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JUST A CLICK AWAY



To learn more about the Department of Psychiatry and Behavioral Science at Stony Brook University, visit StonyBrookMedicalCenter.org/psychiatry. There you will find detailed information about our faculty, clinical services, educational programs and scientific activities.

Click on "Updates" to see an electronic version of *Headlines* and latest news about the Department.

Stony Brook Team Explores New Technology to Help with Osteoarthritis Pain

Therapeutic interactive voice technology (TIVR) may sound cold and impersonal, but for patients whose pain prevents them from cleaning a closet or planting a garden, it is proving to be a godsend.

Two Stony Brook researchers, Joan Broderick, PhD, from the Department of Psychiatry and Behavioral Science, and Patricia Bruckenthal, PhD, RN, ANP, from the School of Nursing, are investigating how the same computer technology that companies use to gather information over the phone can help patients manage pain and improve their lives.

Their TIVR study piggybacks on a large five-year federal grant already underway to study the use of behavioral approaches in the management of osteoarthritic pain. For that study, Drs. Broderick and Bruckenthal developed a coping strategies treatment (CST) program to teach patients how to use relaxation, activity pacing and other coping strategies to reduce pain. The program is administered over the course of ten sessions by nurse practitioners.

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Dr. Patricia Bruckenthal from the School of Nursing collaborates with Dr. Joan Broderick from the Department of Psychiatry and Behavioral Science at Stony Brook University.



MESSAGE FROM THE CHAIRMAN



Mark J. Sedler, MD, MPH

and staff in the community as well as the contributions they make to scientific research and professional education.

The article about the work of Drs. Richard Mattison and E. Victoria Rundberg-Rivera at the Brennan Middle and High School illustrates how the resources of a research university can be deployed to help create a model educational program for children who are emotionally disturbed, and how the involvement of faculty in “real-life” educational activities can inform research and the training of graduate fellows.

The report of my trip to Cartagena, Colombia with a group of medical students shows how we promote the School of Medicine’s goal of preparing its students for leadership roles in the global community, while the story about the Psychiatry Student Interest Group calls attention to the Department’s part in fostering the development of medical students interested in psychiatry as a profession.

The article about Darlene Jyringi’s work with the Alzheimer’s Disease Assistance Center illustrates how the staff of our Department provide the information and support needed for family members to care for loved ones at home. The support group featured in the article is part of a continuum of services that includes expert diagnosis, educational programming, training of geriatric fellows and services to the professional community.

The brief report on Dr. Roman Kotov’s research about the links between personality traits and mental diseases points to an important role the Department plays in the larger research community. Several of our researchers, like Dr. Kotov, work on projects that integrate psychology, the social and behavioral sciences, and medicine.

Finally, the piece about the work of Drs. Joan Broderick and Patricia Bruckenthal—in addition to highlighting the collaboration between the Department of Psychiatry and the School of Nursing—demonstrates how cognitive and behavioral scientists can make creative use of emerging technologies to help people manage chronic osteoarthritis pain.

MARK J. SEDLER, MD, MPH

Since its founding, the Department of Psychiatry and Behavioral Science has dedicated itself to serving its local, professional and global communities. Department faculty and staff express this commitment by incorporating community service into our core missions of delivering specialized diagnostic and treatment services, teaching medical students, training psychiatric residents and fellows, and conducting research in the basic, behavioral and clinical sciences.

The articles in this issue of *Headlines* highlight the involvement of our faculty

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“Osteoarthritis can cause significant pain and disability, despite the best medical care,” Dr. Bruckenthal explained. “Medications are helpful, but they have their limits. We are looking for additional ways to help people manage chronic pain.”

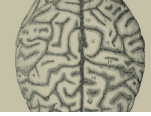
They were also looking for ways to make CST more accessible. “We wanted to know if nurses in primary care can use this approach to help patients effectively manage pain, instead of referring them to clinical health psychologists, who are few in number,” Dr. Broderick said.

