

Research Training Program in Child and Adolescent Psychiatry

CHILD & ADOLESCENT PSYCHIATRY AT COLUMBIA UNIVERSITY & NYSP



COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS
AND SURGEONS



NEW YORK STATE
PSYCHIATRIC INSTITUTE



NEW YORK
PRESBYTERIAN HOSPITAL

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[REPLACE WITH GENERAL TEXT ABOUT RESEARCH TRAINING PROGRAM?] Columbia University's Department of Psychiatry is located in northern Manhattan, within an urban neighborhood enhanced by different cultures. Child and Adolescent Psychiatry, a division of the Department of Psychiatry, provides training for graduate psychiatrists, or psychiatrists who have completed an internship plus two years of a general psychiatry residency, who wish to pursue a career in administrative, clinical, academic, research, or hospital-based child and adolescent psychiatry.

The Division of Child and Adolescent Psychiatry is located at the New York State Psychiatric Institute. The clinical facilities include the Child and Adolescent Psychiatry Outpatient Service at New York-Presbyterian Hospital, offices at the Neurological Institute, the Child Psychiatry Day Unit, and inpatient facilities at two affiliated state hospitals, Rockland Children's Psychiatric Center and Queens Children's Psychiatric Center.

Number of Fellowships

Ten NIMH-funded fellowships are available for research training in child psychiatry. They are allocated among the following research areas: eating disorders, measurement or epidemiology, neuropsychiatry, psychopharmacology, psychotherapy, services, and suicide.

Eligibility

The selection of trainees is based on their likelihood of entering an independent research career in child psychopathology. Most fellows are either psychiatrists who have completed at least one year of child psychiatric training or Ph.D.s who have already had experience in fields such as child development, biological studies, biostatistics, or epidemiology who want to expand their training to clinical research problems in child psychiatry. In exceptional cases, applicants with no prior experience or training, but with a strong commitment to child or adolescent research, are considered for admission. Applicants must be U.S. citizens or permanent resident aliens.

Length of Training

Applicants are expected to make a minimum commitment of two years. Fellowship appointments are made for a one-year term and must be renewed for the second year. Fellowships may be extended for a third year.

Application Procedures

An application consists of: 1) a letter that includes the reasons for wanting to receive research training in clinical child psychiatry, previous involvement in research (if any), skills and insight acquired, and types of skills for which training is now being sought; 2) a current CV; and 3) an optional research proposal (no more than five pages) that might be carried out within a two- to three-year fellowship. There is no commitment to stick to that plan. It is intended as a measure of your ideas and ability to set reasonable goals.

Send to: David Shaffer, M.D.
Columbia University
New York State Psychiatric Institute
1051 Riverside Drive, Unit 78
New York, NY 10032

Salaries and Benefits

NIMH stipend levels are listed on an insert included with this booklet. Applicants with a medical qualification can usually expect their salaries to be supplemented to bring them to a level comparable with a PGY-6 trainee on the New York State Office of Mental Health salary scale (see insert). Stipends for Ph.D.s can usually be supplemented in exchange for appropriate involvement on some faculty-directed research project.

Individual health insurance will be provided through Columbia University's health plan. Medically qualified fellows may opt for coverage through New York State. Any fellow who has health coverage outside of Columbia's plan will have the option of using up to \$3,000 per year for tuition expenses.

All fellows receive a travel allowance of \$1,000 per year.

Assignment of Advisors

Fellows choose their own research mentors. They are assigned a statistical advisor to provide guidance and instruction on appropriate data-management and analysis techniques. All fellows have independent and direct access to the training director.

Training History

Sixteen fellows have graduated in the past five years. Of these, two terminated their fellowships at or within one year. Of the remaining fourteen, nine were successful in applying for career-development awards from NIMH, NIH, or NARSAD; three have successfully applied for NIMH or other peer-reviewed project grants; and one received a W. T. Grant Scholar Award. Thus, almost three quarters of those who have continued in the fellowship program for longer than a year have succeeded in receiving support for continuing a research career.

Program Organization

The program has three components.

Apprenticeship with an Active Clinical Research Unit

Research fellows spend approximately 40 percent of their time as participants on an existing research team. In this capacity, they are trained in research techniques and have specific research responsibilities. They will usually start to collect or organize data and are subsequently given responsibility for managing a discrete subproject of their own design.

Active research groups that a fellow may choose to join include:

1. Adolescent Suicide (*David Shaffer, M.D., Madelyn Gould, Ph.D., M.P.H., Drew Velting, Ph.D.*)
2. Child Psychopharmacology (*B. Timothy Walsh, M.D., Laurence Greenhill, M.D., Bruce Waslick, M.D.*)
3. Genetic Epidemiology (*Myrna Weissman, Ph.D., Jim Knowles, M.D., Ph.D.*)

4. Epidemiology of Mental Disorders of Childhood (*Hector Bird, M.D., Patricia Cohen, Ph.D., Christina Hoven, Dr.P.H.*)
5. Epidemiology of Adolescent Drug Use (*Denise Kandel, Ph.D.*)
6. DISC Development Unit (*David Shaffer, M.D., Christopher Lucas, M.D., Prudence Fisher, Ph.D.*)
7. Psychotherapy Research (*Laura Mufson, Ph.D., Myrna Weissman, Ph.D., Drew Velting, Ph.D.*)
8. Services and Treatment Dissemination Research (*Peter Jensen, M.D., Kimberly Hoagwood, Ph.D.*)
9. Development of Anxiety Disorders (*Janet Fairbanks, M.D., Abby Fyer, M.D.*)
10. ADHD in Young Children (*Laurence Greenhill, M.D.*)
11. Eating Disorders (*B. Timothy Walsh, M.D.*)
12. Pediatric Neuropsychiatry and Neuroimaging (*Bradley Peterson, M.D.*)
13. Center for Assessment Technology (*Chris Lucas, M.D., Prudence Fisher, Ph.D.*)
14. Treatment of Mood Disorders (*Bruce Waslick, M.D., Drew Velting, Ph.D.*)

Independent Research Projects

Many fellows will wish to plan and carry out their own research project under supervision. Examples of research projects carried out by current fellows include:

1. *Jose Amat, M.D.* – Brain-energy metabolism by H-magnetic-resonance spectroscopy of the human brain in children and adolescents with development delay; MRI-morphometric analysis of gray- and white-matter brain structures in neuropsychiatric disorders
1. *Katarzyna Bisaga, M.D.* – Eating attitudes and cultural identification among adolescents
2. *Miriam Ehrensaft, Ph.D.* – Relationship between partner abuse and mood disorder in adolescents
3. *Michael Feldman, M.D.* – Sexual orientation and risk for adolescent suicide
4. *Jamie Finkelson, Ph.D.* – Prevention of adolescent depression using interpersonal therapy—adolescent skills training (IPT-AST)
5. *Bonny Forrest, Ph.D.* – Evolution and development of brain systems specialized for social knowledge
6. *Cathryn Galanter, M.D.* – Service delivery and ADHD/bipolar treatment and outcome
7. *Michael Hauan, M.D.* – Medical informatics and database development
8. *Lisa Kotler, M.D.* – Antipsychotic medications and weight gain
9. *Katharine Loeb, Ph.D.* – Family treatment of adolescents with anorexia nervosa
10. *Lisa Miller, Ph.D.* – Interpersonal psychotherapy with treatment-resistant depressed patients; spirituality and psychotherapy; spiritual development in adolescents
11. *Michelle Scott, Ph.D.* – Adolescent suicide, associated comorbidity, and pathways into services
12. *Michael Sweeney, Ph.D.* – Investigation of biological markers of, and cognitive-behavioral therapy for, anxiety disorders in children and adolescents
13. *Drew Velting, Ph.D.* – Measurement of cognition processes in adolescent suicide

Coursework

All research fellows take systematic seminars in biostatistics provided by the Biostatistics and Measurement Core of the NIMH-supported Child Psychiatry Intervention Research Center (IRC) in conjunction with the Division of Biostatistics at the New York State Psychiatric Institute (NYSPI). Topics include statistical software, data preparation, and file-management and applied statistical seminars. Each fellow is assigned a biostatistical preceptor to assist them in acquiring basic statistical skills and in managing and analyzing data collected during their project.

