

New Leadership

*Melissa DelBello, MD,
guides department*



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THE WORLD OF NEUROSCIENCE is rapidly changing. So, in many ways, is the UC College of Medicine's Department of Psychiatry and Behavioral Neuroscience. One of those ways is leadership: On July 1, I became the Dr. Stanley and Mickey Kaplan Professor and Chair of the department, succeeding Stephen Strakowski, MD.

I am truly honored to have the opportunity to lead one of the nation's top academic psychiatry departments and to succeed Dr. Strakowski, who earlier this year announced that he was stepping down as chair in order to increase his time as Senior Vice President of Strategy and Transformation at UC Health. He had served as chair since May 1, 2006, taking over during difficult times and restoring our department to financial health and national leadership. I'm pleased that he will still be part of this department, continuing to serve as a professor.

OUR MISSION To acquire and refine medical and scientific knowledge and then to apply it through education and clinical service toward high-quality, evidence-based treatment of people suffering from mental illnesses.

OUR VISION To be international leaders advancing the diagnosis and treatment of psychiatric disorders.

I am grateful for the support of Dr. Thomas Boat, Dean of the College of Medicine and Vice President for Health Affairs. Our department is fortunate to have an excellent team of faculty, staff and trainees who are dedicated to providing the very best state-of-the-art mental health care to patients in the Cincinnati region and beyond, to conducting cutting-edge scientific investigations, and to developing and implementing innovative educational strategies for medical and graduate students, residents and fellows, and the communities that we serve.

With recent advances in neuroscience, these are exciting times for psychiatry and behavioral neuroscience, and our department is on the leading edge of the progress. Our clinical, basic and translational research programs rank among the best in the world. In conjunction with our clinical and research activities, we are strongly committed to developing the next generation of clinicians, educators and scientists. Our highly accomplished research faculty have a strong international reputation for mentoring and training successful researchers in basic,

clinical and translational research.

As we enter a period of growth for the department, our team looks forward to strategically expanding our clinical, research and educational programs so that we may improve patient care and outcome. Please check our website (www.psychiatry.uc.edu) or follow us on Twitter at @UC_Psychiatry to find out more about our department and watch for exciting new developments. Feel free to contact us for additional information about any aspect of our department. I am proud to say that you will find the members of our department helpful, caring and highly devoted to patient care and teaching. I look forward to working with you.

Thank you,

Melissa P. DelBello MD, MS

Dr. Stanley and Mickey Kaplan Professor and Chair

Department of Psychiatry and Behavioral Neuroscience

On the cover: Melissa DelBello, MD (*seated, center*), Dr. Stanley and Mickey Kaplan Professor and Chair, Department of Psychiatry and Behavioral Neuroscience, is surrounded by members of the department's Executive Committee: **Seated, left to right:** Kati Elfers, *Vice Chair of Administration and Finance*; DelBello; and Suzanne Sampang, MD, *Vice Chair of Education and Training*. **Standing:** Stephen Woods, PhD, *Vice Chair of Basic Research*; Cal Adler, MD, *Vice Chair of Clinical Research*; Paul Keck, MD, *Executive Vice Chair*; Michael Sorter, MD, *Executive Cincinnati Children's Hospital Medical Center Liaison*; Charles Collins, MD, *Senior Vice Chair and Director of Clinical Operations*; and Peter Kotcher, MD, *Executive Department of Veterans Affairs Medical Center Liaison*.

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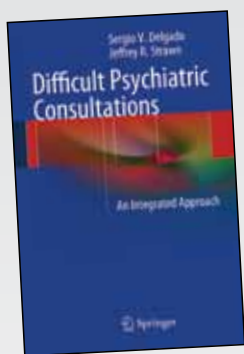
Faculty Members Co-Author Book

Sergio Delgado, MD, and Jeffrey Strawn, MD, professor and assistant professor, respectively, in the Department of Psychiatry and Behavioral Neuroscience, are co-authors of a new book on psychiatric consultations that pose complex complex relational, medicolegal and ethical dilemmas.



