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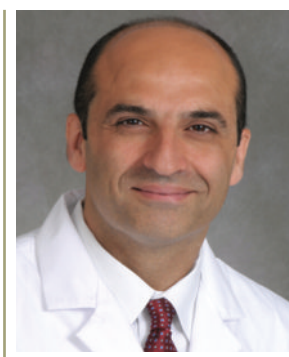
JUST A CLICK AWAY



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.

New Chair, Ramin Parsey, MD, PhD, Looks to Expand on Department's Existing Strengths



Professor Ramin Parsey, MD, PhD

On August 1, 2012, Dean Kenneth Kaushansky, MD appointed Ramin Parsey, MD, PhD — a nationally renowned scientist, clinician and teacher — to be Professor and Chair of the Department of Psychiatry and Behavioral Science at Stony Brook University and Director of the medical center's Positron Emission Tomography (PET) research program.

Dr. Parsey commended his predecessor, Mark Sedler, MD, for creating "a great clinical operation, research, and residency training program." "There will be changes," Dr. Parsey said, "but they will be improvements in existing programs. We plan to enhance and expand our clinical activities and training program and increase our research profile."

By moving his research lab from Columbia University to Stony Brook, Dr. Parsey will further the medical center's strategic goal of "translating cutting-edge biomedical science into diagnostic, therapeutic and prognostic advances." At Columbia, in addition to serving as Professor of Clinical Psychiatry, Dr. Parsey was Director of the Brain Imaging Division and Co-Director of the PET Chemistry and Analysis Core at the New York State Psychiatric Institute. He is an investigator on 9 current grants and the author of more than 100 journal articles or book chapters.

Finding the biological causes of psychiatric disorders and translating this knowledge into more effective treatment for patients is the overarching goal of Dr. Parsey's research. "We can do better in our treatment of psychiatric disorders," Dr. Parsey said, "but first we have to understand the biology." To this end, part of Dr. Parsey's research is aimed at developing neurological markers that predict responses to antidepressants and other medications. "We have the armamentarium," Dr. Parsey said, "but we need to target our treatments earlier and more effectively." Another part of his research involves developing radiotracers and resolving basic issues in imaging methodology. "We are doing studies and developing methods at the same time," he said. "Unfortunately all the tools we need are not there yet."

The son of a family doctor in Clinton, Maryland, ("I could not help but appreciate the joy and satisfaction my father experienced every day," Dr. Parsey said.) Dr. Parsey has long sought to couple his passion for science with his concern for patients. Abandoning his youthful determination not to become a physician, Dr. Parsey enrolled in a joint MD/PhD



MESSAGE FROM THE CHAIRMAN



Professor Ramin V. Parsey, MD, PhD

I begin my tenure as chair of the Department of Psychiatry and Behavioral Science with the expectation that our department will be a leading partner in fulfilling the School of Medicine's aspirations to become a national leader in academic medicine, epitomizing all that is possible from the marriage of the science and the art of medicine. My career has been devoted to improving the practice of psychiatric medicine by developing

scientific knowledge and methods that are useful in medical practice. In this I have been assisted by a highly skilled team of co-investigators, some of whom are introduced in this edition of the newsletter.

I owe a debt of gratitude to Dr. Mark Sedler for handing off a dynamic department whose clinical, teaching and research missions are so well developed and balanced. The 18 years of his leadership were marked by steady growth and improvement. We plan to make significant changes in the department, not by dismantling the work done under Dr. Sedler's administration, but by building on the solid foundation that he and his predecessors have established.

In this issue of *Headlines*, we are pleased to highlight the important work done by the Department's Consultation Liaison Service, led by Drs. Barbara DiGiuseppe and Laura Kunkel. In addition to the important service it renders to patients, the CL team provides an opportunity for medical students and residents to learn about the interplay between physical and mental health.

In every department of Psychiatry, the chief resident plays a pivotal role in determining the quality of the clinical services and training program. Ami Baxi, MD, our current chief resident, has already demonstrated her abilities as a physician, mentor and researcher. We are proud that she will represent the department at the national meeting of the American Association of Child and Adolescent Psychiatry in October.