Fellows with an interest in treatment research are invited to join the psychotherapy research training course, which is coordinated and taught by Drs. Weissman and Mufson. This course provides an overview of psychotherapy research in children and adolescents, including the design and development of empirically based psychotherapy and promising areas and opportunities for new studies. The Psychopharmacology Core of the IRC, headed by Dr. Greenhill, offers a course in pediatric psychopharmacology in a journal-club format. Critical issues are reviewed, and information on trial design, pharmacokinetics, population pharmacokinetics, metabolism, and drug interactions are presented.

Other courses available include clinical information services (Columbia University), child development, and child psychopathology.

Weekly seminars are organized by and for the research fellows, who take turns presenting problems and progress in their projects. Faculty make presentations on methodological topics, research ethics, and detailed critiques of selected journal articles.

Goals for the First Year of the Child Research Fellowship

This section provides a general picture of what is expected and what will be looked for when a fellow's progress is reviewed at the end of the first year.

The Research Training Program is designed to help trainees become independent investigators of the psychiatric disorders that present during childhood and adolescence. The qualifier "independent" assumes self-motivation, a good sense of agency, broad knowledge, and productivity. An independent fellow does not need to be prodded or coaxed.

Faculty will assess these goals using the following criteria:

- How much the fellow *reads*, both generally and specifically, around the topic of their interest. Do they maintain good reference files? Are they familiar with the design and findings of the most important studies in their chosen area? Are they writing a literature review or chapter? (Some of the more successful research fellows give themselves at least half a day a week to read current journals in the library, where nobody can disturb them.)
- Whether the fellow has been in touch with *experts* at other centers. Have they looked for opportunities to contact the experts directly to see their work or discuss the fellow's project?

- Whether the fellow is familiar with the strengths and limitations of the common techniques and measures in their area.
- Whether the fellow is familiar with general procedures required for IRB approval, writing consent forms, processing grant applications, writing papers, etc.
- Whether the fellow has involved themselves in their mentor's research in a way that extends *beyond* carrying out routine activities, assessments, etc.
- Whether the fellow has developed a research proposal that addresses non-trivial issues and is set to make a meaningful contribution to the general body of work on that topic.
- How much the fellow *writes*. They must have been the author of one or more papers to graduate from the program successfully. There should never be a time during the fellowship when a fellow is not engaged in writing something, whether this be a chapter, a literature review, a grant proposal, or a scientific report.
- If the fellow feels that their mentor is not serving them well, have they acted positively to address the problem?

Child and Adolescent Intervention Research Center (IRC)

The NIMH-funded Intervention Research Center (Principal Investigator, David Shaffer) (1999–2004) is designed to promote research and research training in the *treatment* of depression, suicide, anxiety disorders, and disruptive disorders in children and adolescents. A central goal is to assist research fellows. The IRC provides fellows with biostatistical and data-analytical support and sample recruitment (see below). It provides training in measurement, treatment manual preparation, and psychotherapy and assessment techniques. It also provides pilot funds for preliminary and feasibility projects by research fellows. The center is organized around six core units: Central; Clinical; Psychotherapy; Psychopharmacology; Biostatistics, Measurement, and Effectiveness Evaluation; and Data Management.

The Central (Administrative) Core (Director, David Shaffer, M.D.; Deputy Director, B. Timothy Walsh, M.D.) promotes integration and coordination between the cores; provides administrative support for the four specialized cores; is responsible for supervising the review process and the administration of small grants, of which research fellows are targeted recipients; oversees the ethical conduct of research protocols; and maintains a Local Area Network (LAN) for IRC users.

The Clinical Core (Director, Bruce Waslick, M.D.) receives and screens roughly 450 referrals for research projects a year. A high proportion of these meet criteria and go on to participate in protocols. This core also provides appropriate clinical care after a protocol has been completed and oversees various subject-protection procedures.

The Psychotherapy Core (Director, Myrna Weissman, Ph.D.; Co-director, Laura Mufson, Ph.D.) maintains archival and teaching materials on a variety of manualized treatments and provides systematic group and individualized training and consultation to research trainees in formal psychotherapy treatments, manual writing, and interpretation.

The Psychopharmacology Core (PHC) (Director, Laurence Greenhill, M.D.) monitors and collects safety information from clinical trials. It provides training in many aspects of psychopharmacology to trainees and junior faculty. It promotes standardized—manualized—practices in clinical trials and supports pharmacokinetic research (in the analog classroom) and genetic and fMRI studies of treatment responsiveness.

The Biostatistics, Measurement, and Effectiveness-Evaluation Core (BMC) (Director, Mark Davies, M.P.H.) comprises a *Biostatistical Unit* that offers consultation on biostatistics and treatment-study design, a *Measurement Unit* that provides consultation on the use and creation of measures and trains investigators and research staff in the use of certain instruments, and an *Effectiveness-Evaluation Unit* that provides consultation on the design of effectiveness studies.

The Data-Management Core (Director, Jim Robinson, M.S.) maintains a common database and assists investigators in establishing protocol-specific data-entry programs for measuring and for tracking progress through studies.

Research Funds for Fellows

Research fellows are able to apply for support for their projects from: 1) the IRC, which offers grants of up to \$7,500 annually for projects that focus on the treatment of children or adolescents with a psychiatric condition; 2) the American Foundation for Suicide Prevention, which distributes approximately \$30,000 annually for suicide-related research; and 3) the BRSG committee, which distributes variable amounts for research fellows' small projects.

Computers

All fellows are loaned a personal computer (either Macintosh or IBM compatible), which is linked to the LAN, for e-mail and file sharing, and to the Internet.

Clinical Training

Most research fellows will have completed their clinical training, but are encouraged to spend at least half a day a week in clinical activities that are appropriate to the fellow's particular interests or needs. Opportunities exist for continuing clinical work in the areas of childhood depression and suicide, psychoneuroendocrinology, neuropsychiatry, child abuse, and community psychiatry. Medically qualified research fellows who have not yet completed clinical training in child psychiatry are encouraged to continue this training in the Clinical Training Program (*Training Director, Clarice Kestenbaum, M.D.*).

- 8 DAVID SHAFFER, M.D., Program Director
- 8 LAURENCE GREENHILL, M.D., Associate Training Director
- 9 PETER JENSEN, M.D., Associate Training Director
- 10 BRADLEY PETERSON, M.D., Associate Training Director
- 11 B. TIMOTHY WALSH, M.D., Associate Training Director
- 11 MYRNA WEISSMAN, Ph.D., Associate Training Director
- 12 Hector Bird, M.D.
- 13 Patricia Cohen, Ph.D.
- 13 Mark Davies, M.P.H.
- 14 Miriam Ehrensaft, Ph.D.
- 15 Anke Ehrhardt, Ph.D.
- 16 Janet Fairbanks, M.D.
- 16 Prudence Fisher, Ph.D.
- 17 Madelyn Gould, Ph.D., M.P.H.
- 18 Jennifer Havens, M.D.
- 19 Kimberly Hoagwood, Ph.D.
- 20 Christina Hoven, Dr.P.H.
- 21 Denise Kandel, Ph.D.
- 21 Christopher Lucas, M.D.
- 22 J. John Mann, M.D.
- 23 Heino Meyer-Bahlburg, Dr. rer. nat.
- 24 Lisa Miller, Ph.D.
- 24 Laura Mufson, Ph.D.
- 25 Mark Olfson, M.D., M.P.H.
- 26 Suzanne Salzinger, Ph.D.
- 26 Angela Seracini, Ph.D.
- 27 Drew Velting, Ph.D.
- 28 Bruce Waslick, M.D.
- 29 Gail Wasserman, Ph.D.
- 29 Agnes Whitaker, M.D.
- 30 Ping Wu, Ph.D.

