While Department of Psychiatry faculty members are perhaps best known as clinicians and researchers, their role as teachers is fundamental. Along with patient care, research and community health, teaching the next generation of physicians is one of the four pillars of Massachusetts General Hospital’s mission.

To create the most robust training experience for its psychiatry residents, Mass General joined forces with McLean Hospital, the renowned psychiatric hospital in nearby Belmont, Mass. The two institutions, both entities of Partners HealthCare, began the first joint curriculum in 1990 when their child/adolescent residency training programs merged. The two adult residency programs followed suit in 1994.

THE BRIGHTEST AND THE BEST
The combined residency program is one of the largest in all of academic psychiatry. Sixty-four trainees participate in the four-year adult psychiatry residency. Another 18 trainees – who first must complete an adult residency – pursue the two-year residency program in child/adolescent psychiatry.

The MGH/McLean residency positions are among the most sought after in the country. This year, the 16 openings for the adult psychiatry residency drew applications from more than 900 medical school graduates. More than 100 candidates vied for the nine places in the child/adolescent psychiatry residency. “Our residency programs attract the best and the brightest in the world: we get to choose medical students who are not only extraordinarily accomplished – at the top of their class – but also people who have the compassion, humanity and maturity to heal and to lead,” says Jerrold F. Rosenbaum, MD, MGH psychiatrist-in-chief.

UNPARALLELED BREADTH AND CHALLENGE
MGH/McLean psychiatry residents do rotations in an exceptional array of patient care settings and psychiatry subspecialty programs. “The strengths of our two nationally prominent institutions provide residents with unparalleled exposure to psychiatric care in acute, inpatient and outpatient settings,” says Gary Gottlieb, MD, MBA, president and CEO of Partners HealthCare.

The three-month rotation in Mass General’s emergency psychiatry service, the busiest of its kind north of Manhattan, is one of the defining experiences of the adult residency. Patients who come to the emergency service are in a state of acute psychiatric distress, often worsened by serious medical conditions. This rotation challenges residents to deal with a variety of serious, debilitating psychiatric and medical illnesses, to solve complex problems creatively while under intense pressure. “The experience is fundamental both to their self-discovery and their development as competent, caring physicians,” says Kathy M. Sanders, MD, director of the MGH/ McLean Adult Psychiatry Residency Training Program.

(Continued on page 3)
Message from the Chief

This issue of Mindscapes highlights the department’s teaching mission, with features on the residency training program for adult and child/adolescent psychiatrists, the new Grand Rounds endowed lectures for faculty and trainees, the life time contributions of a pioneering researcher and mentor, and an unusual and creative approach to education taken by a member of our faculty.

Teaching, however, is more than a job; it must reflect a vision, and it must serve the other three pillars of the hospital’s mission: clinical care, research and community service. Thus, we teach to produce excellence in patient care, to encourage innovation in research, and to establish and enable services for our local, regional, national and international communities.

As said before, we at Mass General are not here just to absorb learning, apply it and pass it on to the next generation. Rather, we are here to create a better world for patients today and in the future. So we must continually expand knowledge even as we teach it, and teach our trainees to question, think critically, criticize and innovate. The examples profiled in these pages go to the core of the spirit of innovation in psychiatry education at Mass General.

Jerrold F. Rosenbaum, MD
Psychiatrist-in-Chief, Massachusetts General Hospital
Stanley Cobb Professor of Psychiatry
Harvard Medical School

Nora Delia Braun Friedman, MD
Child Psychiatry Resident

Blessed with multiple talents, a gifted mind and a drive to improve the world, Nora Friedman, MD, now in her last year of the MGH/McLean child and adolescent psychiatry residency, wasn’t sure what to do after college. As an undergraduate at Yale, she studied ethics, politics and economics. A close relationship with a developmentally disabled family member focused her interest on disability rights, the social stigma of disabilities, and the ethical implications of prenatal testing. She wondered whether to become a lawyer, physician or bioethicist.

In the end, she chose medicine, and the MGH/McLean residency program chose her. In June of 2006, Dr. Friedman assumed one of two positions in the prestigious five-year combined Pediatrics/Adult and Child Psychiatry program. “I fell in love with the holistic approach of child psychiatry,” says Dr. Friedman, “which treats the patient in the context of family, school and the social environment.”

Typical of the extraordinarily talented individuals who are accepted to the MGH/McLean residency program, Dr. Friedman is taking full advantage of the rich learning environment. “The training program is phenomenal,” she notes. “I’ve had the opportunity to interact with incredibly talented clinicians and researchers, and have been exposed to an array of subspecialties. And I’m very grateful for the mentoring and encouragement I’ve received.”

