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## JUST A CLICK AWAY



To learn more about the Department of Psychiatry and Behavioral Science at Stony Brook University, visit [StonyBrookMedicalCenter.org/psychiatry](http://StonyBrookMedicalCenter.org/psychiatry). There you will find detailed information about our faculty, clinical services, educational programs and scientific activities.

Click on "Updates" to see an electronic version of *Headlines* and latest news about the Department.

## Very Distinguished Company

**W**hen Max Fink, MD, accepts the Thomas W. Salmon Award from the New York Academy of Medicine on November 29 he will join Adolf Meyer, Karl Menninger, John Bowbly, Julius Axelrod and other psychiatric luminaries who have received the award in recognition of their outstanding contributions in psychiatry and neurology.

"I don't know why I was chosen," Dr. Fink said. "I am not a mover and shaker like most people on the list. This is very distinguished company."

"Dr. Fink was chosen because of his immense service to medicine and psychiatry," said Robert Michels, MD, University Professor and former Chairman of Psychiatry and Dean of Medicine at Cornell University, and Chairman of the Salmon Award Selection Committee. "Max Fink has had an extraordinary career, promoting high quality science based on empirical research and focused on patient treatment. He has been a mentor to major researchers who have gone on to make significant contributions of their own. He has published hundreds of original papers and a dozen books."

By his own account, Dr. Fink has "an unusual record" as a clinical researcher. His scientific career dates back 65 years, when as a medical trainee, he demonstrated that penicillin, then an experimental drug, was more effective than sulfa for patients with empyema. His study was published in the 1948 edition of Rubin's *Diseases of the Chest*.

In 1954 Dr. Fink became Director of the newly created Department of Experimental Psychiatry at Hillside Hospital when he received a grant from the National Institute of Mental Health (NIMH) to study the electroencephalograms (EEGs) of patients receiving convulsive therapy. It was among the first thousand grants awarded by the federal agency.



*Max Fink, MD, Professor Emeritus of Psychiatry and Neurology*

In 1959 Donald F. Klein, MD, came to work in Dr. Fink's lab as a research associate. "Max Fink kicked me into orbit with the study of patients and medications," Dr. Klein said. Today Dr. Klein is Professor of Psychiatry Emeritus at Columbia University and the recipient of more than a dozen awards, including the Salmon Award. Dr. Klein recalled that when he came to Hillside patients were hospitalized for months and years at a time. He and Dr. Fink were at the forefront of the movement to test and use a new generation of medications—including Thorazine® and Tofranil®—that made it possible for patients to live outside the hospital. "We conducted the first large placebo-controlled study of the new

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## MESSAGE FROM THE CHAIRMAN



*Mark J. Sedler, MD, MPH*

**T**he presentation of the Thomas W. Salmon Award by the New York Academy of Medicine to Max Fink, MD, is a tribute to his distinguished career. Dr. Fink was one of a small cadre of investigators who developed the medications that revolutionized psychiatry in the 1960s. He was instrumental in the application of digital computing to the interpretation of EEG. His courageous leadership in defending ECT has rescued countless patients from the brink of suicide. We are honored to have Dr. Fink as a member of our faculty.

In this issue, we look back too on the contributions made by Professor of Psychiatry and Psychology, Judith Crowell, MD, to our understanding of the role of attachment across the life span and across generations. Dr. Crowell is currently conducting an important study of social and psychological factors that increase the risk of diabetes and heart disease in adults.

A look at Dr. Marsha Karant's work in the Assisted Outpatient Treatment (AOT) program highlights our Department's role in the public mental health system. The collaboration between our Comprehensive Psychiatric Emergency Program and the Suffolk County AOT program helps make our county safer by ensuring that people receive the psychiatric treatment they need.

Another collaboration—this one between our Alzheimer's Disease Assistance Center (ADAC) and the Long Island Museum—improves the quality of life for people with dementia, including the residents of the Long Island State Veterans Home. We recently received a five-year contract from the New York State Department of Health to continue the ADAC.

In our next issue, we will feature the Suffolk County Mental Health Project. In July we received a major grant to continue this unique study for another three years. In this issue we take a brief look at one notable finding from the project—that significant shifts occur in psychiatric diagnoses over time.

The training of residents in psychiatry is a central mission of the Department. We are pleased to introduce our new Chief Resident, Michael Rosen, MD, who has already distinguished himself as a physician and medical journalist.

The faculty and staff of the Department of Psychiatry and Behavioral Science have made, and will continue to make, significant contributions to science, medical education and community mental health services. We congratulate them on their fine work.

MARK J. SEDLER, MD, MPH

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drugs in the United States," Dr. Klein said. "We divided them into antipsychotics and antidepressants."