In this issue too we say farewell to Linda Winter, LCSW, who retired after 31 years at Stony Brook. Ms. Winter has earned the respect of people throughout the region for her administrative leadership of the Comprehensive Psychiatric Emergency Program (CPEP) for the past 22 years.

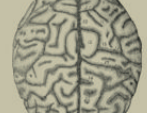
Ramin Parsey, MD, PhD

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program at the University of Maryland where he spent his summers doing research on electrically excitable cells and earned his medical degree and a doctoral degree in Biophysics. "I wanted a career that would integrate science and medicine," he said. "I was considering neurology, cardiology and psychiatry when I spent an hour with a patient with chronic schizophrenia in a state hospital. I was hooked immediately. Schizophrenia is a fascinatingly complex disorder with overlapping genetic, biological and clinical layers. I am never bored. Besides, my heart reaches out to people who are often forgotten."

Early in his career, Dr. Parsey decided that brain imaging was "the obvious place" to begin his search for the keys that will eventually unlock the mysteries of psychiatric disorders. His years as a researcher have been marked by an explosive growth in the power of imaging technologies to model how substances are processed in the brain.

Dr. Parsey anticipates that breakthroughs will come as the result of a multimodal approach in which findings from PET, MRI and other imaging techniques are combined with genetics and psychological studies orthogonally, each making its unique contribution to the understanding of psychiatric diseases. "We have to put it all together," Dr. Parsey said. "No one person is going to do this. We need to work across disciplines." While he recognizes the urgency of the task, he understands the need to develop more reliable methods. "Before these techniques can be introduced into clinical practice, they need to be replicated from lab to lab," he said. Beyond that, translating scientific findings based on population studies into the clinical treatment of individual patients is a monumental task. Before the National Institute of Mental Health's goal of "precision medicine" can be achieved, Dr. Parsey observed, researchers and clinicians must account for the wide variance among individuals. "There are no short cuts," he said.



In his role as the chair of the department, Dr. Parsey looks to achieve a balance among the department's research, teaching and clinical missions. He anticipates continuing support from the National Institutes of Health, research foundations and community organizations for his own research and he looks forward to working with other members of the faculty to increase support for their investigations. His role as Director of PET Research within the newly formed Research Imaging Institute will forge new links with other departments in the medical center and beyond. He has already established links with scientists at the Brookhaven National Labs and will continue to collaborate with colleagues at Columbia University.

He also aims to enhance clinical operations, adding new services, especially those at the forefront of psychiatric treatment. He envisions a cadre of scientifically grounded clinicians bringing the most advanced clinical techniques to patients in the local community. By stressing the biological origins of depression and other psychiatric disorders, Dr.

Parsey hopes to reduce the stigma associated with seeking psychiatric treatment. "Diseases like schizophrenia and major depression are not the result of personal choices," Dr. Parsey said. "They are diseases like arthritis or diabetes. Many psychiatric diseases are treatable, if only people would seek help for them."

The department's educational programs are also squarely in Dr. Parsey's sights. "As with research and clinical treatment, there are no shortcuts in professional education," Dr. Parsey said. "It is important to spend the time up front with medical students and residents, focusing on the long term rather than the short term."

"I have been associated with several departments of psychiatry and in each it was obvious that all parts of the mission — research, education and clinical care — need to support one another," Dr. Parsey said. "Our goal will be to integrate our research program with our clinical and training programs, to do our clinical research with actual patients and to bring our scientific findings directly to the clinic."

A Brain Imaging Lab Comes to Stony Brook

When Dr. Parsey came to Stony Brook in August, a team of highly accomplished researchers and support staff from the brain imaging lab at Columbia University came with him. Three of Dr. Parsey's co-investigators — Christine DeLorenzo, PhD, Francesca Zanderigo, PhD and Arno Klein, PhD — have joined the staff of the department. Others are expected during the coming months. Their research involves different aspects of brain imaging, but is tied together by a concern to advance the understanding of mental illnesses through the use of improved imaging techniques.