Dr. Friedman notes that the relationships she creates with her patients and their families are the most rewarding aspect of her training. As she establishes her career in medicine, she hopes to blend her love of one-to-one patient care with her zeal for advocacy and bioethics. “I have every confidence that Nora will find a way to use her prodigious gifts and passions not only to improve the lives of patients and their families, but to advance national policies that positively affect the lives of children everywhere,” says Eugene V. Beresin, MD, director of the MGH/McLean Child and Adolescent Psychiatry Residency Training Program.

Dr. Friedman, who graduates from the residency in June, plans to stay at Mass General to work in the area of developmental disabilities.
The Making of a Psychiatrist

(Continued from page 1)

psychiatric illness, addiction and medical illness. “Residents learn the challenges and complexities of the public mental health system through the eyes of their patients, while learning who their patients are as people – who once had homes, families, hopes and dreams,” observes Dr. Shtasel. During other community rotations, residents work at a range of community entities, including community mental health centers, MGH health centers and a Department of Mental Health transitional shelter for homeless patients with severe mental illness.

According to Eugene V. Beresin, MD, director of the MGH/McLean Child and Adolescent Psychiatry Residency Training Program, the most transformative aspect of the child and adolescent psychiatry residency is that at every moment in their training, residents learn to think holistically about the psychological, physical, biological, social and environmental aspects of a child’s life. “As a doctor, you can’t take care of a child apart from the family, the social and environmental context, or the child’s biology,” says Dr. Beresin. “Once you do a child psychiatry rotation, you never think the same way about a human being. There’s no going back.”

TRAINING IN RESEARCH

While residency training is mainly focused on patient care, a recently awarded training grant from the National Institute of Mental Health will expand research training and project opportunities for second and third-year residents who are enrolled in the research concentration. In addition, a research literacy curriculum and scholarly projects and mentoring will be provided to all residents.

This prestigious five-year grant award will be directed by Maurizio Fava, MD, executive vice-chair of the MGH Department of Psychiatry, and Shelly F. Greenfield, MD, MPH, chief academic officer and director of Clinical and Health Services Research and Education in the Division of Alcohol and Drug Abuse at McLean Hospital. “We can offer each resident an outstanding breadth and depth of training experiences spanning basic, clinical, and translational research opportunities,” says Scott L. Rauch, MD, president and psychiatrist-in-chief of McLean Hospital and chair of Partners Psychiatry and Mental Health. “Expertise abounds across the full gamut of psychiatry and neuroscience research domains, readily found in clinics and laboratories throughout the McLean Hospital and Mass General campuses.”

While Drs. Sanders and Beresin and a small faculty team from Mass General and McLean direct the residencies, the bulk of teaching is done by faculty who donate their time. Psychiatrists and psychologists appointed by Harvard are required to devote at least 100 hours per year to teaching residents. “The unwritten rule is that we stand on the shoulders of those who preceded us, and we are obliged to lift up those who will succeed us,” explains Dr. Rosenbaum.

RESIDENTS BECOME COLLEAGUES

At graduation, 60 percent of the adult psychiatry residents stay in the Partners HealthCare system. Many begin fellowships (50 percent), about a fourth pursue research careers and another fourth take academic clinical positions, usually at leadership levels.

In child psychiatry, a third to half of graduates stay in the Partners HealthCare system. Eighty percent maintain academic affiliations in their careers, with fully half in leadership positions. Ten graduates of the child psychiatry residency are now directors of training around the country, continuing the Mass General tradition of “passing it on” to the next generation.

In addition to preparing medical school graduates to become psychiatrists, the MGH Department of Psychiatry also provides a full-time one-year predoctoral internship in clinical psychology to 11 matriculated doctoral students who are enrolled in clinical or counseling psychology programs. The internship is funded by the department. The two psychiatry residency programs, in contrast, are funded as Graduate Medical Education under the Medicare Prospective Payment Program and are supplemented by hospital funding.
A taste for adventure suits a pioneer. Consider Jane M. Murphy, PhD, founding director of the MGH Psychiatric Epidemiology Unit since 1985. In 1952, a newly minted college graduate, she landed her first job as an administrative assistant to Alexander Hamilton Leighton, MD (1908 - 2007).

A psychiatrist and Cornell University professor, Dr. Leighton was about to launch the first psychiatric epidemiology study in North America to use random sampling and structured interview techniques – tools that are standard today. Dr. Leighton’s study subjects were adult residents of an Atlantic coastal area in Canada (fictitiously named Stirling County).

