



LOOK INSIDE

- 2 Message from the Chairman
- 4 Dr. Leighann Litcher-Kelly on the Path to Success
- 6 Thoughtful Spaces: The New Comprehensive Psychiatric Emergency Program
- 7 Chief Resident: Jenna Taglienti, MD
- 8 Dr. Sheldon Weintraub Retires after 43 Years

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.



The Suffolk County Mental Health Project Looks to the Future

A team of researchers, led by Distinguished Professor Evelyn Bromet, PhD, has been tracking the lives of 470 men and women in the Suffolk County Mental Health Project since they were first hospitalized with psychotic symptoms 20 years ago. The team assessed the participants five times in the first decade after they joined the project. Now, with support from a \$2 million grant with the National Institute of Mental Health, they are reassessing them at the 20-year mark, this time under the leadership of Roman Kotov, PhD, a psychologist who has been part of the project since he came to Stony Brook in 2006.

"It is time for Dr. Kotov to take over as principal investigator," Dr. Bromet said. "He has been producing important papers using methods developed by his generation and has refocused the study on recovery. This next phase requires sophisticated analytic techniques consistent with his skills. Besides, it is important to have a principal investigator who is young and modern. Transferring the leadership seems natural."

"This new grant will allow us to investigate the trajectories of recovery over two decades," Dr. Kotov said. It is the first study of its size and scope to track individuals for more than ten years after their first hospitalization. The study will consider the new, consumer-oriented concept of recovery which focuses on self-fulfillment and real-world functioning, as well as remission of symptoms and biological markers of health. "We are approaching recovery comprehensively," Dr. Kotov said, "to capture this complex concept as fully as possible."

Associate Professor of Psychology Greg Hajcak, PhD, who will oversee the

The Suffolk County Mental Health Project Team

Principal Investigator:

Assistant Professor Roman Kotov, PhD,
Clinical and Research Psychologist

Co-principal Investigators:

Distinguished Professor Evelyn Bromet, PhD,
Epidemiologist, Project Founder

Professor Gabrielle Carlson, MD

Director of Child and Adolescent Psychiatry

Professor Laura Fochtmann, MD

Director of ECT, Medical Editor of the
American Psychiatric Association
Practice Guidelines

Professor Mark Sedler, MD

Department Chairman

Associate Professor Greg Hajcak, PhD

Department of Psychology

Collaborators:

Marsha Karant, MD

Eduardo Constantino, MD

Joan Rubinstein, MD

Interviewers:

Daniel Holzmacher

Peter Allen



MESSAGE FROM THE CHAIRMAN



Mark J. Sedler, MD, MPH

In this issue of *Headlines* we are pleased to announce the opening of our new Comprehensive Psychiatric Emergency Program (CPEP) facility. Two decades ago the Chief Medical Officer of the New York State Office of Mental Health, John Oldham, outlined a new program to alleviate overcrowding in emergency rooms, provide alternatives to admission, and coordinate crisis care in the community. For the past 21 years, our department has addressed these needs through our CPEP. Thanks to the Medical Center leadership, former County Executive Steve Levy, Legislator John Kennedy and OMH Commissioner Michael Hogan, we have moved into a spectacular new facility where we will continue this work for many years to come.

At about the same time the CPEP opened, members of the department's faculty, led by Dr. Evelyn Bromet, initiated the Suffolk County Mental Health Project. For 22 years they have followed the lives of people who were admitted to Suffolk County hospitals with psychotic symptoms. The announcement of a \$2 million grant from the National Institute of Mental Health will enable the team to continue this important work. Dr. Bromet has passed the baton to her colleague, Dr. Roman Kotov, who has already distinguished himself as a research scientist.

Another young scientist, Dr. Leighann Litcher-Kelly, is building a solid record of accomplishment in the department's Applied Behavioral Medicine Research Institute. She is collaborating with Dr. Robert Shaw from the Northport VA Medical Center and Dr. Gina Sam from Stony Brook's GI Motility Center to study the psychosocial factors associated with gastrointestinal disorders in service men and women returning from Afghanistan and Iraq. She has a bright career ahead of her.

The appointment of Dr. Jenna Taglienti as the Chief Resident is another instance of the Department's commitment to the development of future leaders in Psychiatry. Dr. Taglienti, who is a skilled clinician and a capable teacher, will serve as chief resident from January through June.

