights, telemedicine, research funding, and privacy.

❖ *APA Joins AMA on Lobby Day*

APA members joined a large group of AMA physicians January 8-9 in lobbying the House and Senate to halt further scheduled reductions in Medicare physician payments. APA staff participated in lobby day planning meetings and armed APA members with specific information about the impact of Medicare's discriminatory copayments and reimbursement on patients and psychiatrists. On January 7, House Ways and Means Committee Chairman Bill Thomas (R-CA) introduced House Joint Resolution 3, which would freeze Medicare physician payments at the 2002 level. If passed, the resolution would block the scheduled reductions and allow APA, AMA, and the rest of organized medicine time to craft a long-term solution to the payment crisis which is causing some physicians to drop out of Medicare.

❖ *Medigap and Mental Health*

APAÅfs long campaign to end MedicareÅfs discriminatory 50 percent copayment requirement for outpatient mental health treatment has achieved an important victory. In late December, the Centers for Medicare and Medicaid Services (CMS) sent a memorandum to state insurance commissioners and insurance carriers clarifying that Medigap issuers must pay the 50 percent copayment of the Medicare allowed amount for Medicare Part B outpatient mental health services. Although the Medigap 50 percent copayment requirement has been in force since 1990, it has not been uniformly followed. The memorandum directly addresses the issue and should clarify once and for all that Medigap insurance covers the 50 percent copayment. This victory resulted from APA's behind-the-scenes negotiations with the National Association of Insurance Commissioners and the Federal government

❖ *President's Mental Health Commission*

The PresidentÅfs New Freedom Commission on Mental Health met January 7-9 to continue discussions on the availability and delivery of new treatments and technologies for individuals with severe mental illnesses. Senator Pete Domenici (R-NM) told the commission he is "completely committed to seeing a new mental health parity bill become the law of the land, sooner rather than later. It is very much needed as an important step in improving access to and delivery of mental health services to the millions of Americans who suffer from these diseases of the brain." ■

CALL FOR SUBMISSIONS
JUNE 2 - DEADLINE FOR INDUSTRY-SUPPORTED SYMPOSIA SUBMISSIONS FOR THE 2004 ANNUAL MEETING

Criteria for Participation in Industry-Supported Symposia:

- Chairpersons and presenters must be representative of those in the field, and include women, minorities and young investigators.
- Chairpersons and presenters should be regarded as internationally or nationally known experts in the subject area to be presented.
- Chairpersons and presenters should be highly regarded within the scientific and professional community as presenters, moderators or discussants.
- **All** Industry-Supported Symposia Chairpersons must be APA members in good standing.
- Chairpersons and presenters must be willing to commit to availability for the entire scheduled time of the symposium.
- Chairpersons must coordinate the presentations, ensuring that they are well balanced, offer a variety of topics and that multiple viewpoints are presented.
- Chairpersons will be held accountable for the overall quality of the symposia and adherence to APA and ACCME Guidelines.
- Chairpersons must agree to follow the time schedule, and if necessary, interrupt a presenter who is over his or her allotted time; ensure that 25% of the allotted time is devoted to a question and answer or audience-interaction period; and conclude the session on time.
- Chairperson and presenters must agree ***not*** to solicit support of the symposium. The APA will handle all funding discussions.
- Chairpersons and presenters must be willing to fully disclose any potential conflicts of interest per ACCME Guidelines.
- Chairperson and presenters must disclose, at the time of submission, if they are employees of a pharmaceutical company and which company it is. The symposium should not contain more than one full-time employee of a potential funding company.
- Chairpersons and presenters must agree to limit Industry-Supported Symposia participation to no more than two during any one APA Annual Meeting. This participation will be further limited to serving as Chairperson on ***only one*** Industry-Supported Symposium. In case of multiple presentations, the SPC reserves the right to determine which presentation will be retained.
- Chairpersons and presenters must be willing to follow APA guidelines concerning honoraria/travel expenses for Industry-Supported Symposia.

APA Members who are interested in chairing an ISS MUST forward a complete submission by June 2, 2003. This would include the overall abstract (Part A), individual abstracts (Part B) for each presenter and a disclosure form for each participant. The ISS Subcommittee will review these for scientific merit, and those deemed of high quality will be presented to industry representatives in order to determine their potential interest in supporting these endeavors. For those that are likely to be supported, letters will be sent to the potential chairs around ***September 5, 2003***. Those who have submitted abstracts that are not likely to be funded will be invited to submit their presentations as part of the regular scientific program.

If you have questions about this procedure or need a submission form, please feel free to call or write to Mr. Frank Berry, Administrator, Commercially-Supported Activities, Annual Meetings Department, American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA22209-3901. Phone: 703-907-7812.
Submission forms will be available on-line after April 1, 2003.

Building Research Careers

Writing a NIMH Mentored Career Development Award (a.k.a. "K Award"): Part II

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

I would like to thank the APA Psychiatric Research Report (PRR) for inviting me to write a new column that will explore subjects I have encountered as a junior faculty member and that, hopefully, will be relevant to other junior faculty members who are also pursuing careers in academic psychiatry.

Part I: A summary

For those who missed the first of this series on Career Development Awards (K Awards), in Part I (see *PRR Summer 2002)* we examined some of the steps that potential applicants should take prior to writing a K Award application and acknowledged that this is a long-term commitment taking several years from conception to implementation. In summary, potential applicants should plan ahead by seeking out foundation or pharmaceutical grants to support preliminary data, by finding an appropriate primary mentor, by writing several peer-reviewed manuscripts, and by anticipating that this is a long process taking several years to complete successfully.

We also reviewed several suggestions that might make the process more amicable, including possible incentives for mentors and advisors, additional NIH-sponsored workshops to teach potential applicants how to apply for a K Award, and programs like the NIH Loan Repayment Program (LRP) for physicians who are ambivalent about pursuing a research career because of the substantial debt they have accumulated during medical school.

Part II: Preparing your grant application

In this issue we will examine the next steps in the process, writing and submitting your K proposal. You have completed the preparatory and preliminary work, developed a general idea for your career development and research plans, found a number of advisors (this number might range from four to fourteen), and established who your primary mentor(s) will be (at most you should have two). Next, you are ready to actually write your K Award proposal.

At this time, you should contact program staff at the relevant NIH institutes, since it is NIH programs that fund your grant. Program staff, however, do not usually review grant applications (this is carried out by peer-review committees – more on this later). The NIH Web site is very helpful and can be a good resource for you during the grant application and funding process. For the appropriate NIMH program to contact, please refer to www.nimh.nih.gov/grants/Program_Contact.cfm. (Other institutes have similar Web pages with contact information.) Most divisions within institutes have programs that are specific for training grants. "Program people" are typically very friendly and helpful at guiding you through the process. They will tell you if your proposed research is appropriate and of interest for their program, and if not, they will help you find a program that might be interested in your proposal. Institute program staff can sit in on the review of your grant application (although they are unable to participate in the review itself) and therefore can help you interpret comments from reviewers. It is useful to keep in contact with your program person throughout the grant application and review process.