**THE BIRTH OF PSYCHIATRIC EPIDEMIOLOGY**

Psychiatric epidemiology – the study of the extent of psychiatric illnesses in the general population – was a fledgling discipline in the 1950s when Jane Murphy, now a professor of psychiatry at Harvard Medical School and professor of epidemiology at Harvard School of Public Health, began working with Dr. Leighton. “Before World War II, statistics about mental illness came solely from psychiatric hospital records,” says Dr. Murphy. “The war was a wake-up call because of the number of draftees who were rejected for psychiatric reasons and the number of psychiatric breakdowns among those who were selected for service. Hospital records didn’t tell us anything about such vulnerability.”

Further, the war experience produced a list of questions about psychiatric symptoms that could be used in structured interviews to identify people who had a psychiatric illness.

Dr. Murphy was soon conducting interviews for the study. “I was smitten. Here I was knocking on the doors of people in widely varied walks of life who were willing to answer sensitive questions about their health and family. I had few refusals. Over my lifetime, I’ve knocked on many doors and entered all kinds of homes. It’s an extremely rewarding experience.” Such rewards inspired the young researcher to enroll at Cornell University and obtain her doctorate. Meanwhile, she worked with Dr. Leighton to extend the survey with three cross-cultural studies. Two brought her to West Africa, the third to an island in the Bering Sea where she studied Siberian Eskimos.

In 1966, Jane Murphy and Alec Leighton, now married, joined the faculty of the Harvard School of Public Health. Shortly thereafter, they decided to move the Stirling County Study forward as a longitudinal investigation. “We saw that following people through time would provide much more useful information than a one-time study in a different place,” says Dr. Murphy, who in 1975 became director of the study.

Thus began their decades-long commute between Boston and Halifax. Using longitudinal strategies to draw new samples and re-interview subjects, the Stirling County Study has to date taken three samples, in 1952, 1970 and 1992.
“We also tracked death certificates of subjects to look at mortality risks,” says Dr. Murphy.

**SEMINAL RESULTS OF THE STUDY**

The longest ongoing study of its kind, the Stirling County Study has generated data from 3,410 subjects over more than 40 years. The study finds that the most common disorders in the general population are depression, anxiety and substance abuse; but most people who suffer from these disorders do not receive treatment or, if treated, are seen by a general physician, not a psychiatrist.

Among its seminal findings, the study shows that the prevalence of depression and anxiety remained stable at 5 percent, with no overall increase in 40 years. But redistribution by age and gender appeared in the 1992 sample when women younger than age 45 had a twofold increase in depression compared to similarly aged women in 1952 and 1970. The study also shows that depressed men carry a significant mortality risk from all causes, while depressed women do not.

Yielding insights as well as trends, the study shows the prominence of depression among poorer people and its tendency to become chronic and increase disability. “Despite standard of living gains during this period,” adds Dr. Murphy, “the relationship between poverty and depression has remained tragically stable.”

Now Dr. Murphy is seeking funding for a fourth Stirling County sample.

**ENDOWING A GRAND ROUNDS LECTURE**

Dr. Murphy is also building upon her pioneering work with her husband by helping to endow a Grand Rounds lecture for the specialty field of psychiatric epidemiology. The Psychiatry Grand Rounds program is an important component of the department’s teaching mission. In each of 40 weeks in the academic year, MGH Psychiatry residents, interns and fellows gather in the Ether Dome at Mass General to hear a talk by a prominent clinician or researcher. The department recently embarked on a campaign to name and endow each lecture in order to have the resources to engage nationally and internationally prominent experts as speakers.

In addition to her own generous gift, Dr. Murphy’s goal of creating a legacy for psychiatric epidemiology at Mass General through an endowed lectureship series has inspired ardent support, particularly among the many researchers whom Dr. Murphy mentored. The inaugural Jane M. Murphy and Alexander H. Leighton Psychiatry Grand Rounds Lectureship will take place in April 2012.

“Dr. Murphy is one of the world’s most distinguished psychiatric epidemiologists,” concludes Maurizio Fava, MD, vice chair of MGH Psychiatry, “and the Stirling County Study is a landmark investigation into psychiatric disorders. Enhancing our Grand Rounds program with this lecture series is a most fitting tribute to the indispensable work of Jane Murphy and Alec Leighton.”
Faculty Books

Addition Recovery Management: Theory, Research and Practice
Edited by John F. Kelly, PhD and William L. White, MA
Published by Humana Press, 2010
This definitive text is the first book about the recovery management approach to addiction treatment and post-treatment support services. Distinctive in combining theory, research, and practice within the same text, this ground-breaking volume includes authors who are the major theoreticians, researchers, systems administrators, clinicians and recovery advocates who have developed the recovery management model.