Finally, in this issue we bid farewell to Dr. Sheldon Weintraub who is retiring after 43 years of service to the university community. During his years as the Clinical Director of our inpatient Child Psychiatry Unit, Dr. Weintraub has been an outstanding clinician and mentor.

These stories provide just a few examples of how senior members of the faculty are preparing the way for the next generation of researchers, teachers and clinicians in Psychiatry.

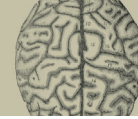
MARK J. SEDLER, MD, MPH

continued from cover

neuroscience aspect of the study, said that he is very excited about the project. "To my knowledge, this is the largest, best characterized sample of people with schizophrenia and other psychotic disorders in the country," he said. "We can have a great amount of confidence in our outcomes data. This is as good as it gets."

All participants in the study will spend a day at Stony Brook where they will be interviewed by clinical researchers, receive a physical examination, have blood drawn and complete cognitive tests. Researchers will record measures of brain functioning called event-related potentials, or ERPs. Based on earlier studies, they expect to observe associations between brain responses and other aspects of recovery such as employment and social activity. On an even greater scale, their research may provide clues to the biological and environmental factors that put people who experienced psychosis at risk for life-long illness.

The unique strengths of the Suffolk County Mental Health Project make it possible for the researchers to explore areas not open to most other scientists. The sample size (participants from the Mental Health Project and a matched comparison group) gives the study considerably more statistical power than any other of its kind to date. Because the sample includes significant numbers of people with schizophrenia and with other psychotic disorders, researchers can distinguish factors unique to schizophrenia from those associated with psychosis more generally. And while most studies recruit subjects at various stages of their illness from a single clinical service and assess them only once, participants in this study were recruited at the time of their first hospitalization from every inpatient psychiatric unit in Suffolk



*Distinguished Professor
Evelyn Bromet, PhD*

County and followed closely for 20 years. And, unlike most studies, this one includes people with a history of substance abuse. “As a result,” Dr. Kotov said, “we have a truly representative and diverse sample—unlike any in North America.”

Participants in the study are diagnosed with great care. The research team includes some of the

most highly skilled psychiatric diagnosticians in the country. Each month for the next three years, they will gather at Dr. Bromet’s house to go over the details of participants’ lives and test results. “We think of ourselves like nosy aunts,” Dr. Bromet said. “We don’t make decisions about treatment, but we keep a close eye on the quality of people’s lives.”

The study results will be of interest to researchers, clinicians and policy makers. Dr. Hajcak expressed hope that the



*Principal Investigator
Roman Kotov, PhD*

identification of biomarkers might provide clues to the genetic origins of schizophrenia and other psychotic disorders. “The genetics of neurological dysfunction is simpler than the genetics of behavioral disorders,” he said. “If we can link the dysfunction with the disorder and genetic factors to the dysfunction, we will know better where to look for the genetic factors associated with the disorder.”

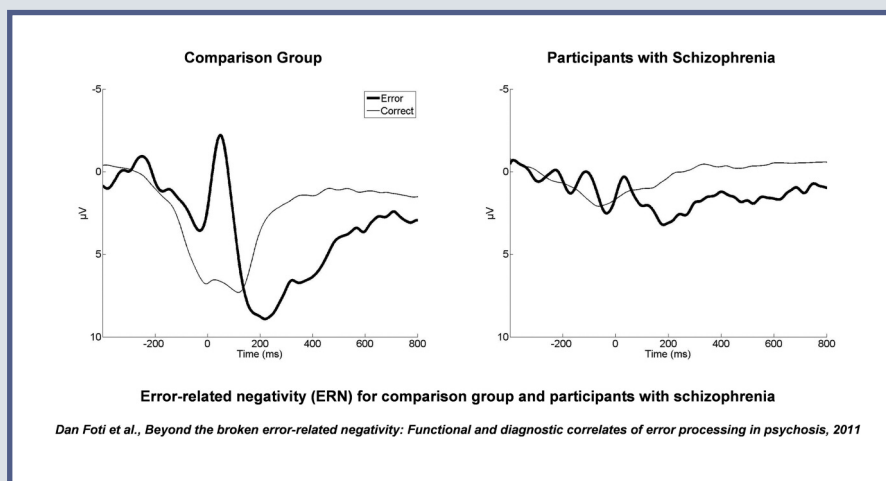
The study will produce basic public health data about the scope of psychiatric illness and gaps in treatment. This data should be of interest to policy makers who, for the first time, will have credible information about the rate and distribution of long-term recovery. “We are confident that recovery is possible,” Dr. Kotov said, “but we do not know how common or stable it is. This study will help us find out.”