I would suggest that you *plan* for at least three months of intense writing, and then you might realistically spend two months, which should be enough to write the proposal. Before you begin to write make sure that you have seen the format of a funded K Award. Most people are willing to share their grants, but if you are unable to find a successful K Award application, copies of funded K Awards are provided at NIH-sponsored K workshops.

The biggest mistake that applicants can make is failing to leave enough time for mentors and advisors to read the proposal and provide feedback. I suggest figuring out far in advance of the due date which of your advisors will want to read your grant application and by when they will need it to ensure adequate time for feedback and revision. You want to make sure that at least two of your mentors and advisors will read the proposal in detail and that they have had prior experience with successful grant writing. I suggest that you complete at least a good draft of the entire application one month before the deadline. Additionally, once you have completed a section of the grant, I suggest sending it out for feedback. Don't wait until the entire grant is written to start revising.

Unfortunately, you will probably encounter a situation where two of your advisors disagree or hold opposing views on a topic. Don't panic, this is not uncommon, and as I came to realize, it is one of your first steps in transitioning to an independent investigator. If both opinions are from experts in the field and they disagree, there is probably no correct answer, and therefore you need to make your own decision about what you think is best.

The career development plan

When you sit down at your computer to write the initial words of your proposal, what lies ahead might seem like an insurmountable task, but you have actually completed the most difficult part of the process — devoting the time to sit down to write.

Although many might differ, I believe beginning with the career development plan section of the grant application is essential. This not only sets the tone for the research plan but will also enable you to develop a research plan that jives with your career development plan. The career development plan informs the reviewers about you, your research interests and accomplishments, and your career goals and ambitions.

In my opinion, it is much easier to develop a research plan around the theme of your academic life, which ideally has been established by years of work, than it is to create a theme for your career development plan based on the research plan! After all, you are applying for a "career development award." Furthermore, from my experience, it is easier to correct a weaker research plan than to change the theme (or lack there of) of your academic life. The career development plan might take longer to write, since most of us have had experience at writing research proposals, but few of us have had experience writing a career development plan. Remember, successful career development plans generally include some educational experiences related to research ethics and statistical analyses.

The research plan

The next section to tackle is the research plan, which needs to have aims that clearly coincide with those of the career development plan. In fact, it is helpful to specifically point out for the reviewers the connections among the aims and goals of the research and career development plans. It is desirable to write a focused research plan for a particular study with mention of a more general plan, for later years of the award, which includes obtaining preliminary data for an R01 grant — the next step in an academic career.

"Other" sections

Lastly, you will complete the other sections of the grant application that require letters of support and biosketches from your advisors, mentors, and department chairs as well as at least three other letters of recommendations. Additionally, you will need to complete preliminary information on your budget and other general information sections. The collection and writing of these materials is a significant hassle since it will depend on other very busy people; however, if you have made it this far, you are almost at the finish line. At this point you are probably awake late at night placing the final touches on your proposal and the mindless busy work is welcomed. Remember to give your advisors and mentors enough time to complete their tasks and be very clear about what it is you will need to receive from them.

So now that you have completed writing, rewriting, and revising your grant application, it is time to send it to NIH. Hopefully, you have left plenty of time and have not waited until the last minute. I do not recommend driving to the airport in the middle of the night before the deadline so that you can send the application on the last plane from your city to NIH. However, before mailing the completed proposal, check and recheck it for mistakes and to make sure that you have included all that is necessary. Pay particular attention to make sure you have used the correct NIH forms and that you did not "cut and paste" erroneously.

The review process

Most grant applications submitted to the NIH are reviewed by one of the numerous study sections overseen by the NIH Center for Scientific Review. A study section is composed of a group of senior investigators who will review your grant application. Your reviewers will not necessarily have expertise in your specific area of research, which you should keep in mind while writing your proposal. Some, however, including intervention and services proposals, are reviewed by study sections that are administered at the institute level. Several institutes (like NIDA) have specific committees that review training grants. NIMH does not have such a committee and therefore, K Award applications come before reviewers who are also reviewing applications submitted by senior investigators. In order to encourage junior investigators to submit career development awards and pursue careers in psychiatric research, it might be beneficial to create a study section governed by NIMH (or any other institute that accepts mental health-related applications) that only reviews training grants. As we discussed in Part I, M.D.'s and Ph.D.'s have different training paths and therefore it might be beneficial to ensure that at least one of the primary reviewers for a K23 Award is an M.D., which often is not the case.

A cover letter sent along with your grant application might help guide your proposal to a specific study section. Your program person might be able to recommend a study section that best suits your research. A cover letter does not guarantee that your proposal will be assigned to the study section you requested, but it might help. Refer to the Center for Scientific Review Web site (www.csr.nih.gov) to research which study section might best suit your grant application and to identify the roster for that study section.

Postpartum

After you send off your grant proposal, I also recommend following its status, that is, knowing when it will be reviewed and by which study section. You can do this at the NIH Electronic Research Administration Web site, https://commons.era.nih.gov/

Expect to be in a post-application delirium for at least a few days following your first NIH submission. Bad dreams and nightmares are not uncommon; however, these will dissipate as time goes on. After all, it will be at least four or five months until you hear about the outcome.

Finally, after you send your proposal to NIH don't forget to spend some time reacquainting yourself with your family, friends, and colleagues who have supported you through this process. Then, as the delirium clears, begin to attend to the huge pile of work that you have put off for weeks!

Next

In the next column we will explore in further detail the K Award scoring and resubmission procedures and examine the risks and benefits of having a career development award, so that those who are thinking of applying can do so with informed consent. ■

Residents' and Fellows' Corner

Academic Tool Development: Splitting Time Between Research and the Clinic

Robert McCullumsmith, M.D., Ph.D.
University of Michigan Medical School

Managing split time in the academic setting has traditionally been reserved for senior fellows and faculty members, who (hopefully) have been completely trained and thus are well prepared to handle any number of clinical situations in a relatively time efficient manner. For example, one would predict that an experienced clinician spends less time than a trainee looking up medication doses, processing paperwork, and garnering essential information during an interview. With the increased number of psychiatry training programs that now offer comprehensive research experiences with split time appointments, developing skills that promote clinical efficiency is essential for the junior investigator.

This article will explore some of the issues faced by residents whose time is split between research and the clinic, and it will provide some suggestions that might improve the split training experience. The program in which I trained at the University of Michigan will be used as an example of integrated psychiatry residency programs, but the dilemmas posed are common across programs that share the dual goal of producing clinical- and research-oriented academic psychiatrists.

How split time experiences come about

The Clinical Educator Track (CET) and the Residency Research Track (RRT) at the University of Michigan are integrated psychiatry residency programs. The programs combine clinical, educational and mentored research activities spread over four to five years in the CET and five years in the RRT. Both programs may include periods where residents split time between their research efforts and the clinics or wards. In the RRT, residents typically have one or two, one-month blocks of research in the PGY-2 year, followed by three years of about 50 percent clinical, 50 percent research effort for a total of 18 months of research time spread over the PGY-2 to PGY-5 years. Notably, RRT participants complete the same core 42 months of clinical experiences as the non-RRT residents. At U of M, the traditional PGY-3 year is 100 percent outpatient, a clinical activity that is easily divided and extended longitudinally. We have found that a longitudinal experience over three to four years in the context of the residency program provides a better research training opportunity than a shorter, nearly full time experience at the end of the residency. Thus, most of the RRT residents have at least two calendar years of time split between research and the outpatient clinic. This experience is usually divided up by the half-day. For example, all day Monday, all day Wednesday, and half the day on Friday, could be clinic time with the remainder of the week targeted for research. The resident usually divides up this time based upon the sequence of different outpatient experiences he or she desires and the type of research undertaken.