7 Things Your Teenager Won’t Tell You – and How to Talk About Them Anyway
Published by Ballantine Books, 2011
The updated version of this popular guide brings parents up-to-date on what to expect and how to handle the often tumultuous adolescent years. The book has been revised to address the challenges parents face with a wired and web-savvy generation. Jenifer Lippincott and Robin Deutsch offer a deceptively simple plan for talking to teens that’s based on a simple set of rules: Teens need to stay safe, show respect, and keep in touch – online, and in real life.

Book summaries are based on publisher descriptions found at www.amazon.com

Faculty News

Joan A. Camprodon, MD, MPH, PhD, chief resident of the Avery D. Weisman Psychiatry Consultation-Liaison Service in the MGH-McLean Adult Psychiatry Residency Program and a clinical fellow at Harvard Medical School, received the 2011 American Neuropsychiatry Association Career Development Award.

David Herzog, MD, director of the MGH Harris Center for Education and Advocacy in Eating Disorders, received the 2011 Catcher in the Rye Award from the American Academy of Child and Adolescent Psychiatry (AACAP) for his work on behalf of AACAP to support child and adolescent psychiatry professionals.

Nancy Keuthen, PhD, co-director of the MGH Trichotillomania Clinic and chief psychologist in the OCD and Related Disorders Clinic, received a grant from the Trichotillomania Learning Center to support the development of a trichotillomania DNA repository.

Bertha K. Madras, PhD, research associate in MGH Psychiatry, received the Marian W. Fischman Award for an outstanding woman scientist in drug abuse research from the College on Problems of Drug Dependence.

Amar Sahay, PhD, assistant professor at the MGH Center for Regenerative Medicine, won the 2011 Janett Rosenberg Trubatch Career Development Award from the Society for Neuroscience in recognition of his originality and creativity in research.

Naomi M. Simon, MD, chief medical officer for the Red Sox Foundation and Massachusetts General Hospital Home Base Program, won a grant from Major League Baseball and the McCormick Foundation to expand clinical and telemedicine services for veterans and families affected by post-traumatic stress disorder and/or traumatic brain injury.

Jordan W. Smoller, MD, ScD, associate vice chair of the MGH Department of Psychiatry and director of the Translational Genetics and Bioinformatics Program, Harvard Catalyst, was elected to the board of directors of the International Society of Psychiatric Genetics.

Luke E. Stoeckel, PhD, postdoctoral fellow of Neuropsychology in Psychiatry, won the Brain & Behavior Research Foundation’s Sidney R. Baer, Jr. Investigator Award for 2011-2013 and a 2011 New Investigator Award from the New Clinical Drug Evaluation Unit, both to study the neurobiology of smoking behavior.

Albert S. Yeung, MD, director of Primary Care Research in the MGH Depression Clinical and Research Program, won a 2011 Gold Award from the American Psychiatric Association for “Culturally Sensitive Collaborative Treatment for Depressed Chinese Americans in Primary Care” published in The American Journal of Public Health.
“The Zombie Autopsies”

Teaching Brain Science and Compassion

A strange creature – almost human but horrifyingly disfigured – shambles into a hospital emergency room. It does not respond to questions by the admitting nurse, but instead lunges at her, trying to bite her arm. It makes hostile, growling sounds, trying to attack other medical staff members, but moves so slowly that it can easily be evaded. How should the staff respond? Should they restrain the creature? Should they medically examine and treat it?

These questions, according to Mass General psychiatrist Steven C. Schlozman, MD, go to the heart of psychiatry training. "When training psychiatric residents, I use zombie movies as a way to illustrate the power of pattern recognition and the stigmatization of mental illness," says Dr. Schlozman, associate director of the MGH/McLean Child/Adolescent Psychiatry Residency Program, staff physician in the MGH Child Psychiatry Clinic, and psychiatric consultant to the MGH pediatric liver and kidney transplant services. "Our job is to be aware of our own assumptions and biases, and to be actively aware that these assumptions may not be true."

AN EDUCATIONAL AGENDA

Dr. Schlozman’s recently published novel, “The Zombie Autopsies,” describes an imaginary future in which two-thirds of the world’s population is infected by a zombie virus that is transmitted through the air and by zombie bites. The novel, which is in the handwritten form of a journal kept by one of the last remaining uninfected scientists on earth, describes a desperate attempt to find a cure for the zombie virus. The virus causes the imaginary disease of zombiism, also called, “Ataxic Neurodegenerative Satiety Deficiency Syndrome.” The scientists, working in a remote and island-bound laboratory, perform autopsies on zombies to investigate the virus so that they may find a cure. The book gives Dr. Schlozman a platform for several teaching opportunities.