Research Training Faculty

Research Training Faculty Research Interests

DAVID SHAFFER, M.D., Program Director, Irving Philips Professor of Child Psychiatry, Professor of Psychiatry and Pediatrics. Major interests: adolescent suicide, measurement and classification, and neuropsychiatry.

Dr. Shaffer is chief of the Child Psychiatry Department, director of the Research Training Program, and principal investigator of the NIMH Intervention Research Center. He directs several studies on adolescent suicide and on the measurement and classification of child psychiatric disorders. The suicide studies include analysis of data from a large, controlled, epidemiological, psychological-autopsy study of adolescents who committed suicide in the New York Metropolitan area during the period 1984–1986; a family aggregation study to determine patterns of psychiatric illness in probands identified in the epidemiological study; an evaluation of school-curriculum-based suicide-prevention programs in different parts of the United States; and a case-finding study to screen and follow up high-school students at risk for suicide.

He was cochairman of the child psychiatry working group for DSM-IV and, along with former research fellows Mary Schwab-Stone, Prudence Fisher, Chris Lucas, and others, has directed the development of the Diagnostic Interview Schedule for Children (DISC-IV).

Selected Bibliography

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3. Shaffer, D., Vieland, V., Garland, A., Rojas, M., Underwood, M., & Busner, C. (1990). Adolescent suicide attempters: Response to suicide-prevention programs. *Journal of the American Medical Association*, 264, 3151–3155.

LAURENCE GREENHILL, M.D., Director of the Research Unit on Pediatric Psychopharmacology, Professor of Clinical Psychiatry. Major interests: psychostimulant treatments for attention-deficit/hyperactivity disorder, assessment of adverse events in randomized clinical trials of psychotropic medications, psychopharmacological studies in preschool children with psychiatric disorders, biological studies in adolescents with suicidal behavior, and new treatments for depressed adolescent attempters.

Dr. Greenhill's work has focused on psychopharmacological agents in the treatment of childhood psychiatric disorders. Long-term side effects of chronic stimulant medication have been examined in terms of growth rates, neuroendocrine and sleep changes, and the development of tolerance to the medication's behavioral effects. More recently, Dr. Greenhill has been examining the types of drug preparation (standard tablet versus long-acting) in terms of pharmacokinetic

parameters, effects on cognitive performance, changes in activity, and long-term effects on growth velocity.

Currently, he is examining risk factors for new psychopathology in a large national sample of children with ADHD versus a local normative comparison group who had been treated in a randomized controlled study (MTA Study). He has been awarded a NIMH grant to study the efficacy and safety of methylphenidate in preschool children in the six-site PATS (Preschool ADHD Treatment Study) as the lead investigator. He also has been awarded a contract for the five-year follow-up study of the MTA sample of adolescents with ADHD.

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3. Greenhill, L., Halperin, J. M., & Abikoff, H. (1999). Stimulant medications. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(5), 503–512.
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PETER JENSEN, M.D., Associate Training Director, Ruane Professor of Child and Adolescent Psychiatry. Major interests: multi-site clinical trials, services and effectiveness research, implementation and dissemination studies, ADHD, and assessment and diagnosis.

Dr. Jensen is the director of the Center for the Advancement of Children's Mental Health. He directs several studies focused on implementing evidence-based assessment and treatment approaches in pediatric primary care, mental health, and school settings. Each of these research programs has two major components—first, the strategic dissemination of scientifically based assessment and treatment practices to carefully chosen provider groups, using methods known to change provider behavior, and second, testing the impact of these programs on providers, systems of care, and youth themselves.

Dr. Jensen has conducted a number of studies related to evidence-based treatment practices, including studies of medication-prescribing practices. He is an investigator in an ongoing multi-site study of treatment outcomes for children with ADHD (the NIMH MTA Study), and is exploring the impact of medication versus behavioral treatments on children with differing comorbidity profiles. In this and other studies, he is examining the costs and cost effectiveness of various treatment approaches for children with mental disorders.

Selected Bibliography

1. Jensen, P. S., Hinshaw, S. P., Swanson, J. M., Greenhill, L. L., & the MTA Cooperative Group (2001). Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): Implications and applications for primary care providers. *Journal of Developmental and Behavioral Pediatrics*, 22, 1–14.
2. Jensen, P., Bhatara, V., Vitiello, B., Hoagwood, K., Feil, M., & Burke, L. B. (1999). Psychoactive medication prescribing practices for U.S. children: Gaps between research and clinical practice. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 557–565.
3. Jensen, P. S., Hoagwood, K., & Trickett, E. (1999). Ivory towers or earthen trenches? Community collaborations to foster “real world” research. *Applied Developmental Science*, 3, 306–212.
4. Jensen, P. S., Kettle, L., Roper, M. S., Sloan, M. T., Dulcan, M. K., Hoven, C., Bird, H. R., Bauermeister, J. J., & Payne, J. D. (1999). Are stimulants over-prescribed? Treatment of ADHD in four U.S. communities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 797–804.

BRADLEY PETERSON, M.D., Associate Training Director, Suzanne Crosby Murphy Professor. Major Interests: neuroimaging and neuropsychiatric disorders.

Dr. Peterson is a new faculty member at Columbia University/New York State Psychiatric Institute, beginning July 1, 2001. Previously, he was a faculty member and director of neuroimaging at the Yale Child Study Center. His areas of expertise are neuroimaging and pathophysiological studies of serious neuropsychiatric disorders, particularly Tourette's Syndrome, obsessive-compulsive disorder, and attention-deficit/hyperactivity disorder. He is also actively involved in studying the long-term effects of premature birth on brain development and neurobehavioral outcome. He will help develop the Neuroimaging Center at NYSPI and contribute to the biological study of developmental neuropsychiatric disorders.

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1. Peterson, B. S., Leckman, J. F., Tucker, D., Scahill, L., Staib, L., Zhang, H., King, R., Cohen, D. J., Gore, J. C., & Lombroso, P. (2000). Antistreptococcal antibody titers and basal ganglia volumes in chronic tic, obsessive-compulsive, and attention-deficit/hyperactivity disorders. *Archives of General Psychiatry*, 57, 364–372.

2. Peterson, B. S., Vohr, B., Staib, L., Cannistracci, C., Dolberg, A., Schneider, K., Katz, K., Westerveld, M., Sparrow, S., Anderson, A., Duncan, C., Makuch, R., Gore, J., & Ment, L. (2000). Regional brain volume abnormalities and long-term cognitive outcome in preterm infants. *Journal of the American Medical Association*, *284*, 1939–1947.
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B. TIMOTHY WALSH, M.D., Associate Training Director, Ruane Professor of Pediatric Psychopharmacology (in Psychiatry). Major interests: eating disorders and psychopharmacology

Dr. Walsh directs the Eating Disorders Research Unit at the New York State Psychiatric Institute. Dr. Walsh and his group are conducting studies of the psychobiology and treatment of anorexia nervosa, bulimia nervosa, and binge-eating disorder in children and adults. Recent topics of study include the utility of different forms of psychotherapy and of medication in eating disorders, the treatment of bulimia in a primary-care setting, and biological factors that might serve to perpetuate disturbances of eating behavior. Dr. Walsh facilitates the work of other members of the department in the development and assessment of treatment for other serious child psychiatric disorders, such as depression, dysthymia, anxiety, and ADHD.

Selected Bibliography

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MYRNA WEISSMAN, Ph.D., Associate Training Director, Professor of Epidemiology (in Psychiatry). Major interests: family-genetic, high-risk, epidemiologic studies of affective and anxiety disorders; interpersonal psychotherapy of depressed adolescents and adults; and studies of the offspring of parents with major depression.