Split time: When should you skip the first half of grand rounds?

While the outpatient clinic schedule is easily divided up to provide research time, some other activities are more difficult to divide. Our split residents are expected to attend grand rounds, core lectures, and supervision. These are time expenditures that may not be accounted for when dividing up a schedule. Attending core lectures is one example: residents are required to attend four years of core lectures, and may attend the PGY-4 lecture series in their fourth or fifthth year overall. However, it is difficult to coordinate schedules attending half the PGY-4 core lectures one year and half the next, so residents typically pick one of these years and attend the entire core sequence. Supervision may also be difficult to divide. A split resident beginning his or her outpatient experience may have half the case load of a traditional resident, but 100 percent of the anxiety and inexperience of a novice outpatient clinician. The inexperience factor necessitates comprehensive supervision, thus adding to the tally of clinical hours.

In rare instances, we have had residents split inpatient months in the PGY-2 year. In this case, two residents would share one inpatient slot, and take turns alternating between morning and afternoon, with the balance of time for research. The difficulty with this approach is similar to beginning split time in the PGY-3 year, namely the inexperience factor. PGY-2 versus PGY-3 residents have less clinical savvy, less experience with suicidal patients, and fewer case management skills, all abilities that are developing throughout the PGY-2 year. One of our residents who split the PGY-2 year found it difficult to be successful on the research side and more stressful than anticipated on the clinical side.

Patients versus gene chips: Are you doing enough?

When I was a split resident, I found one of the more stressful aspects of divided time to be having multiple taskmasters. As a PGY-3, split fifty-fifty, the residency director tracked my half-day equivalents, the outpatient coordinator tracked my number of patient contact hours, my laboratory mentor followed my research

productivity, and the specter of a Residency Review Committee audit encouraged me to log every single patient. Considered individually, each requirement made sense, but it did take some effort on my part to keep up with these competing demands.

Interestingly, the structure of the outpatient experience made it easy to track my clinical productivity. Each month I was provided with a percentage that reflected the number of patients actually seen, plus billed no shows, divided by my projected target number of patient contact hours. If my hours were high in a given month, I could request fewer new evaluations and transfers in subsequent months. Despite the checks and balances, some split residents end up spending more time than allocated performing their clinical duties. The result is a decrease in 'prime' research time, that is, research time that occurs during normal business hours. Also, the decrease in research time is difficult to track and may be overlooked for long periods of time, only to be caught when a mentor or mentee notices a reduction in research productivity — inherently more difficult to monitor month-to-month than the numbers of abstracts or publications in a given year.

Clinic creep: Where does the time go?

Some residents who split time experience what could be called *clinic creep*: an unplanned and/or unforeseen increase in clinical duties. I suspect that the issue of clinic creep is not often raised by residents for fear that complaining about increased clinical duties might appear inappropriate.

The questions remain: Why does the clinic creep, and what can be done about it? Following discussions with split residents I have identified several areas where the approach to patient care could be more efficient. These are old ideas, and I certainly cannot take credit for them, but here they are:

1. **Charge for no shows.** The policy in our program is to charge for no shows. To charge for a no show we dictate a note, complete the billing paperwork and *voila*, we get credit from the clinic coordinator toward our patient contact hours. These hours increase the percentage, tracked by the clinic, which determines whether or not a clinician is over or under projected total clinical hours. The split residents I discussed this with were *not* in the habit of providing a clear statement to their patients at the beginning of treatment regarding the no show policy, and thus they were uncomfortable charging for no shows in many cases. It's never too late to educate your patients regarding no show policy.

2. **Limit setting: ending sessions on time.** The personal preference of many clinicians is to save all dictations for the end of the day; not necessarily a bad strategy, except for split residents whose time is at a premium. The reason often given by residents for following this strategy is that the frequency of running over the allotted appointment time does not allow time for dictations between sessions. There may always be circumstances that warrant running over time, such as a patient in crisis, but in most circumstances limit setting by ending the session as scheduled leaves time to dictate between sessions and finish the clinic on time. I dictate between sessions because I know from experience that when I save dictations for the end of the day, the time it takes is doubled because I am tired and I have to look up many of the important details that I would otherwise have remembered. The time saved for the split resident by ending sessions on time and dictating between sessions is potentially two to three hours a week.

3. **Limit setting: efficient scheduling**. There are many pressures on the split resident's clinical schedule. It took several months for the clinic to figure out I was in the laboratory all day Tuesdays and Fridays. Often, I would check my schedule on a Sunday night and find patients scheduled during research time. My approach to this problem was to politely ask the clinic staff to reschedule these patients. In addition, the clinic schedulers are not necessarily mindful of grouping appointments. For example, if patients don't have a preference, they could be grouped from 1:00-3:30 p.m. instead of being spread out from 1:00-5:00 p.m.

There is also pressure from patients to be seen during the more convenient late afternoon and evening hours; the split resident, however, has fewer of these openings than the typical resident. There are instances where accommodating a patient's schedule is highly appropriate and others where it may not be. For example, I would reserve the late afternoon or evening appointments for patients I saw weekly who were unable to take off work this frequently. Most patients are able to miss work only once a month or less often for medical visits. My advice to split residents is to carefully monitor their schedules with an eye toward efficiency. Mis-scheduled appointments can be corrected, and appointments can be grouped together thus saving blocks of time for research activities.

4. **Utilizing supervision: confidence and caregiving**. The supervisor-supervisee relationship(s) is critical for the split time resident. Interactive, nurturing, and timely supervision provides the intellectual framework around which a trainee can develop confident and effective approaches to managing patients. For example, learning when to refer a patient back to the primary care provider or learning how to develop a positive therapeutic alliance with a difficult patient are skills that not only make a trainee a better caregiver, but they improve the trainee's situation by decreasing no shows and trimming the clinical load, where appropriate. Split time residents starting an outpatient experience may want to allow for the timely development of their therapeutic skills and avoid diminishing their supervisory time, with the long-term payoff of increased clinical efficiency and thus more time for research.

The lost arts of academia. As a recent graduate and ongoing trainee at an academic institution, I frequently hear from faculty about the good old days of psychiatry, with month- to year-long inpatient stays, residents sampling neuroleptics, and intense, psychoanalytically-oriented training programs. However, the advent of biological psychiatry and the dramatic changes in health care delivery have altered many of the ways that residents are now trained. The "old ideas" I mentioned above — ending sessions on time, limit setting, and carefully handling billing issues with patients — are quite simply important examples of the type of skills acquired by exposure to psychoanalytic principles. Training slanted towards high throughput pharmacology does not necessarily emphasize these principles and may even encourage trainees not to develop such skills. Amazingly, most of our research faculty trained in an era where psychoanalytic principles were more than lecture material, thus possess patient management skills that are at

(see Residents' and Fellows' Corner, continued on page 22)

News ..... and

APIRE Ethics Grant

The American Psychiatric Institute for Research and Education (APIRE) has been awarded a $25,000, 12- to 18-month grant for the purpose of "Developing an Ethics Curriculum for Psychiatric Research." The grant was awarded under a joint program of the NIH Office of Research Integrity (ORI) and the Association of American Medical Colleges (AAMC) that is designed to encourage academic societies to play a larger role in defining and promoting standards for the responsible conduct of research in their respective disciplines.