Flankers Task

One of the neurological tests being administered to participants in the project involves an easily recognized reaction in the brain that occurs about a tenth of a second after a person makes a mistake. To provoke this response, called an error-related negativity (ERN), researchers flash five horizontally aligned arrowheads on a computer screen for a fraction of a second. Half the arrays look like ‘<<<<<<’ or ‘>>>>>>’ and half like ‘<<<<<<’ or ‘>>>>>>’. Participants are instructed to indicate the direction of the center arrow by pressing

the left or right mouse button as quickly as they can. If they get fewer than 75% of the responses right, the researchers say, “Please try to be more accurate;” if they get more than 90% correct, the researchers say, “Please try to respond faster.”

An EEG recording of brain activity during the test shows the signature pattern of an ERN when the participant makes a mistake. In people with schizophrenia, the ERN response is blunted, suggesting that they are less likely to detect mistakes in the moment.



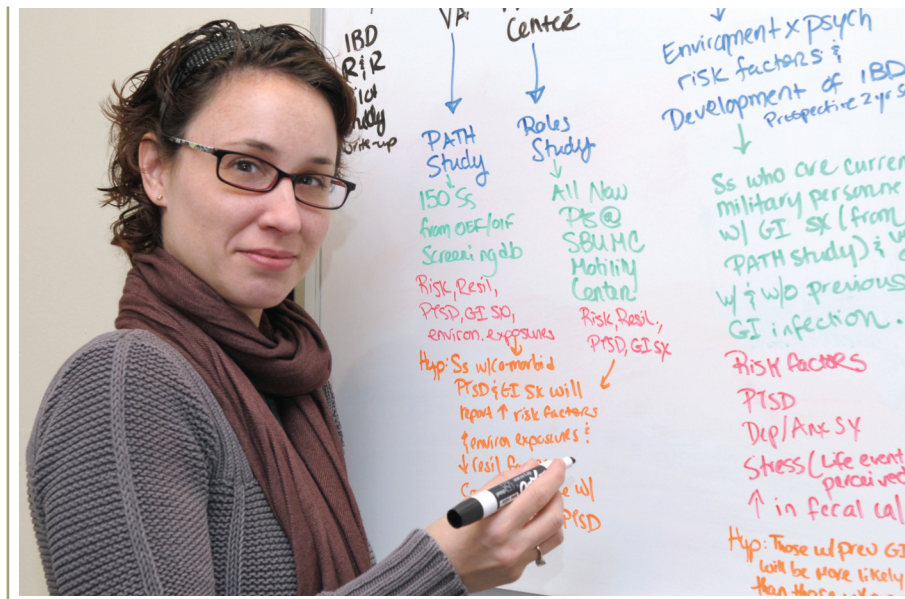


A Young Scientist on the Path to Success

Leighann Litcher-Kelly, PhD, is a young scientist whose future is mapped out with bright-colored markers on a white board in her office. At the far right is her current destination: to be the principal investigator for a National Institutes of Health R01 grant. “An R01 is a benchmark,” she explained. “It means you are a fully independent scientist.” To get there, she has plans for a grant from the Department of Defense and a mentored scientist award (K01 grant) from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDKD). They too are on the board.

Dr. Litcher-Kelly says she uses the board to keep her focused. “I have lots of ideas for projects,” she said. “I read something and think ‘It would be so cool to do this,’ but I have to ask myself where it fits in, and how it will add to the story.” She used a similar technique when working on her doctoral dissertation, which she completed under the direction of Arthur Stone, PhD, Director of the Applied Behavioral Medicine Institute at Stony Brook. After graduation, he advised her to focus her energies on creating a programmatic body of work, rather than doing several little projects that do not fit together.