The research Dr. Weissman's department is currently focused on includes assessing the familial risk of affective and panic disorders using case-control, epidemiologic, and genetic-linkage techniques and studies of children at risk for these disorders. Other child-related research includes a follow-up study of depressed, anxious children and a clinical trial of interpersonal psychotherapy in depressed adolescents and depressed mothers of depressed children.

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HECTOR BIRD, M.D., Professor of Clinical Psychiatry. Major interests: epidemiology, risk factors of childhood psychopathology, methodological issues of child assessment, and cross-cultural epidemiological research.

Dr. Bird conducted a major psychiatric-epidemiology survey of children in Puerto Rico age four through sixteen in 1986 and was also principal investigator at this site in an NIMH cooperative agreement (MECA Study) (1989–1994), in collaboration with several epidemiologists in the department and three other universities, to develop instruments and methods to assess childhood psychopathology, risk factors for psychopathology, and mental health service utilization in children and adolescents age nine to seventeen. The MECA data provides a rich data set for secondary analyses on a wide range of research issues.

Presently, Dr. Bird is conducting a longitudinal study of the development of anti-social behavior among Puerto Rican children, evaluating rates, developmental course, risk factors, and comorbidity, and contrasting findings on a sample in San Juan, Puerto Rico, and a sample of Puerto Rican children in the South Bronx.

Selected Bibliography

1. Bird, H. R., Canino, G., Davies, M., Zhang, H., Ramírez, R., & Lahey, B. B. (2001). Prevalence and correlates of antisocial behaviors among three ethnic groups. *Journal of Abnormal Child Psychology*. 29(9), 465–478.
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PATRICIA COHEN, Ph.D., Professor of Clinical Public Health (Epidemiology). Major interests: child and life-span psychiatric epidemiology, risk factors, and methodological and statistical issues.

Dr. Cohen is co-director (with Dr. Bruce Link) of the Psychiatric Epidemiology Training Program and collaborates on studies with a number of other investigators in the department. Dr. Cohen's primary research centers on a longitudinally followed group of over eight hundred children in randomly sampled families, the Children in the Community Study. Six waves of interviews and other data on this sample and coordinated data on siblings, offspring, and parents have been collected. The focus is on the prevalence, course, and long-term outcome of mental disorders, including personality disorder, and risk and protective factors (see Web page for approximately 125 publications from this study).

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4. Cohen, P., Pine, D. S., Must, A., Kasen, S., & Brook, J. S. (1998). The association between somatic and mental illness in children and adolescents. *American Journal of Epidemiology*, 147(3), 232–239.

MARK DAVIES, M.P.H., Research Scientist. Major interests: reliability of psychiatric measures, multi-site clinical trials, and statistical methods for missing data.

Mr. Davies is co-director of the Biostatistics, Measurement, and Effectiveness-Evaluation Core of the Intervention Research Center in the Division of Child Psychiatry. He works with a broad group of researchers in the division as a consulting statistician. Although recent work has shifted his emphasis to statistical issues in clinical trials, the division has a long history of the application of epidemiological methods to approach research questions in child psychiatry. He

has played an active role among researchers using these methods. Mr. Davies works closely with clinical and research fellows to explore the means to increase their fluency in the area of biostatistics and research design.

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1. Davies, M., & Fleiss, J. (1982). Measuring agreement for multinomial data. *Biometrics*, 38(4), 1047–1052.
2. Fleiss, J., & Davies, M. (1982). Jackknifing functions of multinomial frequencies, with an application to a measure of concordance. *American Journal of Epidemiology*, 115, 841–845.
3. Davies, M., & Kandel, D. B. (1981). Parental and peer influences on adolescents' educational plans: Some further evidence. *American Journal of Sociology*, 87(2), 363–387.

MIRIAM EHRENSAFT, Ph.D., Assistant Professor of Medical Psychology. Major interests: disruptive behavior disorders, antisocial behavior in girls, and the association between adolescent dating violence and developmental psychopathology.

Dr. Ehrensaft is a former research fellow in the Research Training Program, and the recipient of a career-development award (K-Award). Her research program focuses on two areas: developmental psychopathology (conduct disorder, depression) and partner violence. To bridge these areas, she investigates mechanisms that mediate the association between developmental psychopathology and the risk for violence in romantic relationships. The overarching goal is inform the prevention of conflict and violence in romantic relationships, as well the worsening course of psychopathology. Dr. Ehrensaft has previously conducted a pilot clinical trial, funded by the CPMC Office of Clinical Trials, investigating whether a multistage approach, combining the treatment of conduct problems and the provision of psychoeducation regarding dating violence, might result in a decreased risk of perpetrating dating violence. Other studies involve: 1) co-investigator on a grant from the National Institute of Justice to analyze data from a large, controlled, epidemiological study of psychiatric disorders in children in New York, investigating mechanisms that might mediate the association between childhood conduct disorder, depression, and partner violence in early adulthood; and 2) collaboration with Drs. Terrie Moffitt and Avshalom Caspi on partner-violence data from the Dunedin Multidisciplinary Health Study.

Selected Bibliography

1. Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. (under review). Intergenerational transmission of partner violence: A twenty-year prospective study.
2. Ehrensaft, M. K., Moffitt, T. E., & Caspi, A. (under review). Prevalence and developmental risk profiles for clinically abusive relationships in a community sample.

3. Ehrensaft, M. K. (under review). Interpersonal relationships as a determinant of sex differences in the development of conduct problems: A review.
4. Ehrensaft, M. K., Wasserman, G., Verdelli, L., Greewald, S., Miller, L. S., & Davies, M. (under review). Maternal antisocial behavior, parenting practices, and behavior problems in boys at risk for antisocial behavior.

ANKE A. EHRHARDT, Ph.D., Professor of Medical Psychology. Major interests: developmental psychoendocrinology and psychosexual differentiation, sexuality and gender, and HIV/AIDS.

Dr. Ehrhardt received her Ph.D. in psychology from the University of Düsseldorf, Germany, and completed a postgraduate fellowship in the Psychohormonal Research Unit at Johns Hopkins Hospital. Since 1987, Dr. Ehrhardt has been the director of the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute. Dr. Ehrhardt came to Columbia University from the State University of New York at Buffalo, where she co-directed the Program of Psychoendocrinology at Children's Hospital. She was also president of the International Academy of Sex Research (1981). Dr. Ehrhardt is an internationally known researcher in the field of sexual and gender development of children, adolescents, and adults. For the past thirty years, her research has included a wide range of studies on the determinants of sexual behavior of children, adolescents, heterosexual women and men, and the gay population, and on comprehensive approaches to preventing HIV and STD infection. She was a member of the Office of AIDS Research from 1995 to 1997 and also served, from 1995 to 1999, on the board of trustees of the Kinsey Institute for Research in Sex, Gender, and Reproduction. She currently serves on the Ford Foundation board of trustees.

Selected Bibliography

1. Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Leu, C.-S., Miller, S., & Levin, B. (2002). A gender-specific HIV/STD risk reduction for women in primary health care settings: Short- and long-term results of a randomized clinical trial. *AIDS Care, 14*, 147–161.
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3. Ehrhardt, A. A. (2000). Gender, sexuality, and human development. In J. Bancroft (Ed.), *The Role of Theory in Sex Research* (pp. 3–15). Bloomington: Indiana University.
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5. Ehrhardt, A. A. (1996). Our view of adolescent sexuality—a focus on risk behavior without the developmental context. *American Journal of Public Health, 86*, 1523–1525.

JANET FAIRBANKS, M.D., Assistant Professor of Clinical Psychiatry.

Major interests: infant and early childhood precursors of anxiety and affective disorders, family studies, direct observational measures of behavior and affect, neuropsychiatry and physiology, prevention studies, and psychopharmacology.