“We use the skills Dr. Broderick taught us to help our patients,” explained Stacey Viteritti, ANP, one of the nurse practitioners involved in the study. “I was able to help one of my patients attend her granddaughter’s softball games by helping her use the problem-solving skills we learned in the program.”

Although the results of the original CST clinical trial will not be known for a few years, patients’ comments and results of previous studies indicate that the program is likely to have beneficial effects. But Drs. Broderick and Bruckenthal wondered if they could use TIVR to keep the momentum going after the ten CST sessions are complete.

The therapeutic use of interactive voice response technology was first developed by Magdalena Naylor, MD at the University of Vermont for patients with chronic pain. The Stony Brook team worked with Dr. Naylor to adapt her TIVR protocol for patients with painful osteoarthritis.

“Technology is a new and relatively inexpensive means for delivering service to patients,” Dr. Broderick explained. “Programs to help patients self-manage diseases with the assistance of telephones and the



Internet are making their debut. They are not meant to replace the doctor-patient relationship, but to extend and reinforce treatment. In these times of rising medical costs, programs like TIVR are an exciting frontier for cost-effective medicine.”

Patients enrolled in the study use the telephone to access recordings about the coping skills they learned with their nurse. Every day for four months, they respond to pre-recorded questions related to their pain and use of coping skills. At the end of each month, their nurse practitioner reviews a printout of the patient’s use of the program. Then she records a personalized message giving the patient feedback and suggestions. Nurse practitioner, Christine Stamatou, ANP, recalled a patient whose pain spiked after a night of poor sleep. She was able to use information from the patient’s daily ratings to focus on the patient’s sleep hygiene techniques. “When they see the ratings improve, patients say, ‘Wow! I am doing better’,” Ms. Viteritti said. “It gives them hope.”

“Technology is the way of the future,” Dr. Broderick pointed out. “The younger generation gets it, but we weren’t sure if older patients would use it.” To make the technology as accessible as possible, the research team made sure that patients were well educated in its use. They paid close attention to the caliber of the “voice talent,” the ease of the TIVR message trees and the quality of the message content. So far, their efforts seem to be paying off.

“Our patients say their coping skills have become second nature,” Ms. Stamatou said. “Many tell us they could not get through the day without them.”

Support for Loving Caregivers: The Alzheimer’s Disease Assistance Center

Every Thursday a group of men and women gather in a meeting room in a church near Setauket to share their experiences caring for a family member with Alzheimer’s disease. William Closter has been part of the group since his wife was diagnosed in 2005. “My wife was my life,” Mr. Closter said. “She did everything for me and my family. She was a wonderful cook and we frequently entertained guests. I also counted on her as my office manager.” As his wife’s disease worsened, she became increasingly dependent on him. “Now I do everything,” Mr. Closter said.

The group Mr. Closter attends is hosted by the Alzheimer’s Disease Assistance Center (ADAC) of Long Island, a program of the Department of Psychiatry and Behavioral Science. It is one of nine such centers sponsored by the New York State Department of Health. Mark Sedler, MD, MPH, is the Center’s Medical Director. Darlene Jyringi is Program Director and the support group leader.

Mr. Closter came to the ADAC at Stony Brook on the advice of a neighbor. “My wife had just been diagnosed,” he recalled. “We came in and Darlene interviewed us. She was so helpful. She gave us information and guidance.”

Elizabeth Geary, LMSW, Director of Day Haven Adult Day Services, describes the ADAC as a partner in serving older people who are frail and their families. “When we have a new client who has not been thoroughly evaluated for Alzheimer’s Disease, we refer them to ADAC,” she said. “We know they will get a complete diagnostic examination and receive information about community services.”

Ms. Geary said that she also depends on ADAC to provide speakers and information for Day Haven’s community educational programs. “Darlene Jyringi is far and away the best person in Suffolk County to help families members take on the role of caregivers,” she said. “She is a featured speaker at our community forums. The information she provides is superb.”

Helping families members act as caregivers is the principal purpose of the support group. “Family caregivers learn the techniques they need to care for their loved ones at home,” said Darlene Jyringi. “The group gives people an opportunity to share their experiences with people who understand. We laugh—not at the people with the disease—but at what the disease does to us. People in the group become best friends. The group becomes family.”