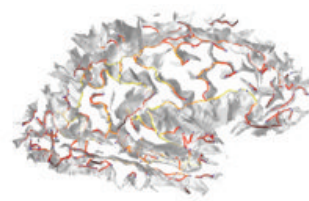
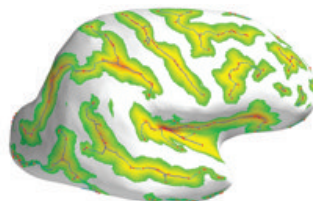
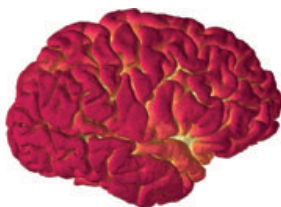
Before coming to Stony Brook, Dr. DeLorenzo, who is the director of the brain imaging lab, was an assistant professor of clinical neurobiology at Columbia University. She received a Bachelor of Engineering degree from Dartmouth College and a PhD from Yale University in Biomedical Engineering. Dr. DeLorenzo's current research focuses on the development of novel algorithms to extract information from medical

images for use in psychiatric treatment and research.

Francesca Zanderigo, PhD received a Master in Electronic Engineering and a PhD in Bioengineering from the University of Padova, Italy. She is currently working on the combined analysis of multimodal brain images to provide biomarkers for personalized treatment of major depressive disorders and investigating a novel non-invasive approach to promote the use of PET in clinical practice.

Arno Klein, PhD has a MS in Media Arts and Sciences from the Massachusetts Institute of Technology and a PhD in Neuroscience from Weill Medical College of Cornell University. He invented Mindboggle, a software program that automates anatomical labeling of human brain data. Dr. Klein conducts research in human brain image processing, registration, and labeling.

Future editions of Headlines will feature the work of the brain imaging lab.





Knowledge on the Fly: Consultation Liaison Psychiatry

No actual individuals are referenced in this article. All cases are fictionalized composites used to illustrate the types of cases referred to the Consultation Liaison Service.

Let's start from the top," Dr. Barbara DiGiuseppe says to six medical students and residents gathered for morning rounds. A bulky *Textbook of Consultation Liaison Psychiatry* weighs down the conference table. Dr. DiGiuseppe leads her Consultation Liaison (CL) team through a review of current patients using a code that allows them to discuss a dozen patients in less than an hour.

Mr. L: 74. Had syncopal event. Fractured arm. Possible GI bleed. Agitated. Refusing treatment. Orthopedic surgeons want to know if he has capacity.

"What do you think is going on?" Dr. DiGiuseppe asks the group. They agree it is delirium. Probably from pain. "You'll be primary," she says, pointing to a medical student. "What's the question they have for us?" "Competence," he answers. "Make sure he has his hearing aid on," she says.

Ms. C: 47. In the hospital following a suicide attempt. Tox (toxicology) screen positive for benzos (benzodiazepines). Now in MICU. Pneumonia. Psych history of anxiety and SA (substance abuse). Insight is improving, but still explosive and demanding.

"Let's get social work involved," Dr. DiGiuseppe suggests. "Read the chart. Talk to the social worker. Try to get some collateral (information). Let's take some time to review



Laura Kunkel, MD, Barbara DiGiuseppe MD, Sana Qureshi, MD and Jacqueline Decker, DO.

Cluster B Personality Disorders. The team reviews the symptoms of Borderline Personality Disorder: impulsivity, lability, suicidal behavior.

Mr. A: 87. Alzheimer's disease. Agitated. Confused.

"He got his PRNs ('as needed' medications) last night, but I couldn't find out why," a medical student reports. "Ask the staff to do a better job documenting PRNs," Dr. DiGiuseppe tells her. "Put that in your recommendations. Document PRNs." The student writes "Document PRNs" next to Mr. A's name.

"Who's new?"

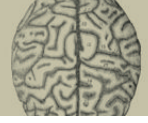
Ms. D: 27. Pregnant. Schizophrenic. Other children in foster care. She has not yet been told that her baby will be taken into protective custody.

"We need to assess her for depression," Dr. DiGiuseppe tells the team.