The award program is divided into two categories: the first, to fund approximately ten awards of $5,000 each to support single events such as conferences or publications; the second category to fund approximately eight awards of up to $25,000 each for major program initiatives aimed at promoting the responsible conduct of research. The program is limited to two rounds of applications. November 15, 2002 was the deadline for the first round of applications; the second and final application deadline is March 14, 2003.

The APIRE grant will develop a comprehensive ethics curriculum for psychiatric researchers. The curriculum will consist of multiple content modules and will address a full array of knowledge, skills, and sensitivities necessary for the responsible conduct of contemporary psychiatric research. Permeating the curriculum will be the recognition that ethical issues are not a "stand-alone" module, but are inextricably interwoven throughout the research fabric. APIRE will convene a work group of expert psychiatric researchers and educators to develop each module. It is anticipated that a pilot presentation of selected curriculum models will be presented at the May 2003 Annual Meeting of the APA.

APIRE's proposal is impelled by rapid and significant changes in the research environment and the concurrent need to ensure competent, responsible research with full knowledge and awareness of the ethical context in which research takes place.

FOCUS – Vol. 1, No. 1

"Welcome to the first issue of *FOCUS*: *The Journal of Lifelong Learning in Psychiatry,"* write co-editors Deborah J. Hales and Mark Hyman Rapaport in APA's all-new quarterly continuing medical education (CME) journal.

FOCUS is designed to be part of a lifelong learning and self-assessment plan especially for psychiatrists with time-limited board certification who must take recertification examinations. Accordingly, each issue will focus on one of the 16 topic areas identified by the ABPN for inclusion on the recertification examination.

Intended to supply the reader with an easy-to-use compendium of core information on a given clinical topic, each issue will constitute a review course in itself. Each topic-focused edition will have five essential features. 1) A guest editor who prepares a synthesis of current information on the topic as well as his/her own clinical wisdom. 2) A review article presenting a comprehensive overview of the topic. 3) An "Influential Publications" section that will include a bibliography as well as reprinted original articles identified as key to the topic. This section will also include, as applicable, practice guidelines, important original research, book chapters, and review articles that have shaped current practice. 4) A CME quiz worth up to five hours of category 1 credit that can be obtained by submitting answers online or by mail. 5) A 100-question self-assessment examination that can earn up to an additional 20 units of CME credit.

New NIDA Director

Nora D. Volkow, M.D., has been named as the new director of the NIH National Institute on Drug Abuse (NIDA) and is expected to assume her new duties on April 15, 2003.

Dr. Volkow comes to NIH from the Brookhaven National Laboratory (BNL) where she is currently Associate Director for Life Sciences, Director of Nuclear Medicine, and Director of the NIDA-DOE Regional Neuroimaging Center. She is also Professor at the Department of Psychiatry, SUNY-Stony Brook, and Associate Dean for the Medical School at SUNY-Stony Brook.

Dr. Volkow is known for her work on the brain's dopamine system. Her research focuses on the investigation of the mechanisms underlying the reinforcing, addictive and toxic properties of drugs of abuse in the human brain. As a scientist, she has been supported by grants from NIDA, the National Institute on Alcohol Abuse and Alcoholism and the Department of Energy.

Dr. Volkow's work includes more than 275 peer-reviewed publications, three edited books and more than 50 book chapters and non-peer reviewed manuscripts. A recipient of multiple awards, she was elected to membership in the Institute of Medicine of the National Academy of Sciences and was named "Innovator of the Year" in 2000 by *U.S. News and World Report.*

Dr. Volkow received her B.A. from the Modern American School, Mexico City, Mexico, her M.D. from the National University of Mexico, Mexico City, and her postdoctoral training in psychiatry at New York University.

"Dr. Volkow's experience as a NIDA-funded researcher puts her in a unique position to lead the Institute into the future," commented NIH Director Elias Zerhouni, M.D., upon announcing the new appointment. "She will bring the full power of science to confront the critical issues of drug abuse and addiction."

Dr. Volkow replaces Glen R. Hanson, D.D.S., Ph.D., who has served as Acting Director of NIDA since December 2001. Dr. Volkow's appointment completes the assignment of permanent directors to the three traditional mental health institutes; Thomas Insel, M.D., assumed leadership of NIMH in November 2002, and Dr. Ting-Kai Li, M.D. became Director of NIAAA in September 2002.

Notes

Sarnat Prize Nominations

The Institute of Medicine is requesting nominations for the International Rhoda and Bernard Sarnat Prize in Mental Health. The award, consisting of a medal and a $20,000 prize, recognizes individuals, groups, or organizations: for basic biomedical or clinical research to improve the understanding or treatment of mental disorders; for innovations in mental health services; or for public policy that fosters science or improves mental health services.

Nominations should include a description of the nominee's accomplishments and an explanation of why the accomplishments merit the Sarnat Prize (not to exceed four pages). Supplemental documentation will aid the selection process. Nominations may be e-mailed, no later than April 30, 2003. Contact Catherine A. Paige for additional information (202) 334-3387 or cpaige@nas.edu.

New Name for NDMDA

Depression and Bipolar Support Alliance (DBSA) is the new name chosen by the support and advocacy organization formerly known as the National Depressive and Manic-Depressive Association (NDMDA). Over 250 possible names were considered by the organization in its effort to streamline its mission and to update its identity. The revised mission is *to improve the lives of people living with mood disorders;* replacement of the outdated term manic-depressive with the newer diagnostic term *bipolar* is intended to reassure the constituents that the alliance can be relied upon for cutting-edge information and support mechanisms. (The new Web site is www.DBSAlliance.org.)

The updated identity also signifies an expanded concentration on the entire spectrum of mood disorders: the alliance will increase concentration on dual diagnoses such as mood disorders plus alcohol or substance abuse, as well as increase its emphasis on co-occurring physical illnesses, depression that occurs with illnesses such as heart disease, cancer, and HIV/AIDS. Concerted efforts also will be made to form alliances that focus on mood disorders throughout the entire lifespan. A strategic alliance has been formed with the Child and Adolescent Bipolar Foundation (CABF) designed to combine resources and thereby strengthen the reach and impact of both organizations.

Science.gov

Science.gov, a gateway to authoritative selected science information provided by U.S. Government agencies, was launched December 5 through a collaboration of 10 major federal science and technical information agencies. The Web site enables users to browse and search government-funded research and other science resources such as technical reports, journal citations, databases, and federal Web sites creating a borderless digital resource. Science.gov provides the unique ability to search by content across databases as well as across Web sites. The information is free, and registration is not required. Content menus are arranged in an easily accessible hierarchy with electronic links to increasingly narrow and specific subject categories. The Web site will continue to add new sites and databases as additional funding becomes available and as contributions from individual agencies increase.