Dr. Fairbanks is the recipient of a career-development award (K-Award) from NIMH to study early childhood precursors of anxiety and affective disorders. She is the principal investigator on several studies of the identification of early risk factors in the development of anxiety and depression in preschool-age offspring of parents with anxiety or depressive disorders, and is developing similar studies in infant offspring. In addition, she is in the process of developing an interpersonal, dyadic, preventive intervention for affected parents and their young children. Her major focus is on direct observational protocols to measure behaviorally inhibited temperament, separation distress, and attachment, and on biological correlates implicated in the development of anxiety or depression. Physiological studies include measurement of brain electrical activation (EEG and ERP), stress hormones (salivary cortisol), autonomic nervous system (heart period variability), and respiratory function in young children at risk by virtue of having a parent with the disorder.

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1. Fairbanks, J. M., Martinez, J., Coplan, J. D., O'Brien, F. P., & Gorman, J. M. (2002). Stress response in behaviorally inhibited offspring of adults with comorbid mood disorders. *Biological Psychiatry*, 51(18), 6S.
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4. Fairbanks, J. M., et al. (1997). Open fluoxetine treatment of mixed anxiety disorders in children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, 7(1), 17-29.

PRUDENCE FISHER, Ph.D., Assistant Professor of Clinical Psychiatric Social Work. Major interests: measurement, bereavement, and adolescent suicide.

Dr. Fisher is director of the Measurement Unit of the Child Psychiatry Intervention Research Center, where she provides consultation and education in measurement development, selection, and administration. Dr. Fisher has been instrumental in the development the Diagnostic Interview Schedule for Children (DISC), having written and edited questions for four iterations of the interview, conducted studies to test the interview, and co-edited several derivative versions. She has also written users manuals and designed training materials. Dr. Fisher has also participated in the development and testing of the C-GAS, the non-clinician C-GAS, the Columbia Impairment Scale, Darryl (a cartoon measure for PTSD), and other measures.

In addition, Dr. Fisher is a member of the Scientific Advisory Board for the American Foundation for Suicide Prevention. She served as project director on two large studies concerning adolescent suicide—a psychological-autopsy study and a family study—and is currently preparing papers on the bereavement adjustment of first-degree relatives of adolescent suicide victims.

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1. Shaffer, D., Fisher, P., Lucas, C. P., Dulcan, M. K., & Schwab-Stone, M. E. (2000). NIMH Diagnostic Interview Schedule for Children, version IV (NIMH DISC-IV): Description, differences from previous versions, and reliability of some common diagnoses. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(1), 28–38.
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MADELYN GOULD, Ph.D., M.P.H., Professor of Clinical Public Health (Epidemiology). Major interest: the epidemiology and prevention of adolescent suicide.

Dr. Gould has received numerous federally funded grants from NIH and the CDC, including projects to examine risk factors for teenage suicide, various aspects of cluster suicides, the impact of the media on suicide, and an evaluation of telephone crisis services. Dr. Gould has participated in a number of state and national government commissions, including the 1978 President's Commission on Mental Health and the Secretary of Health and Human Services' Task Force on Youth Suicide, and she was an expert reviewer in 1998 for the National Suicide Prevention Conference on Advancing the National Strategy for Suicide Prevention: Linking Research and Practice. Dr. Gould authored the chapter on youth suicide prevention for the Surgeon General's 1999 Report on Suicide Prevention in the United States and is currently a consultant on the Surgeon General's Leadership Working Group for a National Suicide Prevention Strategy. Dr. Gould helped develop a community-response plan for suicide clusters as part of a workshop jointly sponsored by the CDC and the New Jersey State Department of Health. She was also a member of the Work Group on Contagion and the Reporting of Suicide for the Association of State and Territorial Health Officials, the Public Health Foundation, and the Federal Office of National and Child Health, from 1989 through 1991, which published recommendations to optimize media and health professionals' cooperation in the reporting of suicide (Centers for Disease Control and Prevention 1994). Dr. Gould has recently devel-

oped updated media guidelines for the American Foundation for Suicide Prevention (see www.afsp.org) and is currently a member of an international consortium on media guidelines. Dr. Gould has a strong commitment to applying her research to program and policy development.

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1. Gould, M. S. (2001). Suicide and the media. In H. Hendin & J. J. Mann (Eds.), *Suicide Prevention: Clinical and Scientific Aspects* (pp. 200–224). New York: *Annals of the New York Academy of Sciences*, 932.
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JENNIFER HAVENS, M.D., Director of the Pediatric Psychiatry Clinic at New York Presbyterian Hospital/Columbia Presbyterian Medical Center, Assistant Professor of Clinical Psychiatry. Major interests: women's and children's mental health issues, HIV/AIDS.

In 1992, Dr. Havens and her colleagues founded the Special Needs Clinic (SNC), one of the first comprehensive mental health programs serving children and families affected by HIV/AIDS. Dr. Havens has extensive experience in research, planning, and policy development for the mental health service needs of HIV–infected individuals. Since 1992, she has served on the Mental Health Work Group of the HIV Health and Human Services Planning Council of New York City (Ryan White Title I Care Act). In 1997, she received a mayoral appointment to the planning council and was appointed chair of the Mental Health Work Group, where she was responsible for overall leadership in the development of strategic-plan priorities for mental health services to HIV–infected and –affected New Yorkers. Since 1996, she has been the chair of the Mental Health Expert Panel of the Evaluation and Technical Assistance Center at the Columbia University School of Public Health, which is evaluating the thirty-seven most recently funded “Special Projects of National Significance” of Part F of the Ryan White Care Act. She has also conducted research in adherence to medical treatment in HIV–infected women and is the director of interventions for the Coordinating Center (Jay Bell Associates),

responsible for the multi-site evaluation of the HIV/AIDS Adherence, Health Outcomes, and Cost Study, funded by CMHS, CSAT of SAMHSA, NIMH, HRSA, and NIAAA.

Selected Bibliography

1. Havens, J. F., & McCaskill, E. O. (1999). The use of psychostimulants in HIV-infected children and adolescents: A case series. In L. Greenhill & B. Osman (Eds.), *Ritalin* (2nd ed.) (pp. 165–174). New York: Mary Ann Liebert.
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3. Havens, J., Mellins, C. A., & Pilowski, D. (1996). Mental health issues in HIV-affected women and children. *International Review of Psychiatry*, 8, 217–225.

KIMBERLY HOAGWOOD, Ph.D., Professor of Clinical Psychology (in Psychiatry). Major interests: child and adolescent services, clinical service effectiveness, dissemination and implementation of evidence-based practices, school mental health services, family engagement in treatment planning, family empowerment.

Dr. Hoagwood was at the National Institute of Mental Health for ten years, where she was associate director of Child and Adolescent Mental Health Research, and directed two research programs, one in child and adolescent services research and the other in child and adolescent clinical treatment research. Prior to her appointment at NIMH, Dr. Hoagwood was research director at the Texas Education Agency, supervising a statewide, multi-disciplinary program of research on community-based services for children with serious emotional, behavioral, and psychiatric disorders. Dr. Hoagwood has directed research projects on academic and behavioral outcomes for children with psychiatric disorders in special education. She is a collaborator on the Multi-Modal Treatment for ADHD Study, focusing on engagement with clinical and school services. She is also a collaborator on the Patterns of Care Study, a study of clinical need and use of services among children and adolescents involved in multiple service systems.