Strawn

“Difficult Psychiatric Consultations: An Integrated Approach” (Springer



Publishing) weaves traditional concepts in understanding a person and their family with contemporary developmental and relational concepts. Clinical vignettes allow the reader to navigate practical interventions to improve the outcomes of “difficult” consultations.

The book is available on amazon.com.

Strakowski to Lead Society

Stephen Strakowski, MD, professor of psychiatry and behavioral neuroscience, has been elected president-elect of the Society of Biological Psychiatry. His term as president will run from June 2015 to June 2016, followed by a five-year term as councilor.



Strakowski

The Society of Biological Psychiatry, based at the Mayo Clinic in Jacksonville, Fla., was founded in 1945 to encourage the study of the biological causes of and treatments for psychiatric disorders.

Student Receives PEO Award

Maggie Schneider, a student in the UC College of Medicine’s Medical Scientist Training Program (MSTP), was awarded the prestigious PEO Scholar Award from the Philanthropic Educational Organization, a philanthropic organization that celebrates the advancement of women.



Schneider

The one-time, competitive, merit-based awards are for women of the United States and Canada who are pursuing a doctoral-level degree at an accredited college or university. In addition to recognizing and encouraging excellence in higher education, the awards provide partial support for study and research.

Schneider is completing research for her dissertation in neuroscience in the Division of Bipolar Disorders Research. Her work focuses on the neural underpinnings of executive function deficits in youth with and at risk for bipolar disorder. She hopes to have a career as an academic child and adolescent psychiatrist.

PEO, based in Des Moines, Iowa, has almost 250,000 members in chapters in the U.S. and Canada. Schneider was nominated for the Scholar Award by the Cincinnati chapter. Two other UC MSTP students, Jeeyeon Cha and Rebecca Currier, also received the award.

Chard Speaks at Capitol Hill Event

Kathleen Chard, PhD, professor of clinical psychiatry, participated in a May 9 American Association for the Advancement of Science (AAAS) Capitol Hill lunch briefing in Washington, D.C., about treating posttraumatic stress. She discussed cognitive processing therapy.



Chard

Also appearing were Gen. Peter Chiarelli, U.S. Army (Ret.), CEO of One Mind for Research, and JoAnn Difede, PhD, professor of psychology in psychiatry, Weill Cornell Medical College. Each made a presentation, and all three participated in a panel-style Q&A.

The event in the Rayburn House Office Building was arranged by AAAS and sponsored by the Dana Foundation.

Patino Duran Receives Junior Investigator Award

Luis Rodrigo Patino Duran, MD, a fellow of psychiatry and behavioral neuroscience, has been selected as a recipient of the Junior Investigator Award supported by the American Academy of Child & Adolescent Psychiatry (AACAP) Research Initiative.



Patino Duran

The title of his research project is, “Genetic Markers of Lithium Response for Acute Mania in Adolescents with Bipolar Disorder.”

The award includes the cost of attending the AACAP’s 63rd annual meeting in October 2016 in New York, where Patino Duran will have the opportunity to submit a poster or oral presentation on his research.

Cairns Wins Teaching Award

Mary Cairns, MD, was selected to receive the Arnold P. Gold Humanism and Excel-



Cairns

lence in Teaching Award by third- and fourth-year medical students at the UC College of Medicine.

Cairns was one of six winners based on the following criteria: exemplifies the qualities of a caring and compassionate mentor; teaches ethics, empathy and service by example; and practices patient-centered care. ■

To advance the diagnosis and treatment of psychiatric disorders through education and clinical services, we are forming a community advisory board. If interested, please contact Kathy Nullmeier at 513-558-6769 or kathy.nullmeier@uc.edu. ■

Inside the Mind of a Forensic Psychiatrist

IT WAS A BUSY SPRING FOR DOUGLAS MOSSMAN, MD, both on and off campus. A man of varied talents, he delivered the Dr. Samuel and Kathryn Yochelson Lecture at the Yale School of Medicine and also conducted the musical ensemble at the ordination ceremony for Hebrew Union College—Jewish Institute of Religion in Cincinnati.

Mossman, professor of clinical psychiatry and program director for the forensic psychiatry fellowship at the UC College of Medicine, received the American Psychiatric Association's 2008 Manfred S.