Mood Disorders Research Plan

The NIMH has released a new report, *Breaking Ground, Breaking Through: The Strategic Plan for Mood Disorders Research of the National Institute of Mental Health.* The plan evolved from the contributions of over 200 scientists, policy makers, and patient advocates formed into nine workgroups each responsible for reviewing a specific area of concern. The report addresses research needs and recommendations in these multiple, overlapping areas: brain chemistry and circuitry; genetics as well as the interplay between genetics and the environment; behavioral aspects of function, dysfunction, and therapeutics; and the development of more effective, tolerable, and lasting treatment options. The NIMH Web site (nimh.nih.gov) provides additional information about the strategic plan.

NIH Research Participants

The NIH Tracking and Inclusion Committee, responsible for tracing enrollment of women and minorities in NIH-funded research, recently announced their latest data sets. In FY 2000, women comprised over half (61.3%) of research participants in all NIH-funded extramural human studies, with males at 37.4%. The greater number of female subjects relates directly to the numbers of sex-specific human studies: 975 female-only studies compared to 360 male-only protocols. Former NIH Director Bernadine Healy hypothesizes that the distribution reflects a significantly larger chronic disease burden borne by women, and Dr. Vivian Pinn of NIH points out that if sex-specific studies are excluded from the totals, then the percentages of men and women in NIH-funded extramural research is roughly equal. Women also represent a higher percentage of participants in Phase III clinical trials (70.9%). The Committee reported minority participation in FY 2000 NIH-funded extramural studies as follows: 11.4% of subjects were Asian or Pacific Islanders; 11.3% were African American; 7.9%, Hispanic.

The figures for NIH intramural research followed a slightly different pattern with males and females more equally distributed (53.8% male and 45.8% female). Minority participation in intramural research studies also differed: 20.9% Asian or Pacific Islanders; 5.7% African American, and 2.6% Hispanic.

The NIH Inclusion and Tracking Committee was formed pursuant to passage of the 1993 NIH Revitalization Act which stipulated that both female and male populations must be included in all NIH-funded clinical research in numbers "adequate to allow for valid analyses of differences in intervention effects." ■

Meeting Announcements

Scientific Basis of Medicine

The AAMC-sponsored Council of Academic Societies has planned its Spring 2003 meeting around the theme *The Scientific Basis of Medicine: Preserving Curiosity and Rigor,* a topic of increasing importance to the APA membership. Highlights of the program include plenary sessions on: "Creating a Culture of Curiosity" - influences on physicians' continued interest in the scientific basis of medicine; "Scientific Approaches to Uncertainty and Ambiguity" – scientific approaches to new and perplexing medical issues; "How to Promote Scientific Rigor and Encourage Curiosity" –teaching rigorous scientific concepts in ways that assist students, residents, faculty, and practicing physicians to remain interested in exploring the scientific basis of medicine. The meeting will be held in Tampa, March 13 – 16. Further information can be accessed through the AAMC Web site.

Psychopathology Meeting

The annual meeting of the American Psychopathological Association will address issues of *Psychopathology in the Genome and Neuroscience Era.* The goal of the meeting is to examine specific areas of genetics and neuroscience that are destined to influence ways in which the next generation of clinicians and researchers is trained. For example, how an understanding of genetics will influence diagnosis and prevention of psychiatric disorders; how information about neurodevelopment and neurodegeneration can influence approaches to psychopathological processes. The meeting will be held in New York, March 6 –8. Specifics of the agenda as well as information about the list of esteemed speakers can be found at www.appassn.org.

Roots of Mental Illness in Children

The New York Academy of Sciences and the NIMH will co-sponsor a conference on this topic at The Rockefeller University, March 15 – 17. The objective of the meeting is to build bridges between animal research and clinical approaches for studying mental health and disorders in children and adolescents. The premise of the conference is based on the retrospective nature of most research studies on childhood disorders; prospective studies, on the other hand, could offer opportunities to consider developmental contributions. Animal studies using a developmental framework for looking at the relationship between brain and behavior offer opportunities to reconceptualize the dimensions of susceptibility or resilience to mental illness during early stages of development. The long-term goal of the meeting is to foster interdisciplinary research collaborations and policy initiatives to enhance the diagnosis and treatment of mental illness in children. The keynote address will be given by Sir Michael Rutter, M.D.,F.R.C.P.; conference organizers are Izja Lederhendler of the NIMH, Jean King and Craig Ferris, both of the University of Massachusetts Medical School. A complete agenda is available by visiting www.nyas.org. Conference proceedings, including abstracts of poster sessions, will be published.

Health Services Researchers

The Agency for Healthcare Research and Quality (AHRQ) will sponsor two workshops intended to help health services researchers learn how to obtain and use data while complying with the new privacy regulations scheduled to become effective April 14, 2003, upon implementation of the Health Information Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) The regulations will control how health services researchers receive data from health plans, providers, and health care clearinghouses.

Playing by New Rules: Privacy and Health Services Research is a one-day workshop to be held in two locations. The west coast workshop will be held in San Francisco on March 19, and the east coast workshop will be held in Washington, D.C. on April 29. These instructional opportunities are designed to educate the health services research community on its responsibilities and obligations under the HIPAA Privacy Rule in protecting the confidentiality of personally-identifiable health information. Participants will learn practical approaches to implementing the Privacy Rule, such as effectively working with Institutional Review Boards and Privacy Boards.

A detailed agenda and registration information can be obtained at www.academyhealth.org/privacy, or by calling AcademyHealth (202) 292-6718.

Beyond the Clinic Walls

NIMH, NIDA, and NIAAA have joined to sponsor a conference entitled *Expanding Mental Health, Drug and Alcohol Services Research Outside the Specialty Care System.* The meeting, to be held March 10 – 12 in Washington, D.C., is intended to stimulate research that will guide the growth and integration of treatments for addictive disorders and mental illnesses (ADM) in non-specialty settings such as educational, social service, criminal justice, and physical health facilities. Encounters in these non-specialty settings offer new opportunities to facilitate the initiation, management, and long-term followup of ADM services. However, profound challenges at the provider and organizational levels necessarily accompany the expansion of services beyond the boundaries of specialized care. The conference will approach these challenges through a series of activities designed to: communicate the importance of non-specialty ADM care; foster research collaborations; present findings of current research; adapt research designs and analytic approaches from other fields; develop innovative theoretical models. Details of the meeting may be found on the Web sites of the three sponsoring NIH institutes.

Building International Research

The 2003 NIDA International Forum will be held in Miami, June 13 – 19, in conjunction with the College on Problems of Drug Dependence (CPDD). The theme of the Forum is *Emerging Trends and Patterns in Drug Abuse.* The Forum, a part of the drug abuse institute's ongoing efforts to foster international research on drug abuse, consists of a series of research symposia, poster sessions, and network-building activities showcasing NIDA-supported and other international research on drug abuse. The International Forum is part of a larger NIDA initiative, the International Visiting Scientists and Technical Exchange Program

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, 1000 Wilson Blvd, Arlington VA, 22209. Toll –free 1-800- 852-1390, fax: (703) 907-1087, e-mail: eguerra@psych.org, Web site: www.psych.org.