William Closter agrees. “Participation in the group brought me peace of mind,” he said. “My friends try to understand what I am going through, but they can’t really know. The people in the group know.”

According to Ms. Jyringi, many people—especially men—are initially reluctant to join the group. She recalls one man who introduced himself by saying, “I am not a group person. I only came to keep my daughter from bugging me.” But after a few sessions, he was hooked. “He told us later that this was the best thing he had ever done,” Ms. Jyringi said.

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A Wonderful Gift: Stony Brook Psychiatrists On the Frontlines of Special Education

A sign outside the principal's office at the Brennan Middle and High School in North Babylon advises: "Be kind. Everyone you meet is fighting a hard battle."

The principal, Chandra Rivera, knows the hard battles her students and their families fight. "Picture having a sixth grader with a history of school and community issues," Ms. Rivera said. "A child who has never had success. A child who cannot sit in a seat. A child who has been repeatedly taken to a psychiatric emergency room under police escort."

Her school, the Brennan Middle and High School, is operated by Western Suffolk BOCES. With its sister school, the James E. Allen Elementary School, it accepts students who are having problems in their home districts. "We help families who have children with psychiatrically impairments and keep their children at home and graduate from high school," Ms. Rivera explained.

Among the first people families encounter at Brennan are Richard Mattison, MD, and E. Victoria Rundberg-Rivera, MD, consulting psychiatrists from the Department of Psychiatry and Behavioral Science at Stony Brook University. They interview nearly every child referred to the program. Dr. Mattison sees children referred to the elementary and middle schools; Dr. Rundberg-Rivera (who is not related to Chandra Rivera) sees youngsters referred for high school.

"The families are understandably defensive when they come in," Ms. Rivera said. But their encounters

with the psychiatrists from Stony Brook are refreshingly positive.

"Dr. Mattison has a wonderful way with families," Ms. Rivera continued. "He's disarming. He doesn't talk over their heads. Dr. Rundberg-Rivera is different. She's maternal, folksy. She is marvelous at breaking down barriers."

"Our job is to evaluate every child being considered for the program," Dr. Mattison explained, "to decide if they should come and to make sure they get the treatment they need. We also meet every week with the therapists and teachers to make sure the treatment plans are working."

"This is a wonderful gift to families," Ms. Rivera said. "We are fortunate that Stony Brook has given us such great doctors. They understand children and teens. They are part of the family here," she said. So much so that they have become Dick and Vicki to the staff.

We are fortunate that Stony Brook has given us such great doctors.

When she is not evaluating students, Dr. Rundberg-Rivera spends time in the cafeteria, the gym or classrooms. "I practice in a most privileged position," she said. "I see my patients in one of their natural settings." She recalled a time when a frustrated teacher asked for advice about a student who could not pay attention in class. Dr. Rundberg-Rivera visited the classroom and spotted the problem. The student

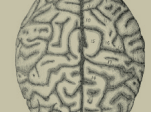


Dr. Rundberg-Rivera, consulting psychiatrist from the Department of Psychiatry and Behavioral Science at Stony Brook University

was having petit mal seizures. Within a few days, the student had seen a neurologist and was taking medications.

Dr. Rundberg-Rivera prides herself on her no-nonsense approach. She emphasizes three rules, which are: show up, work to the best of your ability and manage your behavior. "They may sound simple, but they are not," she said. "Showing up can be hard for a student who has problems learning or perhaps has been bullied in the past."

In addition to the two consulting psychiatrists, fellows in Stony Brook's Child Psychiatry Fellowship program rotate through the schools. "We serve as consultants to the academic team," explained Pria Persaud, MD, a second-year fellow. "And as liaisons to the students' personal psychiatrists; we are their eyes and ears."