Guttmacher Award for outstanding contributions to the literature of forensic psychiatry and for his article, "Critique of Pure Risk Assessment or, Kant Meets Tarasoff." (Tarasoff vs. Regents of the University of California was a 1976 decision in which the Supreme Court of California held that mental health professionals have a duty to protect individuals who are being threatened with bodily harm by a patient.)

Mossman sat down for an interview to discuss forensic psychiatry, "Kant Meets Tarasoff" and several other topics.

Q: Can you start off by explaining forensic psychiatry?

A: Forensic psychiatry is the subspecialty of medicine that applies psychiatric knowledge and findings to trials and other legal matters that courts and attorneys need to resolve.

Some matters that courts face involve crimes, and forensic psychiatrists assist courts with the disposition of related issues such as evaluating defendants' competence to stand trial—their ability to face their legal charges and participate in their defense. Forensic psychiatrists also evaluate whether criminal defendants met the criteria for legal sanity when they committed an alleged offense. That's the area in forensic psychiatry that probably gets the most publicity because of the philosophical and legal issues that are involved—though it comes up in just a small fraction of felony prosecutions.

Also on the criminal side, forensic psychiatrists evaluate people's ability to waive their Miranda rights—those are the rights that police articulate to individuals whom they're going to interview—or evaluate defendants who have given a confession and who are then saying that the confession that they gave was a false confession.

Most forensic psychiatric work actually deals with civil issues—that is, issues that don't involve allegations of crime. For example, if an individual files a lawsuit alleging psychological damages, the forensic psychiatrist may help the court to determine whether the individual is suffering from any kind of problem and



if so, what that problem is and what caused it. Forensic psychiatrists get involved in other kinds of disability evaluations. For example, we might evaluate someone who has insurance coverage and is claiming a psychiatric disability such as depression; here, the insurance company wants to know whether the person indeed is disabled and if so, for how long might that last and what kind of treatment might help that person get better.

We very commonly evaluate people who might be undergoing involuntary psychiatric hospitalization—the technical term for this is civil commitment. Here, the court is interested in knowing whether the individual indeed meets the criteria for civil commitment.

Q: What drew you into psychiatry?

I decided that I wanted to be a psychiatrist when I was a teenager, and I've never regretted it. I can tell you exactly when I decided this: In January of 1971, my older cousin Norman (who is now a child psychiatrist in Arkansas) lived in Detroit, where he was a medical student. As we were driving down the Henry Ford Freeway, he told me about why he was planning to go into psychiatry. It seemed like the perfect occupation for a Jewish boy with my kinds of interests—I'd always thought that what our family doctor did was very important, but it looked boring. But psychiatry was a specialty where you listened to people, talked with them, and helped them get better. As a psychiatrist, I could be a doctor—what every Jewish boy—at least then—was supposed to

become—but I'd be doing something that I thought was intriguing. And that's how I've felt for the 43-plus years that have elapsed since then.

Q: Did it bother you in medical school to go on other rotations when you knew you were going to be a psychiatrist?

A: Actually, not so much. One thing that did not make a lot of sense to me—and still doesn't—was the amount of memorizing that medical students did then, the whole justification for which was to pass the medical boards. Over the course of my career, though, I've found that every single clinical rotation has been useful to me. Having gone to medical school also has enabled me to learn about and understand all the advances in medicine. If you're lucky enough to have the privilege of getting a medical education, you have the background for understanding all kinds of science for the rest of your life. This is just one of the things that make it an honor to be a doctor.

Q: You could have been a child psychiatrist like your cousin. So what drew you into forensic psychiatry?

A: I did the child fellowship here at UC. I got drawn to forensic psychiatry when, during my psychiatry training, a lot of the interests that I had developed as an undergraduate philosophy major were things that forensic psychiatrists dealt with every day. For example, what is the nature of responsibility? Well, that's what an insanity defense is about. So when I practice forensic psychiatry, I get to exercise my philosophical interests and education in a practical way.

Q: Can you talk in general about your research?