TEACHING FUTURE PSYCHIATRISTS

“There is a tendency among doctors,” notes Dr. Schlozman, “and especially among people learning to be doctors, to think of the patient as ‘other.’” This tendency, he explains, creates distance between patient and doctor, potentially weakening the therapeutic alliance. To help student doctors become more aware of their assumptions about patients, Dr. Schlozman asks them to evaluate a cinematic zombie as they would any patient. What would you say to the patient’s family? How would you investigate the illness? What is a reasonably pathophysiological explanation for the behavior? What treatments might work? Couching these inquiries in the outlandish context of zombies gives Dr. Schlozman the opportunity to teach student doctors important concepts about brain science, the practice of medicine and compassion for patients and families.

EDUCATING FANS

Dr. Schlozman also uses zombies to teach the general public about the brain (his book has stimulated considerable interest among adolescent fans, who regularly write to him to discuss the marvels of brain science.). Dr. Schlozman uses detailed illustrations of zombie behavior to describe the regions of the brain affected by the virus: A degenerated frontal cortex, which is responsible for abstract thought and the ability to solve complex problems, explains why zombies are capable of neither. The region responsible for satiety (telling you when you have had enough to eat) is the ventral medial portion of the hypothalamus, and that is clearly not working properly in zombies, who can never have enough human flesh. The amygdala, which is responsible for the “fight or flight” reaction, seems permanently switched to “fight” mode in zombies.

ADDRESSING STIGMA

Dr. Schlozman discusses his novel in public venues such as bookstores, college campuses and in the national media in order to increase awareness and decrease stigma about psychiatric illness. At one recent event, he relates, “An audience member responded to my talk by saying that her psychiatric meds often made her feel like a zombie. This stimulated a lively community exchange among laypeople and scientists that helped to destigmatize psychiatric treatment in an open, accepting way. It’s all about redefining the self, and I believe the study of zombies helps us do that.”

In case Dr. Schlozman needed more reasons to celebrate his book’s publication, Hollywood director and zombie creator George A. Romero is adapting “The Zombie Autopsies” for a big screen film.
Carpenter Professorship for Women’s Mental Health Celebrated

Lee S. Cohen, MD, Named to Department’s Sixth Chair

Globally, more than 450 million people suffer from a psychiatric illness. Over half are women. Lee Cohen, MD, founding director of the MGH Center for Women’s Mental Health, recently was recognized for his exceptional work in this area as the first incumbent of the Edmund N. and Carroll M. Carpenter Professorship in Psychiatry at Harvard Medical School (HMS) in the field of Women’s Mental Health.

The creation of the new professorship, or chair, and the induction of its first incumbent were celebrated on June 28 at the Harvard Club of Boston. The chair is named in honor of Carroll M. Carpenter of Wilmington, Delaware, and her late husband, Edmund, and was made possible through the Carpenter family’s generosity and that of some 46 other donors. The Carpenter Professorship is the department’s sixth endowed Harvard chair.

Nancy Tarbell, MD, HMS dean for Academic and Clinical Affairs, hosted the event, which featured remarks by Peter L. Slavin, MD, MGH president; Jerrold F. Rosenbaum, MD, psychiatrist-in-chief; Mrs. Carpenter; and Dr. Cohen. “Women’s mental health has grown stronger in every dimension because of Lee Cohen’s vision and dedication,” said Mrs. Carpenter. “How deeply blessed future young medical students will be to learn about women’s mental health from Dr. Cohen in their mission to alleviate and heal suffering.”

The Carpenters first met Dr. Cohen when their daughter, Ashley, was told that because she takes medication for bipolar disorder she would never be able to have children. Ashley was referred to Dr. Cohen – a leading national expert in pregnancy and psychiatric medications and one of the founders of the field of perinatal and reproductive psychiatry – and thanks to his care she went on to give birth to two healthy children.

In his remarks, Dr. Slavin congratulated Dr. Cohen for the well-deserved honor and discussed the importance of endowed chairs. “The significance of the chairs goes well beyond prestige and recognition. These chairs allow some of our most accomplished faculty members to pursue their clinical and academic work with more flexibility and vigor than ever.”

“The Carpenter Professorship ensures that I can continue to work with my vastly talented colleagues,” says Dr. Cohen. “It is a privilege the chair affords, and I am excited about the care we will deliver and the scientific investigation we will pursue across a broader area in women’s mental health – what we call reproductive psychiatry and reproductive neuroscience.”

Adapted from MGH Hotline, July 29, 2011