Dr. Richard Mattison, consulting psychiatrist from the Department of Psychiatry and Behavioral Science at Stony Brook University

The fellows learn the fine art of psychiatric evaluation. “No one will ever learn to do an evaluation better than here,” said Dr. Lara Quatinetz, another second-year fellow. “The evaluations at Stony Brook are the gold standard.” They also learn their way around special education. “This is a unique experience,” Dr. Quatinetz said. “We learn about ‘push in’ and ‘pull out’ classes, inclusive and self-contained classrooms. This will prepare us to advise parents later on.”

“The Stony Brook physicians have an unbelievable role in shaping our program,” Ms. Rivera observed. “They model behavior for our staff and students. They teach the staff to be nonjudgmental, to be calm and caring, and to celebrate small successes. The staff love them because they really get it.”

Dr. Mattison recalled that before he

came to Long Island, he envisioned the components of an ideal special education program. He said he found them at Western Suffolk BOCES. “They were pioneers in special education,” Dr. Mattison said. “They had the idea of bringing therapists to the kids and the families to the therapists.” Ms. Rivera suggested that Dr. Mattison may be overly modest. “This is the house that Dick built,” she said.

Both Drs. Mattison and Rundberg-Rivera spend only part of their time at Western Suffolk BOCES. Every afternoon, Dr. Mattison drives from North Babylon to Stony Brook University to continue his research. “I want to study who these kids are and what happens to them,” he explained. “I want to know the effects the programs have on them.” He is particularly interested in children who have learning disabilities in addition to their psychiatric problems.

“Ten percent of students in special education are classified as having an emotional disturbance,” Dr. Mattison explained, noting that the phrase emotional disturbance has a technical meaning in education. “In psychiatry, we refer to emotional disturbances as psychiatric disorders.”

“One group of emotionally disturbed children—those without learning disorders—can function well in school if they receive proper treatment and support. But children who have both an emotional disorder and a learning disorder have a double whammy. They need help with both. Unfortunately once a child is labeled as having an emotional disturbance, people often stop looking for cognitive deficits. If the system is

not seeing cognitive issues in these kids, how can they provide remedial services like reading or language assistance?” he asked.

Dr. Mattison tries to help professionals around the world understand that these children are not learning because of their cognitive disorders, not solely because of their emotional disturbances. “Children with cognitive disorders in addition to their emotional and behavioral disorders look the same as those without them, but the differences show up on the IQ and achievement tests,” he explained. He publishes several articles a year in both child psychiatry and special education journals, and attends meetings in both disciplines. “Psychiatry and special education are like ships passing in the night. I try to be a bridge between them,” he said.

Throughout her 12 years working at Brennan High School, Dr. Rundberg-Rivera has also done clinical research at Stony Brook University Hospital. She has been involved in more than 20 studies in child psychiatry and for the past two years has been the primary clinician in a study on treatment of severe childhood aggression. She also maintains a part-time clinical practice in the Child and Adolescent Outpatient Service.

Her appreciation for the ‘real world’ struggles of her patients keeps her intent on helping her patients fight their battles a piece at a time. “Vicki constantly reminds the students of how far they have come,” Ms. Rivera said. “When they succeed, she says, ‘Let’s have a party. We’ll invite the whole building!’ The kids love her.”



A Life Changing Experience: Stony Brook Students in Cartagena

Last August, Mark Sedler, MD, MPH, Chairman of the Department of Psychiatry and Behavioral Science at Stony Brook University, set out with four medical students for Cartagena, Colombia to explore the practice of global medicine.

“Our aim was to give the students an opportunity to learn more about how medicine is practiced in Latin cultures and to improve their Spanish language skills,” Dr. Sedler said. “We also wanted them to see medical conditions not common in the United States.”

They traveled to the Corporación Universitaria Rafael Nuñez (CURN), the city’s largest private university. “The CURN faculty took a keen interest in our students,” Dr. Sedler said. When they arrived, the Rector and the Dean of Medicine presented the students—Demetris Haldeos, Joanne Castañeda, Jakub Tatka, and Brian Kristoff—with white coats embroidered with the Stony Brook and CURN logos. The local newspaper, *El Universal*, announced their arrival on its front page. “Everyone was amazingly welcoming,” Brian Kristoff said.