A: My scholarship deals with what seems like many different topics. But to me, it all involves trying to figure things out. I encounter questions that need answers, and I try to figure them out. Some of my research has involved developing statistical procedures for problems that people haven't solved yet and where one has to answer particular kinds of questions to be able, for example, to describe the accuracy of a diagnostic test.

Here's a related issue: In psychiatry, we'd like to know about the accuracy of the methods that we use to make diagnoses or to distinguish things, but we don't have a gold standard for the truth, as do most medical specialists. In most areas of medicine, a biopsy or long-term follow-up will establish whether a person has a disease or not. But we don't have anything like that in psychiatry—we don't have a gold standard for whether somebody is depressed or whether somebody is competent to stand trial. But over the last 20 to 25 years especially, people have developed mathematical approaches to estimating test accuracy without having a gold standard for the truth. And some of my current research applies those approaches to questions in forensic psychiatry and forensic psychology.

I also worked on sorting out various ethical problems. For example, why is it ethical for doctors—who are supposed to help their patients—to participate in restoring a defendant's competency to stand trial, knowing that if treatment is effective, the defendant will get convicted of a crime and undergo punishment?

Q: But doesn't the doctor have a larger duty to society?

A: Well, doctors traditionally have duties to *individuals*. So one way that people thought about this problem was to see those duties in tension with each other. But that creates an unsolvable problem, because there's no way to know how to resolve the tension or balance the apparently competing duties. My work in this area involves recognizing that punishment poses a problem not just for doctors who treat defendants. Punishment creates a moral problem for all of society. Why is it acceptable for jurors to decide that someone is guilty? Or why is it all right for other human beings to participate in an individual's punishment? After all, we all live under an obligation to treat others as we would want to be treated ourselves—or, as it says in Leviticus and several places in the Christian testament, "to love thy neighbor as thyself." If we have those obligations—and these obligations are recognized by all secular ethical systems and by all religions—then why is it

all right for society to punish people? Why are we allowed to harm other human beings or to cause them to undergo misery?

Now, the answer is that a system of punishment is something to which all of us would rationally consent under certain kinds of conditions. This type of argument started with Hobbes and Locke, but I think it was worked out in its best form by Immanuel Kant. So showing how to apply Kant's theory to forensic psychiatric questions has been another area of interest and writing. I get to use the knowledge I started to develop when I was an undergraduate, and here I'm sitting, 40 years later, working on those same kinds of things.

Q: Let's talk about "Kant Meets Tarasoff": How does it fit in with what we've been discussing?

A: A key feature of the *Tarasoff* decision that became very troubling was not that mental health professionals were responsible for our patients' actions if they harmed others, but that—as the California Supreme Court articulated its ruling—mental health professionals also have a responsibility to *predict* what our patients would do. The wording of the *Tarasoff* decision, which was picked up in subsequent decisions in other jurisdictions, talked about the fact that we were obligated to protect the public either when we knew or when we should know, based on the principles of our profession, that an individual poses a danger to others.

The problem here is that everybody poses some level of danger to others all the time. You and I both have some statistical risk of harming someone. And this placed mental health professionals in the impossible position of having to make a risk judgment every single time we saw a patient and weigh whether the risk crossed some undefined threshold. Now, early work that I had done with my wife, Kathy, had shown that people do not agree at all on the threshold, so it was impossible to implement this kind of judgment.

The "Kant Meets Tarasoff" article explains this and describes a different kind of approach that treats people as human beings rather than statistical sources of

continued on next page

'Inside the Mind' continued from previous page

risk. That is the essential Kantian perspective. One way to state this—thinking again about the obligation to “love thy neighbor as thyself” or to treat others as you want to be treated yourself—is this: If you were my patient, and you told me that you were planning to kill a loved one, you would want me to stop you. Now, I would know about your intention not from making some prediction, but from your statement and from the ability I possess as a normal human being to see that you meant to carry out your plan and had the capability to do so. Those are not things that get taught in psychiatry. Those are things that everybody can discern.