She found her focus in the study of the psychosocial factors that affect people with gastrointestinal (GI) disorders. “I was taking a course about psychosocial factors in health when I was an undergrad at Penn and found that there was not a lot written about GI,” she said. “I decided it was a practical niche I could fill.” Her dis-



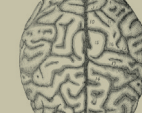
Dr. Leighann Litcher-Kelly plans her future.

sertation project, funded by the NIDDKD, examined stress and symptoms of Inflammatory Bowel Disease (IBD). Today she is launching a study with Robert Shaw, MD, Director of Gastrointestinal Diseases at the Northport VA Medical Center, to study factors that might be associated with GI symptoms in military personnel returning from Afghanistan and Iraq who have post-traumatic stress disorder (PTSD), and a similar study of civilians with Gina Sam, MD, MPH, Director of the GI Motility Center at Stony Brook University. The initial focus will be on the relationship between PTSD and GI disorders.

“PTSD and GI disturbances are huge problems for veterans these days,” Dr. Shaw said. “People are coming back from deployment with an increased rate of PTSD and an increased rate of GI disturbances. Doctors around the country have noticed the connection, but nobody

knows how they are linked.” The term “GI disturbances” covers a range of disorders, but the researchers’ initial focus will be on IBD, which includes Crohn’s Disease and ulcerative colitis, and irritable bowel syndrome (IBS) and functional dyspepsia (FD), two functional disorders that are diagnosed only when diseases caused by inflammation have been ruled out. The symptoms of these disorders include abdominal pain, diarrhea and constipation, and can greatly impact quality of life.

Participants in the veterans’ study will be recruited from the Operation Enduring Freedom/Iraqi Freedom Clinic at the Northport VA Medical Center. They will complete an online assessment developed by Dr. Litcher-Kelly to measure psychosocial stressors which may be associated with PTSD. Dr. Shaw will evaluate their GI disorders using Rome III diagnostic criteria. A parallel study at the Stony Brook Motility Center



will allow the researchers to compare military and civilian populations. “There is a ton of potential in this research,” Dr. Shaw said. “We hope to be able to generalize our results to a number of emotional disturbances and motility problems.”

The team will use a “double-hit” model of PTSD, based on the hypothesis that a stressful event such as being the victim of sexual abuse or witnessing a fatal accident, may make a person vulnerable to PTSD while a second stressor, such as exposure to combat, triggers its symptoms. The psychosocial assessment tools developed by Dr. Litcher-Kelly will test for both early and recent stressors in an attempt to understand the relationships between the two. “If we could identify the factors which put people at increased risk for PTSD,” Dr. Shaw said, “the military could develop methods for preventing or mitigating its effects.”

Identifying the connections between PTSD and GI symptoms in returning service personnel could be the key to a more general understanding of the links between psychosocial stressors and GI symptoms. “The relationship of gastrointestinal to psychological disorders is not a new concept,” Dr. Shaw said, “however the details of how they are connected are not known.”

“It is not a simple one-to-one relationship,” Dr. Litcher-Kelly said. “We know that trauma is associated with functional motility problems, but we have not found the link. There are no blood tests, no endoscopic findings to explain the symptoms. Perhaps there was a subclinical level of inflammation that could not be

detected or a hypersensitivity to normal symptoms caused by dysregulation of nerve endings. We don’t know.”

“One thing we know is that the gut is a very nerve-oriented organ,” Dr. Shaw said. “It has more neurons than any organ except the brain. The brain and the gut like to talk to each other.” The research team also have their eyes on other mechanisms that may play a role, including hormones, the microbial community in the gut, and genetic factors. But before they can investigate any of them, they need a well characterized population of research participants to study.

“Dr. Leighann Litcher-Kelly is bright and competitive, and she works in the right environment to allow a young scholar to develop,” Dr. Shaw said.

Dr. Litcher-Kelly will be responsible for recruiting participants and describing their psychosocial profile, but will also participate with Dr. Shaw, Dr. Sam and others in the design of the overall project. “Dr. Litcher-Kelly has extensive experience with GI disease

and knows a lot about it—much more than most psychologists,” Dr. Shaw said. “She is impressive, both intellectually and organizationally. I’m struck by how bright, creative and dynamic she is.”

“I am selfishly curious,” Dr. Litcher-Kelly said. “I have a really cool job. I get to work on interesting ideas and think of ways to test them.” She is also deeply interested in making a difference in the lives of people who suffer from GI symptoms. “People often feel helpless,” she said. “If we can design studies to answer the questions about which factors exacerbate these symptoms, we can make an impact on their lives.”

Although he is unsure of where their research might lead them, Dr. Shaw is confident that Dr. Litcher-Kelly will live out the future she has outlined on her whiteboard. “She is bright and competitive, and she works in the right environment to allow a young scholar to develop,” he said. “As a new investigator she is more likely to be funded by professional societies,” Dr. Shaw said, “and the questions she is pursuing are of interest to the Department of Defense, which often has the funding when others do not.”