"Do you remember the key questions?" she asks. "How do you feel about the baby," someone offers. "Good," Dr. DiGiuseppe says, "What else?" "Emotional supports," one says; "Negative thoughts," says another. "Intrusive thoughts, that's the key," Dr. DiGiuseppe says.

And so it goes until the list of patients is exhausted. The senior resident leads half the team to post-partum while the other half wait for Dr. DiGiuseppe to answer a page. The medical students chat about residencies. "Go into emergency medicine," one student advises another. "You will be more marketable." Dr. DiGiuseppe returns to gather her team. They go to orthopedics to see the patient with a broken arm.

Each month the Department of Psychiatry Adult CL Service responds to 160 to 180 calls from medical and surgical services throughout the



hospital. The service is comprised of two teams, one led by Dr. DiGiuseppe, the other by Dr. Laura Kunkel.

Dr. Michael (Guo Jun) Huang, an attending hospitalist, calls on them when his patients have psychiatric issues that are beyond his level of expertise. “I see elderly patients who have problems with depression or dementia and younger patients who have both medical and psychiatric problems,” Dr. Huang said.

Dr. Huang uses the consultation service to help him and his residents deal with “the big picture.” “I once had a patient with diabetes,” Dr. Huang recalled. “She had not been eating for weeks and went into renal failure. While she was in the hospital, she would not leave her room. Even though her chemistries were brilliant, it made no sense to discharge her without addressing the root cause of her problem. So we called psychiatry. They recommended ECT which relieved her depression and enabled her to eat.”

Dr. Letty Smith served on the CL team during her fourth year of residency. As senior resident, she often took the lead in responding to consultation requests. “What makes CL psychiatry so interesting,” Dr. Smith said, “is getting the primary medical team and the patient on the same page.” One of her principal techniques is to engage patients on their own terms. “Our patients didn’t go to medical school, they didn’t take biochem, they don’t understand the jargon,” she said. “We spend time with them, see what is going on and explain things in ways they can understand. It takes longer, but it

makes alliance possible.”

Management of time is key to the success of a CL physician. “Sometime you have the luxury of time to talk,” Dr. DiGiuseppe observed, “and sometimes you don’t. You have to be adaptable. Often you have only a very short time to make a difference. You recognize that you cannot cure all the problems, but you try to leave patients with more resources than they started with. You learn to intervene and move on.”

“You recognize that you cannot cure all problems, but you try to leave patients with more resources than they started with,” Dr. DiGiuseppe said.

Clinical intervention is only half the team’s mission. Education is the other. Throughout her rounds, Dr. Laura Kunkel stays alert to teaching opportunities. When a medical student noted during rounds that an elderly patient was becoming defensive about his memory loss, Dr. Kunkel explained that patients with early stage dementia are usually not defensive, but become defensive when their scores on the mini-mental exam dip. “You know how it feels to lose your wallet or purse?” Dr. Kunkel asked her students. “Imagine losing your mind.”

“Every patient is an opportunity for learning,” Dr. Kunkel said. “There is always something to teach.” Whether the team is seeing patients, sitting down at morning rounds or completing consultation reports, the attending physicians look for opportunities to teach — “except when I am in the room with the patient,” Dr. Kunkel noted, “then I am thinking solely of the patient.”

From her perspective as senior resident, Dr. Letty Smith appreciated the opportunity to work with two attending physicians. “Both have great skills, but different styles,” she said, citing Dr. DiGiuseppe’s clinical acumen and Dr. Kunkel’s knowledge of the brain. She recalled a patient of Dr. DiGiuseppe whose dementia was progressing rapidly. “Her daughter,” Dr. Smith said, “had concerns about the side effects of the medications we were proposing. Dr. DiGiuseppe put her at ease. She acknowledged the reality of her fears as well as her sadness and loss before explaining why we chose that medication. That’s an effective clinician.”

“In another case,” Dr. Smith said, “Dr. Kunkel was treating a patient who was very ill with a number of chronic diseases. She had adverse reactions to several of her medications. No one could figure out what to give her. Dr. Kunkel had us look up how the medications are metabolized and find medications that are metabolized differently. She gave us a new way to conceptualize the problem. She taught us how to use knowledge on the fly to make educated choices.”