The obligation to treat one another as we would want to be treated ourselves falls not just to mental health professionals, but to all people. If you look at the chapter of Leviticus that discusses the commandment to love one's neighbor as oneself, you will see, two verses earlier, a verse that is traditionally translated as, “Do not stand idly by the blood of your neighbor.” In other words, you don't stand by while someone might be getting hurt.

So all of us have an obligation to intervene—not a legal obligation, but a moral obligation. Thinking about the *Tarasoff* obligation that way, it says that as a health professional and by virtue of how state laws operate, I have some legal vehicles through which, when patients have actually said something that tells me they plan to harm someone else—something that I know they would not want to do if they were rational, and something that I would want to be prevented from myself were I to feel that way—I have a moral obligation to that person—not just because I am a psychiatrist—to try to do something to help, just as you would try to stop me if I told you I was going to go home and kill a loved one. All of us have that obligation. And mental health professionals, by virtue of the capacities that the state gives us to take certain steps to implement involuntary hospitalization, have some other abilities that we can exercise.

So Kant meets *Tarasoff* by saying that this is an obligation that all of us have, and it's triggered by situations in which all of us would experience that obligation—not

through making some prediction, but by attending to the actions of people that indicate their intention to do something that rationally they would not want to do and from which rationally they would want to be stopped.

Q: Tell us about your interest in music?

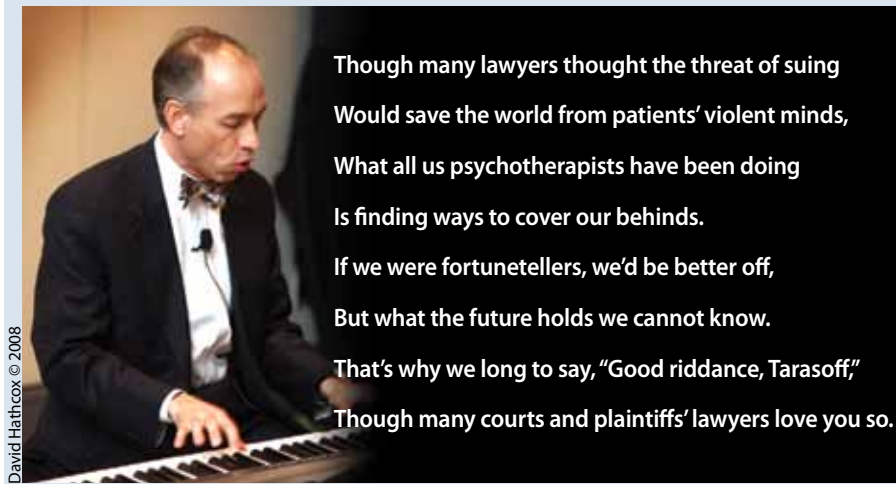
A: Yes. I get to do a lot of really cool things. On May 3, I conducted the musical ensemble at the ordination for Hebrew Union College–Jewish Institute of Religion at Plum Street Temple. I'm not a conductor, but I hung around with the man who wrote a lot of the music, Bonia Shur (of blessed memory). For the past four years, HUC's current director of liturgical music, Cantor Yvon Shore, has

asked me to conduct the ensemble. It frees her up to focus on leading the ordination's Sabbath service as the cantor.

When I'm not doing that and other musical things, I sometimes serve as the cantor at our synagogue, and I get to arrange the music that the choir sings at high holiday services or that we play occasionally at Sabbath services. Sometimes when I give lectures and know that a piano will be handy, I'll write and play a funny song (at least, I hope that the audience will think it's funny) to go along with my lecture.

I'm a very lucky guy who gets to do a lot of great things by virtue of many people's kindnesses. ■

As Dr. Mossman says in the accompanying interview, he's been known to end a lecture with a humorous song. Here's an example from a talk at the American Psychiatric Association's annual meeting in 2008, sung to the tune of “Danny Boy”:



Though many lawyers thought the threat of suing
Would save the world from patients' violent minds,
What all us psychotherapists have been doing
Is finding ways to cover our behinds.
If we were fortunetellers, we'd be better off,
But what the future holds we cannot know.
That's why we long to say, “Good riddance, Tarasoff,”
Though many courts and plaintiffs' lawyers love you so.