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

DESCRIPTION: The American Psychiatric Institute for Research and Education and the Program for Minority Research Training in Psychiatry request applications from residents at the PGY-4 (and some PGY-3) level that may be interested in developing a research career. Fellows receive stipends for a one-year renewable fellowship; stipends range from $42,648 to $44,616 for residents and up to $48,852 for post-residency fellows. In addition, fellows receive travel support to attend the APA Annual meeting and other scientific meetings to present their research findings. Some tuition support is also available. Underrepresented minorities are encouraged to apply.

DEADLINE: December 1, 2003

CONTACT: Ernesto Guerra, toll-free 1-800-852-1390, e-mail: eguerra@psych.org, Web site: www.psych.org/res_res/pmrtp5302.cfm.

■ **SPONSOR: Robert Wood Johnson Foundation (RWJF)**

■ **POSITION: Health Policy Fellowships Program**

DESCRIPTION: The RWJ Health Policy Fellowships Program provides an opportunity for midcareer health professionals and behavioral and social scientists with an interest in health to take part in and better understand the health policy processes at the federal level. Applicants may have backgrounds in various disciplines including medicine, biomedical sciences, public health, health services administration and so on. Up to eight Fellows are chosen annually for this two-phase program. The first phase and core element of the program consists of a 12-16 month experience in Washington, D.C., beginning with an orientation period and continuing with a full-time work assignment in either the legislative or the executive branch of the federal government. Grant funds for this first year cover salary (not to exceed $84,000 plus fringe benefits). After the Washington work experience Fellows return to their home institutions or move to another appropriate learning experience. Up to two years of continued support is provided for this continued development in health policy formulation and leadership. Total support for three years is not to exceed $155,000. The program is funded by RWJF and conducted by the Institute of Medicine (IOM) of the National Academy of Sciences.

DEADLINE: Applications are due in November; semifinalists are chosen in January and finalists announced in February of each year.

CONTACT: Marie Michnich, Dr.P.H., National Program Office, RWJ Health Policy Fellowships Program, IOM, The National Academies, 500 Fifth Street, N.W., Washington, D.C., 20001. (202) 334-1506, e-mail: hppf@nas.edu, Web site: www.nas.edu/rwj.

■ **SPONSOR: Duke University Medical Center**

■ **POSITION: Minority Fellowship in Mental Health Interventions Research**

DESCRIPTION: This is a two- to three-year NIMH-sponsored program to prepare promising doctoral level (M.D., Ph.D., Psy.D., N.D., D.S.W., Pharm.D.) minority fellows for careers as independent mental health interventions researchers. Training includes working with a variety of mentors at Duke University Medical Center and at other sites as well as formal coursework in statistics, research design, and ethics through Duke's Clinical Research Training Program. Positions are available for July 1, 2003.

DEADLINE: April 1, 2003

CONTACT: Applicants may send a resumé or request for application to David C. Steffens, M.D., M.H.S., Duke University Medical Center, Box 3903, Durham, NC 27710. (919) 681-7668, e-mail: david.steffens@duke.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,

(continued on next page)

brain imaging research (PET, SPECT, 1H-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 Robert Malison, M.D., Director, Neuroscience Research Training Program, 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 robert.malison@yale.edu.

■ **SPONSOR: North Shore-Long Island Jewish Research Institute**

■ **POSITION: Clinical Psychiatric Research Fellowship**

DESCRIPTION: The Zucker Hillside Hospital, North Shore-Long Island Jewish Health Care System, is sponsoring one- to two-year research fellowships to begin July 1, 2003. Inpatient and outpatient settings are available for research fellows. The Hospital maintains active clinical research programs in a number of areas including randomized clinical drug trials, first episode schizophrenia, psychopharmacogenetics, ECT, neuroimaging, neurocognition, and biochemistry of bipolar disorder. Opportunities are offered for hands-on involvement in all phases of research: design, implementation, data analysis, grant writing, and publication. Fellows may specialize in affective disorders, schizophrenia, geriatrics, or child research areas. Applicants must have completed a psychiatry residency.

DEADLINE: Open

CONTACT: Please send curriculum vitae and letter of inquiry (e-mail acceptable) to M. Elizabeth Sublette, M.D., Ph.D.; The Zucker Hillside Hospital Research Department; 266th Street and 76th Avenue, Glen Oaks, NY 11004; voice: 718-470-8014, fax: 718-343-1659; e-mail: esublett@lij.edu. The Zucker Hillside Hospital is an equal opportunity employer.

■ **SPONSOR: North Shore-Long Island Jewish Research Institute**

■ **POSITION: Pharmacogenetics Research Fellowship**

DESCRIPTION: Research fellowships in the rapidly developing field of psychiatric pharmacogenetics are available beginning July 1, 2003. The Zucker Hillside Hospital is currently conducting a number of pharmacogenetic studies focused on the interindividual variation in response to new antipsychotic agents, antidepressant medications, and mood stabilizers. Fellows will have the opportunity to focus on clinical trials methodology (John M. Kane, M.D., Nina R. Schooler, Ph.D., Alan Mendelowitz, M.D.), molecular genetics (Anil K. Malhotra, M.D., Peter Gregersen, M.D.) and the analysis of pharmacogenetic data for publication in peer-reviewed journals. Opportunities are offered for education and hands-on involvement in all phases of research: design, implementation, data analysis, grant writing, and publication. Additional training opportunities are also available with collaborators from the NIH and from private biotechnology firms. Fellows must have completed a psychiatry residency.

DEADLINE: Open

CONTACT: Please send curriculum vitae and letter of inquiry (e-mail is acceptable) to Anil K. Malhotra, M.D., Associate Director, Psychiatry Research, The Zucker Hillside Hospital, 75-59 263rd Street, Glen Oaks, NY, 11004; voice: 718-470-8816; fax: 718-343-1659; e-mail: malhotra@lij.edu. The Zucker Hillside Hospital is an equal opportunity employer.

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

■ **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. The research training faculty is composed primarily of psychiatrists and clinical and experimental psychologists, and the program maintains close working ties with the Departments of Neurology, Genetics, Pediatrics, Medicine, Psychology, Radiology, and others at UCLA.

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@qeeg.npi.ucla.edu. ■

Research Funding Opportunities

■ **SPONSOR: NARSAD**

■ **SUBJECT: Independent Investigator Award**

DESCRIPTION: The National Alliance for Research on Schizophrenia and Depression (NARSAD) announces award opportunities up to $50,000 per year for two years (maximum of $100,000) to enable the scientist at the academic level of associate professor or equivalent to pursue innovative research opportunities. The applicant must have won national competitive support as a principal investigator, and the research proposed must be relevant to schizophrenia, major affective disorders or other serious mental illnesses. Guidelines and accompanying face sheet are available for download at www.narsad.org.

DEADLINE: Application deadline, March 5, 2003; notifications in August 2003; earliest start date, September 15, 2003.

CONTACT: Audra Moran, Director, Research Grants Program, (516) 829-5576, e-mail: amoran@narsad.org (e-mail answered daily).