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1. Hoagwood, K., Hibbs, T., Brent, D., & Jensen, P. (1995). Efficacy and effectiveness in studies of child and adolescent psychotherapy. *Journal of Consulting and Clinical Psychology*, 63(5), 683–687.
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3. Hoagwood, K., Jensen, P., & Fisher, C. (Eds.). (1996). *Ethical Issues in Mental Health Research with Children and Adolescents*. Hillsdale, NJ: Lawrence Erlbaum Associates.
4. Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H., & Schoenwald, S. (2001). Evidence-based practices in child and adolescent mental health services. *Psychiatric Services*, 52(9), 1079–1089.
5. Burns, B. J., & Hoagwood, K. (Eds.). (2002). *Community Treatment for Youth: Evidence-Based Interventions for Youth with Severe Emotional and Emotional Disorders*. Oxford University Press.

CHRISTINA HOVEN, Dr.P.H., Assistant Professor of Clinical Public Health (Epidemiology). Major interests: risk factors, barriers, and child mental health services organization and delivery throughout all child-service systems (mental health, juvenile justice, child welfare, substance use, primary health care, and schools).

Dr. Hoven is currently the director of the National Association of State Mental Health's NIMH-funded post-doctoral fellowship in children's mental health services research, a program jointly sponsored by the Columbia University School of Public Health. She is currently the principal investigator on a number of studies, including the SAMHSA-funded multi-site study, "Effects of Managed Care on Mental Health and Substance-Use Services," and the "Westchester Network," an evaluation of a longitudinal study of a system of care for seriously emotionally disturbed children in Westchester County. Most recently, Dr. Hoven was principal investigator of the NIMH-funded study, "Alternative Service Patterns for Children with Serious Emotional Disturbance" (the Westchester Study), a public-academic liaison study with the New York State Office of Mental Health and Columbia University. This study recruited NSED children from mental health, juvenile justice, child welfare, special education, and substance-abuse settings, as well as from the community. Dr. Hoven is known for her expertise in conducting collaborative research, maintaining high compliance rates, and maintaining effective working relationships with state and county officials, as well as with service providers and consumers.

Selected Bibliography

1. Flisher, A. J., Kramer, R. A., Hoven, C. W., King, R. A., Bird, H. R., Davies, M., Gould, M. S., Greenwald, S., Lahey, B. B., Regier, D. A., Schwab-Stone, M., & Shaffer, D. (2000). Risk behavior in a community sample of children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(7), 881–887.
2. Wu, P., Hoven, C. W., Bird, H. R., Moore, R. E., Cohen, P., Alegria, M., Dulcan, M., Goodman, S., Horwitz, S., Lichtman, J., Narrow, W. E., Rae, D. S., Regier, D. A., & Roper, M. (1999). Depressive and disruptive disorders and mental health service utilization in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(9), 1081–1090.

3. Glied, S., Hoven, C., Garrett, B., Moore, R., & Regier, D. (1997). Children's access to mental health care: Does insurance matter? *Health Affairs*, 16(1), 167–174.

DENISE KANDEL, Ph.D., Head of the Department of the Epidemiology of Substance Abuse at the New York State Psychiatric Institute, Professor of Sociomedical Sciences in Psychiatry. Major interests: the epidemiology, risk factors, and consequences of drug use, in particular smoking; the epidemiology of substance dependence; developmental pathways of problem behaviors in adolescence; and the intergenerational transmission of deviance.

Current research activities focus on six areas: 1) the epidemiology of adolescent smoking; 2) the progression from experimentation to nicotine dependence; 3) the gateway hypothesis of drug involvement; 4) the intergenerational effects of parental drug use on child development and drug behavior; 5) the consequences of prenatal smoking for child development and substance use; and 6) comorbidity between substance use and psychiatric disorders.

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1. Kandel, D. B. (Ed.). (2002). *Stages and Pathways of Drug Involvement: Examining the Gateway Hypothesis*. Cambridge, England: Cambridge University Press.
2. Kandel, D. B., Huang, F-Y, & Davies, M. (2001). Comorbidity between patterns of substance-use dependence and psychiatric syndromes. *Drug and Alcohol Dependence*, 64, 233–241.
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5. Kandel, D. B., Johnson, J. G., Bird, H. R., Weissman, M., Goodman, S. H., Lahey, B., Regier, D. A., & Schwab-Stone, M. (1999). Psychiatric comorbidity among adolescents with substance-use disorders: Findings from the MECA Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 693–699.

CHRISTOPHER LUCAS, M.D., Assistant Professor of Clinical Psychiatry. Major interests: diagnostic assessment, screening, and child psychiatric nosology.

Dr. Lucas is a graduate of the Research Training Program and was the recipient of a career-development award (K-Award) from NIMH examining the measurement of child psychopathology. This research includes studies on the value of psychiatric assessment using computers, and the development and testing of a brief screening instrument, the DISC Predictive Scales. He is one of the authors

of the NIMH-DISC and has regularly consulted with NIMH on assessment instruments to be used in several large-scale national surveys of child mental health. Dr Lucas has a current R01 to experimentally study alternative ways of administering structured interviews ("Improving the Reliability of the DISC") so that attenuation of symptom reports is minimized. He regularly consults with trainees on the design and conduct of studies of child psychopathology and the computerization of diagnostic and screening measures.

He is research director of the Columbia DISC Development Group and heads a team of programmers and research scientists developing a new authoring system for the production of automated child psychiatric interviews. His responsibilities extend to the design, development, and testing of a wide variety of screening and diagnostic assessments.

Selected Bibliography

1. Lucas, C. P., Fisher, P., Piacentini, J., Zhang, H., Jensen, P., Dulcan, M., Schwab-Stone, M., Regier, D., & Canino, G. (1999). Features of interview questions associated with attenuation of symptom reports. *Journal of Abnormal Child Psychology*, 27(6), 429–437.
2. Shaffer, D., Lucas, C., & Richters, J. (Eds.). (1999) *Diagnostic Assessment in Child and Adolescent Psychopathology*. New York: Guilford.
3. Lucas, C. P., & Shaffer, D. (1995). DSM-IV, ICD-10, and beyond. In Noshpitz (Ed.), *Handbook of Child and Adolescent Psychiatry*. New York: John Wiley.

J. JOHN MANN, M.D., Chief of Neuroscience, Professor of Psychiatry and Radiology. Major interests: neurobiological underpinnings of mood disorders, psychosis, and predisposition to suicide.

Dr. Mann's research involves neurotransmitter and receptor studies with PET and MR-spectroscopic imaging and molecular-genetic studies of candidate genes in unmedicated adult patients, followed by studies of the effects of treatment. Similar studies are conducted in adolescents, but not with PET. Studies of familial transmission of mood disorders, impulsivity, and suicidality are in progress. Postmortem studies of youth and adults investigate the neurobiological correlates of depression and suicide. Fellows learn how to design and implement protocols involving clinical assessments, neurobiology, or molecular genetics. They learn the fundamental principles underlying these approaches. They master key methods, such as receptor-binding modeling and image analysis, as well as the practical conduct of imaging and related neurobiological clinical studies. They also learn clinical-research-assessment methods and basic statistics. They are expected to design and conduct an original study once they master the basic methods and to write good scientific papers and research-grant applications.

Selected Bibliography

1. Mann, J. J. (2002). A current perspective of suicide and attempted suicide. *Annals of Internal Medicine*, 136, 302–311.

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HEINO MEYER-BAHLBURG, Dr. rer. nat., Professor of Clinical Psychology. Major interests: developmental psychoendocrinology and psychosexual differentiation; sexuality and STD/AIDS.

Dr. Meyer-Bahlburg's research focuses on the development of gender, sexuality, and sex-dimorphic cognition as a function of biological and psychosocial factors. Psychoendocrine research projects involve children, adolescents, and adults with endocrine disorders of prenatal onset (intersexuality) or with a history of prenatal exposure to exogenous hormones, and hormonally presumably normal individuals with gender variants, using both patient and community samples. Current projects include the effects of prenatal treatment with glucocorticoids on gender, temperament, psychopathology, and cognitive development in children with congenital adrenal hyperplasia (CAH); adult follow-up of women with various types of CAH; and adult follow-up of various syndromes of 46,XY intersexuality. In STD/AIDS-related research, Dr. Meyer-Bahlburg directs a team developing methods for the assessment of sexual risk behavior and sexual functioning, and is co-investigator on several related studies that focus on the development of sexual behavior in children and young adolescents.