Symposium Highlights ‘Many Roads to Mental Health’

Effective treatment of depression can involve far more than popping a pill. That was the take-home message for attendees at UC Mood Disorders Center's fourth annual symposium at the Daniel Drake Center for Post-Acute Care. Highlights from faculty and affiliated speakers included:

Robert McNamara, PhD, associate professor, focused on the importance of vitamin D, folic acid and fish consumption in reducing the risk of developing depression.

Cheryl McCullumsmith, MD, PhD, associate professor, spoke of the promise of the investigational drug ketamine, a fast-acting anti-depressant, for the treatment of acute suicidal thoughts in the emergency department setting.

John Hawkins, MD, chief of psychiatry and deputy chief of research at the Lindner Center of HOPE, said that transcranial magnetic stimulation is producing “robust improvements” in Lindner Center patients who have not responded to medication.

Scott Ries, MSW, LISW-S, UC Mood Disorders Center, uses “behavioral activation” as the first phase of treatment. “We look at what's important to them now. We want to get them to act according to a goal instead of to a feeling.”

Course co-directors of the symposium were **Caleb Adler, MD**, **Melissa DelBello, MD**, and **Stephen Benoit, PhD**. ■

Iffy Weather But Spirits High for Fundraising Walks



NAMIWalks 2014 started and ended at Sawyer Point Park in downtown Cincinnati, with participants walking 3.1 miles. The Department of Psychiatry and Behavioral Neuroscience team, captained by Emily Rummelhoff, raised a total of \$14,511.22 for the National Alliance on Mental Illness. **TOP FUNDRAISERS** were **Stephen Benoit, PhD** (\$2,975), **Erik Nelson, MD** (\$2,530), and **Brian Evans, DO** (\$1,000).



Sponsored by UC Health and the UC Neuroscience Institute, the **LAPS** run/walk to raise awareness and funding for the Fibromyalgia & Chronic Pain Research Fund took place at the UC

outdoor track at Gettler Stadium. **FOR MORE INFORMATION** on the Fibromyalgia & Chronic Pain Research Fund, call 513-558-6769 or visit uc.edu/give to contribute. ■



Lesley Arnold, MD (in pink hat), a professor in the Department of Psychiatry and Behavioral Neuroscience, leads UC Health research efforts on fibromyalgia and chronic pain.

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Helen Ziegler, Central Clinic Mainstay, Passes Away

Helen Ziegler, a longtime Central Clinic staff member and co-worker of faculty and staff in the Department of Psychiatry and Behavioral neuroscience, passed away at her home Feb. 15, 2014. She was 77.



"Helen was a phenomenal member of our work family and was always a positive influence in her time at Central Clinic," said Stephen Strakowski, MD, former department chair. "We are all very sad for our loss, and our thoughts

and prayers are with her family."

Helen was a 40-year employee of Central Clinic, where she served as assistant to the executive director and director of human resources. She was a longtime member of Blessed Sacrament Church in Ft. Mitchell, Kentucky, and an avid gardener and world traveler.

Survivors include her husband of 56 years, Wilbert "Will" Ziegler; sons Greg, Dan and Rob; and four grandchildren.

The family requested memorial donations to: Central Clinic Foundation, attention: Lisa Steffen, 311 Albert Sabin Way, Cincinnati, OH, 45229 ■

Newly Awarded Grants

Principal Investigator:

James Herman, PhD

Project title:

Adolescent Stress and Prefrontal Cortical Circuitry

National Institute of Mental Health

Feb. 10, 2014–Jan. 31, 2019

\$1,976,771

Principal Investigators:

Melissa DelBello, MD, and Sian Cotton, PhD

Project title:

Mindfulness-Based Cognitive Therapy for the Treatment of Anxiety in Youth with a Familial Risk for Bipolar Disorder

Depressive and Bipolar Disorder Alternative Treatment

Jan. 20, 2014–Jan. 19, 2015

\$54,886

Principal Investigator:

Lesley Arnold, MD

Project title:

Midwestern Pain Consortium Agreement

Eli Lilly and Company

Dec. 4, 2013–Dec. 3, 2018

\$400,000 ■