For her part, Dr. Litcher-Kelly envisions her future in three giant steps: identify the psychosocial factors that put people at risk for GI disease, understand which are most important, and develop interventions to reduce symptoms and improve quality of life. The steps are spread from left to right on the board.



Thoughtful Spaces: The Comprehensive Psychiatric Emergency Program

The Comprehensive Psychiatric Emergency Program (CPEP) at Stony Brook just moved into one of the most advanced psychiatric emergency facilities in the country. The project, which cost \$7.2 million and was five years in the making, triples the space available for emergency psychiatric care and allows for significant improvements in safety, efficiency and quality of care.

At the ribbon-cutting ceremony, Department Chairman Mark J. Sedler, MD, described the opening as a momentous occasion. He reflected back to the 1950's when 12% of Suffolk County's population resided in state hospitals. In the wake of deinstitutionalization, he explained, the overcrowding of local hospital emergency rooms reached crisis proportions as people in desperate need overwhelmed resources in the community. Out of that crisis a new concept in regional psychiatric emergency care was conceived: the Comprehensive Psychiatric Emergency Program, which would create a system for coordinating and improving services statewide.

Stony Brook University Hospital opened the first CPEP in New York State in 1990 and has evaluated and treated more than five thousand patients a year since. "As the population of the large state hospitals declined to fewer than 400," Dr. Sedler said, "the Stony Brook CPEP became the central nervous system of the public mental health system in Suffolk County."

The original plan was to build the new CPEP where the pediatric emergency room is now, but the space



A pyramidal skylight brings natural light to the new CPEP.

was too small. Plans for locating the CPEP in modular buildings in the parking area behind the emergency room were drawn up and abandoned, before the decision was reached to build new space at the end of the building. "Even then, there were many possibilities," said Project Manager John Neverka. "We sat with Dr. Sedler, the CPEP staff, the architects and others to decide what to build."

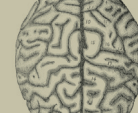
"Our overwhelming concern was the safety, satisfaction and comfort of patients," Dr. Sedler said. "We wanted to create a pleasing environment that would give an air of hospitality to the unit."

Peter Verne, the project architect, recalled his reaction to the proposal to build new space at the east end of the building. "It was a challenge," he said. "We were adding a 10,000 square-foot extension to a million square-foot complex, but it was the first thing that people would see as they drove in. And we were adding it to the major modernization plan which

was not designed to have anything attached to it."

"We searched for the right narrative," Mr. Verne said. "First we considered a contrasting approach, then an organic growth out of the existing structure until we settled on a marriage between the existing building and the new, like intertwining fingers." The new CPEP, Mr. Verne explained, respects the major modernization project geometries and resolves them. "I like to describe it as the period at the bottom of an exclamation point," he said.

The patient experience was central to Dr. Sedler's thinking. "We created a fast-track area, similar to a private physician's office, for patients who do not need to be sequestered inside the CPEP," he said, "and a dedicated entrance and waiting area for police-escorted patients." Another important feature was the creation of discrete areas for children and adults. "Entrances, triage areas, sleeping quarters, bathrooms:



everything will be separate so there will be no need for interaction between children and adults,” Dr. Sedler pointed out.

The uniqueness of the program and sheer volume of detail presented challenges. “These are not your standard patient rooms,” John Neverka recalled. “Paint, ceilings, cabinets, floors, windows—each had to be thought through and agreed upon. We had to keep moving down the line. Furniture, fixtures, locks, security, glass. We always kept our eyes on the end line. We had to design everything, from the hardware on the doors to the windows of the nurses station, so the patients could not hurt themselves.” The ceilings are made of sheetrock so patients cannot crawl into them. Air conditioning vents are secured with tamper-proof screws. The furniture is bolted down so it cannot be thrown.

“We were very thoughtful about spaces,” Dr. Sedler said. “There was no place for patients to eat in the old CPEP, so we installed tables in the patient milieu. We used natural light and high ceilings to create a sense of openness, to reduce the sense of confinement that can provoke agitation and restlessness. We installed a video monitor in the ceiling of the seclusion room to provide distraction while patients are reconstituting themselves.”