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1. Meyer-Bahlburg, H. F. L. (2002). Gender assignment and reassignment in intersexuality: Controversies, data, and guidelines for research. In S. A. Zderic, D. A. Canning, H. M. Snyder, III, & M. C. Carr (Eds.), *Pediatric Gender Reassignment: A Critical Reappraisal*. New York: Plenum.
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3. Meyer-Bahlburg, H. F. L., Dolezal, C., & Sandberg, D. E. (2001). The association of sexual behavior with externalizing behaviors in a community sample of prepubertal children. *Journal of Psychology and Human Behavior, 12*, 61–79.

LISA MILLER, Ph.D., Assistant Professor of Clinical Psychology. Major interests: religion and resilience in adolescence and improved access to treatment for high-risk adolescents.

Dr. Miller directs ongoing studies on the developmental path of religion and its protective effects against depression and substance use among adolescents. Research on religion in adolescents includes a longitudinal study in high schools and a genetic-epidemiologic study of the intergenerational transmission of religion. A second area of research is the conduct of clinical trials on improved access to treatment for depression in adolescents and mothers who are underserved. Currently, Dr. Miller is developing a method of improving access to treatment for pregnant adolescents.

Selected Bibliography

1. Miller, L., Davies, M., & Greenwald, S. (2000). Religiosity and substance use and abuse among adolescents in the National Comorbidity Survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(9), 1190–1197.
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3. Miller, L. (1998). Depression in pregnant adolescents. *Psychiatric Services*, 49(7), 970.
4. Miller, L., et al. (1997). Religion and depression: Ten-year follow-up of mothers and offspring. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(10), 1416–1425.

LAURA MUFSON, Ph.D., Associate Professor of Clinical Psychology; Director, Department of Clinical Psychology at the New York State Psychiatric Institute. Major interests: adolescent depression, psychotherapy intervention studies, and risk factors for psychiatric disorders in children and adolescents.

Dr. Mufson, co-director of the Psychotherapy Core of the NIMH Intervention Research Center, directs an effectiveness study of interpersonal psychotherapy for depressed adolescents (IPT-A) in school-based health clinics. It is a controlled clinical trial of IPT-A versus treatment as usual in school-based health clinics in New York City public schools. Dr. Mufson is co-investigator on Dr. Peter Jensen's OMH School-Based Health Clinic Program Study as well. Dr. Mufson is also involved in conducting a study of a group-therapy model of interpersonal psychotherapy for depressed adolescents (IPT-AG) in a hospital outpatient pediatric psychiatry clinic. In conjunction with refining treatments for adolescent depression, Dr. Mufson is interested in the types of traumatic bereavement as a result of traumatic losses/deaths/community violence, their associated anxiety and depression symptoms, and testing of interventions. She

consults on treatment studies of depressed mothers and their children, as well as on psychotherapy studies of anxious children, depressed suicidal teens, and teens at risk for bipolar disorder.

Dr. Mufson is the director of Training in Child Psychology at New York Presbyterian Hospital–Babies Hospital, and directs the child track of the pre-doctoral internship in clinical psychology and a postdoctoral clinical fellowship in child psychology. In addition, she directs the Training Program in Evidence-Based Psychosocial Treatments for Children and Adolescents for both child psychiatry fellows and psychology trainees.

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3. Mufson, L., Moreau, D., Weissman, M. M., & Klerman, G. L. (1993). *Interpersonal Psychotherapy for Depressed Adolescents*. New York: Guilford.

MARK OLFSON, M.D., M.P.H., Associate Professor of Clinical Psychiatry. Major Interests: mental health services and clinical epidemiology.

Dr. Olfson is a mental health services researcher and psychiatrist who directs and co-directs several studies on the delivery of mental health services in primary-care and specialty mental health settings. He also serves as the director of the Pharmaco-epidemiology Research Unit within the Department of Child Psychiatry. His research interests focus on mental health care-seeking behavior and quality of care. He is currently involved in studies examining medication-management decisions in schizophrenia, the provision of ECT in community hospitals, and the use of prescribed psychotropic medications by children and adolescents.

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2. Olfson, M., Marcus, S. C., Druss, B. G., Tanelian, T., Elinson, L., & Pincus, H. A. (2002). National trends in the outpatient treatment of depression. *Journal of the American Medical Association*, 287, 203–209.
3. Olfson, M., Shea, S., Feder, A., Fuentes, M., Nomura, Y., Gameroff, M., Weissman, M. M. (2001). Prevalence of anxiety, depression, and substance abuse in an urban general medical practice. *Archives of Family Medicine*, 9, 876–883.

SUZANNE SALZINGER, Ph.D., Associate Research Scientist. Major interests: developmental and mental health consequences of children's exposure to violence. Dr. Salzinger's past research has focussed on the effects of abuse on child social behavior and mental health. She is currently conducting a follow-up study of adolescents who were abused as school-age children. A new area of research concerns identifying the mediators of the effects of community, as well as domestic violence, on middle-school children's subsequent involvement in violence, behavior problems, and academic functioning.

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1. Salzinger, S., Feldman, R. S., Ng-Mak, D. S., Mojica, E., Stockhammer, T., & Rosario, M. (in press). Effects of partner violence and physical child abuse on child behavior: A study of abused and comparison children. *Journal of Family Violence*.
2. Salzinger, S., Feldman, R. S., Stockhammer, T., & Hood, J. (in press) An ecological framework for understanding risk for exposure to community violence and the effects of exposure on children and adolescents. *Aggression and Violent Behavior*.
3. Ng-Mak, D. S., Salzinger, S., Feldman, R. S., & Stueve, C. A. (in press). Normalization of violence among inner-city youth: A formulation for research. *American Journal of Orthopsychiatry*.
4. Salzinger, S., Feldman, R. S., Ng-Mak, D., Mojica, E., & Stockhammer, T. F. (2001). The effect of physical abuse on children's social and affective status: A model of cognitive and behavioral processes explaining the association. *Development and Psychopathology*, 13, 805–825.

ANGELA SERACINI, Ph.D., Assistant Professor of Clinical Psychology. Major interests: children of substance abusers, behavior-disordered children, adolescent substance abuse, parenting interventions, and psychotherapy research.

Dr. Seracini is a clinical researcher, clinical supervisor in the child psychology training program, and director of the Disruptive Behavior Disorders Clinic at Babies and Children's Hospital, an outpatient clinic serving children and adolescents with adhd and other externalizing behavior problems.

Dr. Seracini is currently the principal investigator on a research study of assessment and brief intervention for adolescent substance abusers, and a co-investigator on a study testing a preventive intervention for relationship violence in adolescents. She is also a co-investigator on a nida-funded study testing a combined psychosocial/psychopharmacological treatment for opiate dependence in adults.

Dr. Seracini has extensive research and clinical experience in the substance-abuse area. She was previously a research scientist in the Division on Substance Abuse Research at the New York State Psychiatric Institute, where she completed a research fellowship, specializing in substance-abuse psychotherapy

research. She was also director of Psychosocial Treatment in the department's Drug-Abuse Treatment Research Clinic.

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3. Nunes, E. V., Weissman, M. M., Goldstein, R. B., McAvay, G., Seracini, A. M., Verdeli, H., & Wickramaratne, P. J. (1998). Psychopathology in children of parents with opiate dependence and/or major depression. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1142–1151.
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DREW VELTING, Ph.D., Assistant Professor of Clinical Psychology.

Major interests: cognitive-behavior therapy, adolescent depression and suicide, psychotherapy studies, and mindfulness for adolescents.