■ **SPONSOR: National Science Foundation (NSF)**

■ **SUBJECT: Cognitive Neuroscience**

DESCRIPTION: The NSF has 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

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

■ **SPONSOR: National Institute on Aging (NIA)**

■ **SUBJECT: Alzheimer's Research Centers**

DESCRIPTION: The NIA invites applications for research centers to conduct investigations on Alzheimer's disease and to serve as a resource for research that seeks to distinguish normal aging and mild cognitive impairment from Alzheimer's and related disorders. Centers are asked to concentrate attention on research that will permit better definition of normal aging, the transition from normal aging with no cognitive impairment to mild cognitive impairment, and to early states of dementia. Applicants should have an ongoing base of peer-reviewed research in Alzheimer's or other neurodegenerative diseases or in aging of the nervous system.

DEADLINE: May 28, 2003

CONTACT: Creighton Phelps, (301) 496-9350, fax (301) 496-1494, e-mail: phelpsc@nia.nih.gov.

■ **SUBJECT: NIA Pilot Research Grant**

DESCRIPTION: The NIA seeks small grant (RO3) applications in specific areas (1) to stimulate and facilitate the entry of promising new investigators into aging research, and (2) to encourage established investigators to enter new targeted, high priority areas in this research field. This program provides support for pilot research that is likely to lead to a subsequent individual research project grant (RO1) focused on a significant advancement of aging research. Applications under this announcement (PAR-03-056) should refer to topics specified as priority areas within the NIA five-year strategic plan (see Web site: nia.nih.gov).

DEADLINES: March 17, 2003; July 15, 2003; November 17, 2003.

CONTACT: For biology of aging, Dr. David Finkelstein, (301) 496-6402, e-mail: bapquery@nia.nih.gov; for behavioral and social aspects, Angie Chon-Lee, (301) 594-5943, e-mail: bsrquery@nia.nih.gov; for neuroscience and neuropsychology, Dr. Judy Finkelstein, (301) 496-9350, e-mail: nnaquery@nia.nih.gov; for geriatric and clinical gerontology, Michael Bone, (301) 496-6913, e-mail: bonem@nia.nih.gov.

■ **SPONSOR: NIDA**

■ **SUBJECT: Stress and Drug Abuse**

DESCRIPTION: The National Institute on Drug Abuse (NIDA) requests applications for innovative research on chronic stress and drug abuse or dependence. Research is encouraged on the epidemiology, etiology, prevention, and treatment of drug abuse and drug dependence as related to either chronic stress or Post Traumatic Stress Disorder (PTSD). More specifically, research is sought to examine the relationship between chronic stress or PTSD and drug use, abuse, and dependence. Also of interest is the relationship between chronic stress or PTSD and withdrawal, abstinence, remission, and relapse.

DEADLINES: May 19, 2003 for Letters of Intent; June 18, 2003 for Applications.

CONTACT: Lisa Onken, Ph.D., (301) 443-8694, e-mail: lisa_onken@nih.gov.

■ **SPONSOR: NIDA and NIMH**

■ **SUBJECT: Drug Abuse and HIV Prevention in Youth**

DESCRIPTION: The National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) invite grant applications for the conduct of research on drug abuse and HIV prevention in youth. The major purpose of this announcement is to fill the need for theory-driven and research-based drug abuse-related HIV prevention interventions that will be effective in decreasing the incidence of HIV infection and AIDS in youth. Proposed research can test single

(continued on next page)

interventions alone or combinations of interventions (e.g., school- plus peer-based interventions). Also, proposed research may capitalize on existing studies, designs and infrastructure to investigate maintenance of behavior change following prevention interventions.

DEADLINES: March 14, 2003 for Letters of Intent; April 14, 2003 for Applications.

CONTACT: Eve Reider, Ph.D., NIDA, (301) 402-1719, e-mail: ereider@mail.nih.gov; Andrew Forsyth, Ph.D., NIMH, (301) 443-6100, e-mail: aforsyth@mail.nih.gov.

■ **SPONSOR: NIDCD and NIBIB**

■ **SUBJECT: Neuroimaging and Aphasia**

DESCRIPTION: The National Institute on Deafness and other Communication Disorders (NIDCD) and the National Institute of Biomedical Imaging and Bioengineering (NIBIB) seek applications for research that explores the use of neuroimaging in aphasia recovery and rehabilitation. Specific interests include research on possible modifications in neuroimaging methods, data collection and analysis required for this population, including: measures of linguistic and cognitive task difficulty; new methods for imaging language production; neuroimaging to predict retention of skills after treatment.

DEADLINES: July 3, 2003 for Letters of Intent; July 29, 2003 for applications.

CONTACT: Judith Cooper, NIDCD, (301) 496-5061, e-mail: judith_cooper@nih.gov.

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

■ **SUBJECT: Design, Measurement, and Statistical Analysis in Mental Health Research**

DESCRIPTION: This program announcement (PA) requests research grant applications for work on the design, measurement, and statistical challenges inherent in conducting mental health services research. The goal of this initiative is to build the methodological infrastructure of mental health services research by encouraging statisticians, psychometricians, qualitative researchers, and other experts in research methodology and data analysis to focus on these challenges. The initiative will use the Research Project (RO1) and the Small Grant (RO3) award mechanisms.

Advances in mental health research are highly dependent on the quality of research procedures, measures, and data analytic strategies available to investigators. As the knowledge base broadens and depends, questions of increasing subtlety and complexity must be addressed. To do so requires the development or adaptation of increasingly more sophisticated and precise methods, measures, and analytic strategies. This PA (PA-01-018) makes explicit the determination of NIMH to support the basic methodological work necessary for the advancement of mental health research.

DEADLINES: June 1, October 1, and February 1

CONTACT: Ann A. Hohmann, Ph.D., M.P.H., Division of Services and Intervention Research, NIMH, (301) 443-4235, e-mail: ahohmann@nih.gov.

■ **SPONSOR: NCCAM**

■ **SUBJECT: Research Centers on Complementary and Alternative Medicine**

DESCRIPTION: The National Center for Complementary and Alternative Medicine (NCCAM) is launching a new initiative

---

■ **National Institutes of Health (NIH)**

■ **SUBJECT: Maintenance of Long-Term Behavioral Change**

DESCRIPTION: Eleven NIH components including the NIMH, NIDA, NIAAA, and the Office of Behavioral and Social Science Research, invite applications for research projects that (a) examine biopsychosocial processes and test interventions designed to achieve long-term health behavior change, and (b) provide a Resource Center to coordinate research projects in this area. Past research has typically focused on short-term behavioral change, yielding little information on how change, once achieved, is maintained over the long term. This Request for Applications (RFA) encourages investigators to expand on the current theoretical base of change processes and intervention models, as well as to consider new conceptualizations from basic research in the social and behavioral sciences. Applications must focus on important health-related behaviors already demonstrated to be amenable to short-term change. Examples include a broad range of behaviors: tobacco use, exercise, eating habits, alcohol and drug use, inoculation obtainment, disease screening, stress reduction, adherence to health care regimens, HIV or sexually transmitted infection (STI) risk practices, bullying and abuse of others, sun exposure, and failure to use safety equipment.

DEADLINES: March 11, 2003 for Letters of Intent; April 11, 2003 for Applications.