Chairman Mark J. Sedler, MD Steps Aside As Chair

On May 22, 2012, after leading the department for 18 years, Professor Mark J. Sedler, MD, MPH stepped aside as chair of the Department of Psychiatry and Behavioral Science making way for the appointment of Ramin Parsey, MD, PhD.

“Mark Sedler created one of the most respected and successful departments in the School of Medicine,” said department administrator Regina Cline, JD, “and he was a major force in shaping the delivery of mental health services in Suffolk County and New York State.”

Dr. Sedler joined the faculty at Stony Brook in 1983 following a clinical fellowship at Harvard University and a year on the faculty of Cornell University Medical College. After two years as an Assistant Professor Dr. Sedler left to establish a successful private practice. In 1993 Fritz Henn, MD lured him back to Stony Brook by offering him the position of Vice Chair for Clinical Affairs. A year later interim Dean Naji Abumrad appointed him acting chairman and in February 1997 Dean Norman Edelman, MD appointed him permanent chair.

Arthur Stone, PhD, the Vice Chair of the department, said that Dr. Sedler achieved his success by creating an environment that allowed people to do what they do best. “Dr. Sedler took care of the budgets, the managed care contracts and the mountain of administrative tasks that confronts a department, letting us do our work,” Dr. Stone said.



Professor Mark J. Sedler, MD, MPH

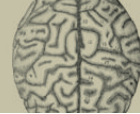
When Dr. Sedler returned to Stony Brook, managed care was on the rise. Exercising his characteristic foresight, Dr. Sedler helped align the Department of Psychiatry and the Clinical Practice Management Plan (CPMP) with the new fiscal realities. He established Suffolk Psychiatric Services, an independent practice association which enabled mental health providers to maintain their practices in the community. As Secretary/Treasurer of the CPMP he helped lead the initiative to negotiate favorable rates with the emerging managed care plans.

Dr. Sedler is an active participant in the department's teaching program. Early in his tenure as chair, Dr. Sedler recruited his colleague, Michael Schwartz, MD, to serve as director of the department's residency program. Together with Dr. Andrew Francis, he co-directs the second year systems course in psychiatry and plays an important role in residency training. Residents are especially appreciative

of his movie nights, when he shows films related to psychiatry in popular culture. For the past three years, Dr. Sedler has accompanied a group of Stony Brook medical students to Cartagena, Colombia, where he has developed a popular clinical elective.

Dr. Sedler has been clinically active throughout his tenure as chairman. He is head of the Adult Services Division and regularly serves as an attending physician on the adult inpatient unit. For the past 15 years, he has been the Medical Director of the department's Alzheimer's Disease Assistance Center of Long Island. He sees patients in the Comprehensive Psychiatric Emergency Program (CPEP) in addition to providing oversight as its clinical director. Last November, under Dr. Sedler's leadership, the medical center opened a new \$7.2 million CPEP facility featuring one of the most advanced designs in the country. Dr. Sedler was able to secure \$2 million in capital funds from Suffolk County and New York State in support of the project.

John M. Kennedy, Minority Leader of the Suffolk County Legislature, credited Dr. Sedler with creating a psychiatric facility that is “the pride of New York State and perhaps the nation.” Mr. Kennedy recalled that as long as five years ago Dr. Sedler had a vision for a new CPEP that would meet needs of everyone in the county. “He pursued his vision with an unrelenting will,” Mr. Kennedy said, “and he ended up with a program that is unparalleled in the delivery of emergency psychiatric care.”



While developing the department's clinical and educational programs, Dr. Sedler was equally mindful of the research mission. In 1997 he appointed Dr. Arthur Stone to be Vice-Chair for Research and in 1999 promoted him to Vice-Chair of the department. In collaboration with Dr. Stone, Dr. Sedler has co-directed the Institute for Mental Health Research and helped the department's research portfolio grow to 27 NIH grants and \$35 million in funded research. His nurturance of research programs has made the Department of Psychiatry's research program among the most successful of all clinical departments in the medical center.