The students teamed up with their Colombian counterparts, spending mornings at lectures and afternoons in clinical rotations. Brian Kristoff rotated through inpatient psychiatry and emergency medicine, where he practiced starting IVs and giving injections. Joanne Castañeda spent time in the operating room with the ENT and oral surgery services, and worked in the dental school and clinic. “The trip exposed us to a different way of life,” Mr. Kristoff said. It gave me a new perspective



Jakub Tatka, Joanne Castañeda, Brian Kristoff and Demetris Haldeos in Cartagena, Colombia.

on our lives here—how lucky we are to benefit from the educational system we have at Stony Brook.”

The experience was not all study and work, however. Dr. Sedler arranged for a day trip to the Islas del Rosario, a Caribbean archipelago, and for salsa lessons at late-night discotheques. They visited the Convento de la Popa, a 400-year-old monastery overlooking the city. Joanne Castañeda met a law student who took her on a weekend retreat in Turbaco with her church. “I felt like I was doing something a local person would do,” Ms. Castañeda recalled. “I took the bus out to the countryside, met local people and ate authentic Colombian food.”

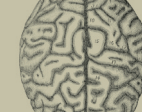
The students also saw poverty and squalor in the poorest parts of the city. Accompanied by an off-duty narcotics detective, the group visited Mercado Bazurto, the open-air market renowned for the quality of its produce and the skill of its pick-pockets. They toured the Granitos de Paz Foundation which provides

healthcare and literacy training to the poorest of Cartagena’s people.

The expedition was sponsored by the School of Medicine Alumni Association and the Department of Psychiatry, as part of the School’s global health program. John Shanley, MD, MPH, Associate Dean of International Programs, said that the School of Medicine developed its international program in response to student demand. “The students are motivated beyond belief,” he said. “When students go overseas, they come back different. They become more thoughtful and compassionate doctors.”

“The trip opened my eyes to a different culture,” Joanne Castañeda said. “It was an invaluable experience—life changing. I am so blessed to have this opportunity.”

Brian Kristoff, who plans to work in Latin America after he graduates, agreed. “I would definitely recommend it to other medical students,” he said. “I learned that with basic medical skills you can help a lot.”



PsychSIGN:

The Future of Psychiatry

When Anya Bernstein was in high school, she worked with a psychologist, administering psychological tests to patients. Soon she was testing her friends and classmates. “They loved it,” Ms. Bernstein recalled. Today, Ms. Bernstein, a fourth-year medical student at Stony Brook University, chairs the New York chapter of PsychSIGN, the Psychiatry Student Interest Group Network.

PsychSIGN is a national organization for medical students contemplating a career in psychiatry. Some, like Ms. Bernstein, are deeply involved in the organization—planning conferences, organizing meetings, recruiting new members. While others are more loosely affiliated and attend an occasional workshop or luncheon with psychiatry faculty. When the Stony Brook club met for lunch in December, 25 medical students attended.

“The students wanted to learn about psychiatry,” explained Laura Kunkel, MD, Assistant Professor in the Department of Psychiatry and Behavioral Science at Stony Brook. “They asked about residency training, psychiatric subspecialties, and the day-to-day aspects of psychiatric practice.” Dr. Kunkel encourages medical students enter the field of psychiatry. “It is a fascinating career where you can help many,” she said.

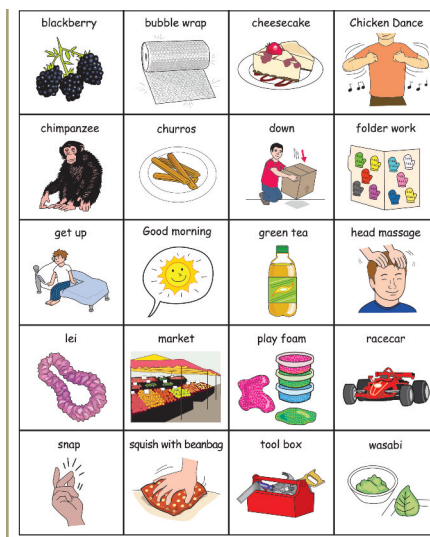
Paul Nestadt, National Chair of PsychSIGN, said that the major reason medical students get involved is to meet others with like interests. “Students become interested in psychiatry for a number of reasons,” he said. “Some want to actually talk to their patients. Others feel an empathy for the suffering of others. Maybe they become interested because the mind is the most interesting part of the human body.”