CONTACT: Susan Solomon, Ph.D., Senior Advisor, Office for Behavioral and Social Sciences Research, NIH, (301) 496-0979, e-mail: ssolomon@nih.gov.

■ **SUBJECT: Mind-Body Interactions and Health: Research Infrastructure Program**

DESCRIPTION: Fifteen NIH components participate in a major new solicitation seeking applications for infrastructure awards to create support for research environments that pursue portfolios of research on mind-body interactions and health. Mind-body interactions refer to the relationships among cognition, emotion, personality, social relationships, and physical health/illness. A central goal of this program is to facilitate interdisciplinary collaborations and partnerships among diverse scientists and institutions in the pursuit of mind-body and health research. A further goal is to provide essential and cost-effective core services in centers or comparable administrative units to support the translation of this research into practice. This announcement will use the R24 award mechanism that supports Research Infrastructure Program grants.

DEADLINES: Letter of Intent receipt date, June 16, 2003; Application receipt date, July 16, 2003.

CONTACT: Letter of Intent should be sent to Ronald P. Abeles, Ph.D., Office of Behavioral and Social Research, Office of the Director, NIH, (301) 496-7859, e-mail: abeles@nih.gov. Potential applicants are encouraged to contact program staff at the individual institutes sponsoring this initiative (see RFA#: OB-03-004).

- **SUBJECT: Mind-Body Interactions and Health: Exploratory/Developmental Research Program**

DESCRIPTION: Sixteen NIH components participate in this announcement for Exploratory/Developmental grants in support of research on mind-body interactions. These awards are intended to support the development and demonstrate the feasibility of programs at institutions that have high potential for advancing mind-body and health research but have not yet fully achieved the necessary resources and mechanisms to qualify for a R24 Research Infrastructure Award. The R21 award mechanism will be used for the purpose of this announcement.

DEADLINES: Letter of Intent receipt date, June 16, 2003; Application receipt date, July 16, 2003.

CONTACT: Letter of Intent should be sent to Ronald P. Abeles, Ph.D., Office of Behavioral and Social Research, Office of the Director, NIH, (301) 496-7859, e-mail: abeles@nih.gov. Potential applicants are encouraged to contact program staff at the individual institutes sponsoring this initiative (see RFA#: OB-03-005).

- **SPONSOR: SAMHSA**
- **SUBJECT: Prevention Centers**

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA) invites cooperative agreement applications for five regional centers to advance adoption of effective substance abuse prevention technologies. The centers are designed to build substance abuse prevention capacity by promoting application of effective science-based programs and practices in every state.

DEADLINE: March 10, 2003

CONTACT: Jon Rolf, (301) 443-0380, e-mail: jrolf@samhsa.gov. ■

Headquarters (continued from page 1)

the official closing of the New York office in 1965, and the simultaneous AJP relocation to Washington, D.C., the organization quickly outgrew the stately Parsons Mansion and an additional structure was built on an adjacent "R" Street property. Construction of the Museum Building was completed by 1967, and became the home of the APA's Joint Information Service, the Government Relations and Public Affairs offices, and of the publications *Psychiatric News, AJP,* and *Hospital and Community Psychiatry*.

The Association expanded into a nexus of buildings rooted on the corner of 18th and R Streets in northwest Washington, D.C. and struggled with the sprawl for another 15 years. In 1982 under the leadership of its fourth Medical Director, Melvin Sabshin, M.D., and after a four-year period of planning, the Association moved into its next "permanent home," the building at 1400 "K" Street, N.W., (photo at right) that most of us have identified as APA headquarters for the past two decades. The modern, 12-story "glass box of a building [finally] brought all staff components together, facilitating close working relationships in adequate spaceÖ.[and] creating the impression of administrative efficiency." Initially occupying the first three floors of the new building, the Association grew in membership, services, and staff until – rising one floor at a time – the APA finally occupied five additional floors of the downtown D.C. headquarters.

Now for the first time in its history, the Association has moved to new quarters prompted not by growth and expansion but by economic, professional, and political realities of the 21st century. The new headquarters (pictured above) are located in the Rosslyn section of Arlington, VA, in the former headquarters of the Gannett publishing chain. Poised on the edge of the Potomac River between the Key Bridge, at the entrance to Georgetown, and the Memorial Bridge with its entrÈe to the Lincoln Memorial and the Capitol Mall, the new offices boast a panoramic view of Washington, D.C. not to be rivaled by any postcard. The 250 staff members of the American Psychiatric Association, the American Psychiatric Institute for Research and Education (APIRE), and American Psychiatric Publishing Inc. (APPI), occupy all or portions of the 10th, 18th, 19th, and 20th floors of the 31-story building. The building features an interesting oval-shaped floor plan that allows for varying and novel mixtures of office and living space. The modern facility retains the Associationís proximity to Congress, the White House, and the NIH campus, while offering Association staff easy access to above-ground and subterranean transportation routes, a modern and technologically sophisticated work environment, *and* the challenge of adjusting to a new way of life while carrying out Association activities without skipping a beat. We welcome and invite you to call us (703 907-7300), visit us (1000 Wilson Blvd., Arlington, VA), and/or e-mail us (HYPERLINK "mailto:prr@psych.org" prr@psych.org). Web site remains the same (www.psych.org).

* Walter E. Barton, M.D., The History and Influence of the American Psychiatric Association. American Psychiatric Press, Inc., 1987. rton's volume was used in the preparation of this report. ■

Residents' and Fellows' Corner (continued from page 13)

risk of now becoming lost arts. I would suggest that split time residents should be careful not to avoid or diminish their exposure to the psychoanalytic components of their training.

To conclude: Many of the circumstances that make split time experiences stressful at the resident level are (I'm told) also stressful at the faculty level, suggesting that splitting time as a resident serves as a model of what is in store for those hoping to stay in the academic setting. Young investigators who simultaneously develop skills that promote good caregiving and clinical efficiency will have more time for research, education, and administrative duties during residency and beyond. ■

Psychiatric Research Report (PRR)
MAILING LIST UPDATE

PLEASE RETURN THIS FORM IF YOUR ADDRESS IS INCORRECT ON THE MAILING LABEL BELOW OR IF YOUR ADDRESS WILL SOON CHANGE. **PRINT** YOUR NAME, ADDRESS, PHONE AND E-MAIL ADDRESS IN THE SPACE PROVIDED. YOU MAY FAX YOUR RESPONSE.

Name:_____

Address:_____

_____

E-Mail:_____

Phone:_____

Please return this form (including your mailing label) to:

Psychiatric Research Report
Division of Research
American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
FAX: 202-789-1874 ■ E-mail: prr@psych.org

Psychiatric Research Report is published by the Division of Research, American Psychiatric Association. We encourage the submission of information items; research training or funding opportunities; announcements of awards and conferences; calls for papers, nominations, etc. Direct all information as well as address changes to: PRR, Division of Research, 1400 K Street, N.W., Washington, DC 20005, fax: (202) 789-1874, e-mail: prr@psych.org.

American Psychiatric Association

1400 K Street, N.W.
Washington, D.C. 20005

Nonprofit Org.
U.S. Postage
PAID
Washington, D.C.
Permit No. 9128