For his part, Dr. Sedler credits the success of the department to its faculty, staff and residents. "I take great pride in the accomplishments of the department," Dr. Sedler said. "My approach has been to take people as I found them and create opportunities for them to achieve their potential. I cannot take credit for all we have done, but somehow we have managed to achieve—together—something very special. It has been a very rewarding experience."

Psychiatry Grand Rounds

On Tuesdays throughout the academic year, the Department of Psychiatry and Behavioral Science invites prominent researchers and clinicians from some of the region's top universities to present grand rounds on topics ranging from the latest findings in the basic and clinical sciences to issues of public policy.

This year's series of 36 programs will begin on September 11, 2012 with a presentation by the department's chairman, Ramin Parsey, MD, PhD. On November 13, the department will team up with the Department of Medicine for a joint program to discuss the World Trade Center Mental Health Research Initiative. On February 26, Nora Volkow, MD, the Director of the National Institute on Drug Abuse will speak on the neurobiology of drug addiction.

The sessions, which are free and open to the public, are held at 11:30 a.m. in Lecture Hall 6 of the Health Sciences Center at Stony Brook University. Free parking passes are available. The schedule for this year's program can be found at the Department's website: http://www.stonybrookmedicalcenter.org/psychiatry/grand_rounds_fall_2012.

Chief Resident: *Ami Baxi, MD*



Ami Baxi, MD

Director of Residency Training Michael Schwartz, MD appointed fourth year resident, Ami Baxi, MD, to serve as chief resident from July 1 through December 31, 2012. As chief resident, Dr. Baxi

is responsible for mentoring residents and medical students, maintaining the residents' clinical schedules and managing the hospital's continuing day treatment program. Chief residents are selected on the basis of their academic achievements, clinical skills and leadership abilities.

A native of Goshen, New York, Dr. Baxi earned her bachelor's degree in Applied Economics and Business Management from Cornell University and her medical degree from St. George's University in Grenada. She is currently working with Dr. Gabrielle Carlson on a study of weight changes in children who are taking atypical antipsychotic medications. She will make a poster presentation at the American Academy of Child and Adolescent Psychiatry annual meeting in October.

Dr. Baxi is expert in the Korean martial art of taekwondo. She earned her black belt in early high school and mentored younger students until she graduated. She emphasizes that taekwondo is "pure self-defense." "I enjoyed it as an exercise," Dr. Baxi said. "It taught me perseverance and respect."

Dr. Baxi's father, Dr. Shreyas Baxi, has been a practicing psychiatrist since 1991. "As I was growing up," Dr. Baxi said, "I wanted to be a doctor like my father—but not a psychiatrist." She changed her mind after a rotation in psychiatry during her second year of medical school. "I liked it," Dr. Baxi said. "Eventually I came to realize that this is where I had to be."



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LINDA WINTER, LCSW, RETIRES AFTER 31 YEARS

On August 1, 2012, Linda Winter, LCSW, Administrator of the Comprehensive Psychiatric Emergency Program (CPEP), retired after 31 years at Stony Brook University.

Ms. Winter came to Stony Brook in 1980. After working for three years each in adult outpatient psychiatry, the adult inpatient unit and medical intensive care, she left to become the assistant director of social work at South Oaks Hospital, but returned within the year to become supervisor of the newly established CPEP. “I discovered that the values here were more consistent with my own,” she said. “The people at Stony Brook have a commitment to helping people get well.”

She spent much of her time during the early years explaining the role of CPEP “In the minds of many people,” Ms. Winter explained, “CPEP was symbolic of all that was wrong with the mental health system, but over the years, perceptions changed. Now people say, ‘We get it; we understand the pressures CPEP is under.’ ”

Ms. Winter will work as a part-time consultant to the Suffolk County Probation Department and will continue to teach in the School of Social Welfare, where she has taught for 15 years.

Mark Sedler, MD, who was chair of Psychiatry throughout Ms. Winter’s tenure in CPEP, described her leadership as invaluable. “In my role as CPEP Director, I have always relied on Ms. Winter’s sound judgment and depth of knowledge,” Dr. Sedler said. “Her community outreach ensured the pivotal role that CPEP plays in the public mental health system. She will be sorely missed.”

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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