Catherine Urban, a second-year medical student slated to succeed Ms. Bernstein as head of the Stony Brook club, has been interested in the human mind since high school. “I wanted to be a psychologist,” she said, “but fell in love with AP biology.”

After majoring in psychology and biology, she spent a year caring for young people with disabilities at Maryhaven. An experience volunteering with the inpatient child psychiatry unit at Stony Brook sealed her interest in becoming a child psychiatrist. “I saw I could make a difference,” she said.

Ms. Urban imagines her ideal career as the director of a multidisciplinary center for children with disabilities. “I envision a one-story building with ramps and PECS (Pyramid Educational Consultants) signs,” she said, explaining that PECS is a system for communicating with children with Autism using pictures and words. “I hope to partner with a neurologist, to work as part of a team, to create a place that is open, respectful and less scary for children,” she said.

Anya Bernstein also looks forward to a clinical practice where she can touch the lives of others. She hopes to be affiliated with a university hospital, to keep up with the latest advances in the field and make her own contributions. “I want to train my mind,” she said, “to make it more powerful. I want to learn from people who are brilliant and passionate about their work.” That is one of the reasons I got involved in PsychSIGN.”



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In addition to emotional support, group members share practical tips and information. “I have learned so much from the group,” Mr. Closter said. “Caring for people with Alzheimer’s disease is difficult because they cannot tell you what they want or how they feel. Without the group I wouldn’t have known what to do. I would have blundered and made things worse.” In the beginning, Mr. Closter said, he fought against the disease, becoming angry at his wife’s mishaps and lack of understanding, but eventually learned to be patient. “People with Alzheimer’s are doing what they think is proper,” he said. “You learn that yelling at them only makes them upset.”

“In many ways, Bill is typical of the men who come to the group,” Ms. Jyringi said of Mr. Closter. “He was used to fixing things. When his wife developed Alzheimer’s Disease, he couldn’t fix it but gradually learned to live with it.” But while she sees him as typical she regards him as a very special person. “It is obvious to everyone in the group how much he loves his wife,” Ms. Jyringi said. “All he wants to do is take care of her.”

Information about Alzheimer’s Disease and the services of the Alzheimer’s Disease Assistance Center is available on the Department of Psychiatry and Behavioral Science website at StonyBrookMedicalCenter.org/Alzheimers

MENTAL DISORDERS LINKED TO PERSONALITY TRAITS

A meta-analysis of the relationships between personality traits and mental disorders performed by Research Assistant Professor Roman Kotov, PhD, and colleagues provides conclusive evidence that common psychiatric diseases in adults are strongly linked to traits of personality.

The review is based on 175 research studies published between 1980 and 2007. It measures the strength of the associations between six personality traits and eleven psychiatric disorders.

Although the link has been recognized since the days of Hippocrates, it was not until 30 years ago that researchers developed a common vocabulary that enabled researchers to aggregate results from several studies.

The core findings are presented in a table showing the effect sizes of each personality trait plotted against each mental disorder. The most striking result is the strength of the associations between neuroticism and mental disorders. Equally apparent is the inverse link between conscientiousness and mental disorders.

Although the literature does not provide sufficient data to infer causal relationships between personality and mental illness, the meta-analysis opens up new avenues of investigation by identifying which traits are most likely to be associated with any particular disorder or cluster of disorders.

Dr. Kotov's study, titled "Personality and Mental Disorders," was published in the September 2010 issue of *Psychological Bulletin*.

For more information, please call the Department of Psychiatry and Behavioral Science at (631) 444-2990 or visit StonyBrookMedicalCenter.org/Psychiatry.

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