Dr. Velting, is a Klingenstein Third Generation Foundation Fellow in childhood and adolescent depression. He is in the process of planning a series of treatment-development studies to identify effective psychotherapeutic strategies for reducing suicidal ideation and behavior in depressed adolescents. He is particularly interested in evaluating the potential utility of adapting dialectical-behavior therapy as a treatment for this clinical population. Dr. Velting has also recently developed a self-report questionnaire designed to measure treatment-related change in DBT core mindfulness skills, which are derived from Zen meditation practices and principles.

Dr. Velting is on the editorial board of *Cognitive and Behavioral Practice*, a journal that promotes the use of empirically informed methods of clinical practice. He is a behavior-therapy supervisor in the child track of the predoctoral internship program in clinical psychology and a postdoctoral clinical fellowship at Columbia University. Dr. Velting is also certified as a cognitive-behavioral therapist for the NIMH-sponsored Treatment for Adolescents with Depression Study (TADS), a multisite randomized trial to study the effectiveness of psychotherapy and medication treatments for adolescents with a DSM-IV diagnosis of major depression.

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1. Mufson, L., & Velting, D. M. (in press). Psychotherapy for depression and suicidal behavior in children and adolescents. In D. Shaffer & B. Waslick (Eds.), *The Many Faces of Depression in Childhood and Adolescence* (Review of Psychiatry Series, 21). Washington, D.C.: American Psychiatric Association.

2. Velting, D. M., Rathus, J. H., & Miller, A. (2000). MACI personality scale profiles of depressed, adolescent suicide attempters: A pilot study. *Journal of Clinical Psychology, 56*, 1381–1385.
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BRUCE WASLICK, M.D., Assistant Professor of Clinical Psychiatry. Major interests: pediatric mood disorders and psychopharmacology.

Dr. Waslick is the principal investigator on two major research initiatives on the treatment of pediatric depressive disorders. One study, Treatment of Adolescents with Depression Study (TADS), is a multi-site, NIMH-funded protocol comparing the use of cognitive-behavior therapy (CBT), fluoxetine, and combination therapy to placebo in adolescents with major depression. A second project involves assessing the efficacy of fluoxetine in the treatment of children and adolescents with chronic unipolar depressive disorders. As a principal investigator, Dr. Waslick is affiliated with both the Columbia Intervention Research Center (IRC) and the New York State Research Unit for Pediatric Psychopharmacology (NYS-RUPP). His major interest consists of developing and testing pharmacological interventions in children and adolescents with a variety of psychiatric disorders, but primarily for mood disorders in this age group.

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1. Waslick, B. D., Walsh, B. T., Greenhill, L. L., Eilenberg, M. E., Capasso, L., & Lieber, D. (2000). Open trial of fluoxetine in children and adolescents with dysthymic disorder. *Journal of Affective Disorders, 56*, 227–236.
2. Waslick, B. D., Walsh, B. T., Greenhill, L. L., Giardina, E. G., Sloan, R. P., Bigger, J. T., & Bilich, K. (1999). Cardiovascular effects of desipramine in children and adults during exercise testing. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(2), 179–86.
3. Greenhill, L. L., & Waslick, B. D. (1997). Management of suicidal behavior in children and adolescents. *The Psychiatric Clinics of North America, 20*, 641–666.

GAIL WASSERMAN, Ph.D., Professor of Clinical Psychology. Major interest: development of antisocial behavior.

Dr. Wasserman's past and present research has investigated the contribution of parenting to child behavior problems, assessment of mental health in youth in

the justice system, and the impact of toxic exposure (metals, cocaine) on early development. Her current investigations include the study of psychiatric disorder in juvenile-justice-system youth in multiple field sites, and the development of means for incorporating structured psychiatric instruments into existing juvenile-justice-system assessment.

Selected Bibliography

1. Wasserman, G. A., McReynolds, L., Lucas, C., Fisher, P., & Santos, L. (2002, in press). The prevalence of psychiatric disorder in incarcerated male youth. *Journal of the American Academy of Child and Adolescent Psychiatry*.
2. Wasserman, G. A., Pine, D. S., Workman, S., & Bruder, J. (1999). Dichotic listening deficits and the prediction of substance use in young boys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(8), 1032–1039.
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AGNES WHITAKER, M.D., Associate Professor of Clinical Psychiatry.

Major interest: developmental neuropsychiatry.

Dr. Whitaker's primary interest is in developmental neuropsychiatry. In this area, she is presently directing both epidemiological and clinical research studies. In the epidemiological area, she is conducting a longitudinal study of behavioral outcome in a regional birth cohort of low-birth-weight infants screened at birth for perinatal brain injury. In collaboration with Pediatrics and Pediatric Neurology, she is examining immunologic and genetic markers in children and adolescents with tics and obsessive-compulsive symptoms. She is also interested in the development of clinical screens for developmental disorders in children presenting with behavioral problems. Dr. Whitaker directs the Pediatric Neuropsychiatry Clinic at Columbia-Presbyterian Hospital.

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1. Whitaker, A., Van Rossem, R., Feldman, J. F., Schonfeld, I. S., Pinto-Martin, J. A., Torre, C., Shaffer, D., & Paneth, N. (1997). Psychiatric outcomes in low-birth-weight children at age six: Relation to neonatal cranial ultrasound abnormalities. *Archives of General Psychiatry*, 54, 847–855. Selected for news bulletin in *The Lancet*, 350, 936.
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comes at age six. *Pediatrics*, 98, 719–729. Selected for 1997 *Yearbook of Neonatal and Perinatal Medicine*, 403–407.

- Whitaker, A., Johnson, J., Shaffer, D., Rapoport, J. L., Kalikow, K., Walsh, B. T., Braiman, S., & Dolinsky, A. (1990). Uncommon troubles in young people: Prevalence estimates of selected psychiatric disorders in a nonreferred adolescent population. *Archives of General Psychiatry*, 47, 487–495.

PING WU, Ph.D., Assistant Professor of Clinical Public Health (Epidemiology). Major interests: adolescent psychiatric epidemiology; adolescent substance use, abuse, and dependence; co-occurrence of substance abuse and psychiatric disorders; and service utilization for psychiatric and substance-related problems.

Dr. Wu's current research activities focus on three areas: 1) the co-occurrence of substance abuse and internalizing disorders in youth; 2) adolescent depression and mental health service utilization; and 3) adolescent service-use patterns for alcohol- and drug-related problems. Funded by a k01 Award from the National Institute on Drug Abuse, Dr. Wu is conducting a follow-up study of adolescents from the SAMHSA Vulnerable Populations Study (P.I., Dr. Hoven). Other data being analyzed are from several epidemiological studies: the Westchester Study (P.I., Dr. Hoven), the National Household Survey on Drug Abuse, Children in the Community Study (PI: Dr. Cohen), and the National Longitudinal Survey of Youth.

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- Wu, P., & Kandel, D. B. (1995). The roles of mothers and fathers in intergenerational behavioral transmission: The case of smoking and delinquency. In H. B. Kaplan (Ed.), *Drugs, Crime, and Other Deviant Adaptations: Longitudinal Studies* (pp. 49–81). New York: Plenum Publishing.

National Research Service Award Stipend
(as of July 1, 2002)

<i>Year Since Ph.D./M.D.</i>	<i>Stipend</i>
0	\$31,092
1	\$32,820
2	\$38,712
3	\$40,692
4	\$42,648
5	\$44,616
6	\$46,584
7 or More	\$48,852

New York State Office of Mental Health
Full-Time Salary Scale

<i>Grade</i>	<i>Licensed</i>	<i>Unlicensed</i>
pgy-5	\$70,364	\$63,690
pgy-6	\$75,721	\$68,867

Note: Medically qualified fellows will normally receive 50 percent of the full-time state salary in addition to the doctoral stipend.

Research Stipend & Salary Scale



Columbia University
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