“We wanted the milieu to be sculptured spaces, not just wide spaces in the corridor,” Mr. Verne said, “so we created ceiling and floor designs to define them as living areas. We used a dynamically offset pyramidal skylight to bring in natural daylight and cove lighting, unique color schemes and furnishings to create a sense of place.”

A new work area for staff—which features a staff lounge, kitchen and bathroom, ample computer stations and an administrative office—was designed to improve work flow and increase morale. The work station provides for 360° visual contact with patients. Even the colors were selected and modified with an eye toward their effect on patients and staff.

“Now that it is complete, we can savor it for a moment,” John Neverka said, recalling months of frustration when winter weather prevented the project from moving forward. Mr. Verne, too, looks back on the CPEP venture with pride. “On a formal level, he said, “we created a happy marriage between the CPEP and the major modernization project.”

For his part, Dr. Sedler is looking forward. “We now have the space we need to carry on our mission,” he said. “The expansion will allow us to create training opportunities for students from all the schools in the Health Sciences Center. We can avoid diversion of patients to other hospitals during periods of peak demand and we can provide care in a more private and hospitable setting. The facility is now more fully commensurate with the quality of the program.”

Chief Resident: *Jenna Taglienti, MD*



Jenna Taglienti, MD

Jenna Taglienti, MD, will serve as the department’s Chief Resident from January through June 2012. She will be responsible for managing the department’s continuing day treatment program,

coordinating the transfer of patients to the hospital’s inpatient psychiatry service, maintaining the resident call schedule and teaching medical students and residents. Dr. Taglienti is a graduate of the SUNY at Buffalo School of Medicine.

“I know that being Chief Resident is a lot of work, but I am excited about it,” Dr. Taglienti said. “After all I’ve experienced in the past few years, I feel ready to handle anything that comes my way.” During her four years as a resident, Dr. Taglienti has participated in every facet of psychiatry—research and clinical, inpatient and outpatient, emergency and consultation, adult and child.

“I have such great attending physicians to model myself after,” Dr. Taglienti said, “and I try to take a bit from everyone. I learned how to balance priorities from Dr. Spenser and Dr. Garro in the CPEP; I learned about research psychiatry from Drs. Francis, Fochtmann and Bromet; Dr. Donoghue taught me how to communicate with patients by speaking their language. Working with Drs. Weisbrot, Crowell, Margulies and Carlson taught me so much about children, parents and schools.”

Eduardo Constantino, MD, who was Dr. Taglienti’s supervisor in adult outpatient psychiatry, said that he enjoyed working with her. “She works with a high level of diligence, energy, and professionalism,” he said, adding that he expects her “to be an excellent chief resident now and a superior psychiatrist thereafter.”

SHELDON WEINTRAUB, PhD, RETIRES AFTER 43 YEARS



Sheldon Weintraub, PhD

Clinical Professor Sheldon Weintraub, PhD, has retired after 43 years at Stony Brook University.

Dr. Weintraub arrived at Stony Brook in 1968 as an assistant professor in the Department of Psychology. For 22 years he was the Director of the Stony Brook Family Project, a research study sponsored by the National Institute of Mental Health, which investigated precursors and early signs of mental illness. In 1991 he was appointed Clinical Director of the inpatient child psychiatry

unit, where he was responsible for coordinating admissions, directing clinical programs, and assisting in the training of residents and fellows.

Gabrielle Carlson, MD, Director of Child and Adolescent Psychiatry, praised Dr. Weintraub for his calmness and wisdom. “In an area where feelings can run high,” Dr. Carlson said, “Dr. Weintraub was able to provide the kind of equanimity necessary to keep everyone focused. I cannot stress enough how important his intellectual wisdom has been.”

Dr. Weintraub said he retired with mixed feelings. “I’ve never felt bored,” he said. “The patients and their families present such challenging issues. But my wife bought me a new bicycle to help keep me busy, and I leave knowing that the unit is in good hands.”

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

Headlines is produced by the Stony Brook University Department of Psychiatry and Behavioral Science, in conjunction with the Office of Communications.

Written by Michael L. McClain, Director of Communications, Department of Psychiatry and Behavioral Science

Design by Agapito Design Studio

Etchings courtesy of Frank Melville, Jr. Memorial Library, Special Collections

Masthead Illustration: Stephen Foster

Photos: Jeanne Neville, Media Services. CPEP skylight courtesy of Mark Sedler, MD