Dr. Fink was also a pioneer in the study of drugs of abuse. He began testing LSD in 1953. He reported that he had little problem finding volunteers among his residents. In the 1960's he turned his attention to opioids and marijuana. In 1968 he published an article on the "neurophysiology of the phantastica" and in the 1970s, he compared the effects of marijuana grown in Mississippi to hashish made in Greece. One outcome of his studies was the recognition that naloxone and cyclazocine could be used in the treatment of opioid overdose and dependence.

Many of Dr. Fink's scientific contributions resulted from his use of EEG. When he set up his first EEG lab in 1954, results were interpreted by flipping through pages of squiggles. Dr. Fink was determined to use more rigorous methods, even if it meant using calipers and rulers to measure tracings by hand. In 1958, Dr. Fink met Turan M. Itil, MD, at a conference in Rome. Both were there to present papers on the effect of psychotropic drugs on the human EEG. When they discovered that their findings were almost identical, they formed what Dr. Itil recently described as a "wonderful and fruitful scientific collaboration." "Dr. Fink was the sole reason for my leaving Germany to come the United States," Dr. Itil said. "Our collaboration allowed me to continue my research in a most productive manner." Dr. Itil is the author of more than 550 scientific articles and seven books. Dr. Itil and Dr. Fink pioneered the use of IBM computer technology to convert EEG from analog to digital, transforming it into a quantitative and objective research tool.



Dr. Fink came to Stony Brook in 1972 when the Health Sciences Center was “nothing but a hole in the ground.” He was recruited by the department’s first chairman, Dr. Stanley Yolles, who encouraged him to pursue his studies of psychoactive substances. By the time they were finished, Dr. Fink and his colleagues had identified EEG profiles for over 60 compounds, facilitating the introduction of several new medications.

When the Hospital opened in 1980, Dr. Fink set up the ECT service. He had practiced ECT at Hillside and the New York Medical College. He served on the American Psychiatric Association’s ECT Task Force when ECT was under attack in the mid-seventies. In 1979 he published what Edward Shorter and David Healy called “the definitive medical text on electroconvulsive shock.” For the past 40 years, Dr. Fink has been the world’s leading expert and defender of ECT.

Recently, Dr. Fink has been leading a movement to preserve catatonia and melancholia as independent entities in the system of scientific classification, arguing that the current scheme of burying them under schizophrenia and major depression is not good for science or patients.

While he may not consider himself “a mover and a shaker,” Dr. Fink has created a few waves of his own. His friend and colleague, Dr. Donald Klein, described him as “a scientific skeptic who bucks the tide by refusing to accept conventional wisdom,” adding that Dr. Fink is “a world leader in experimental design.”

“It is an honor to have him as a friend and colleague,” Dr. Robert Michels said. “No one deserves the Salmon Award more than Max Fink.”

## Collaboration Improves Lives of People with Alzheimer’s Disease

**W**hen Jackie Day, President and CEO of the Long Island Museum, read about the Museum of Modern Art’s (MoMa) program for people with Alzheimer’s disease she immediately wanted to bring it to Stony Brook. “It was such an interesting idea,” she said, “and it fit perfectly with our educational mission.”

She knew that she and her staff could not create the program on their own. “It was obvious we needed to collaborate with someone who knows about memory impairment,” she said. Soon after, she met Darlene Jyringi, Program Director of the Alzheimer’s Disease Assistance Center. When she mentioned the program, Ms. Jyringi enthusiastically welcomed the idea of a collaboration and

suggested they include Lee Grace Cannella, Director of Therapeutic Recreation at the Long Island State Veterans Home (LISVH).

“We invited Darlene to the museum to talk with our educators,” Ms. Day said. “She helped us understand what dementia means and how to deal with it.”

The team spent months sketching out the program with the help of MoMA staff. In June they invited a group of veterans who are memory impaired from the LISVH to the museum. Betsy Radecki, the Museum’s Director of Education, engaged them in discussions of two iconic carriages—a stagecoach and a luxury coach once owned by William K. Vanderbilt. “I asked them open-ended questions that have no wrong answers: What do you see? What do you think these were used for?” “The presentation was excellent,” Ms. Cannella said, “stimulating yet relaxed. The residents loved it. It connected with their lives.”



*Vanderbilt carriage in the Long Island Museum*

**The Long Island Museum** is a privately supported museum in Stony Brook, dedicated to inspiring people of all ages with an understanding and enjoyment of American art, history and carriages.

**The Long Island State Veterans Home** is a 350-bed facility operated by the Health Sciences Center of Stony Brook University.

**The Alzheimer’s Disease Assistance Center** is a program of the Department of Psychiatry and Behavioral Science at Stony Brook University.

The museum plans a formal launch of the program in the fall. Ms. Day’s principal concern now is how to satisfy demand in a sustainable way. “We will continue to work with the Alzheimer’s Disease Assistance Center to identify people who will derive the most benefit from it,” she said.



## Attachment Theory: An Interview with Professor Judith Crowell, MD

**A**t the end of the Second World War, the World Health Organization commissioned psychiatrist John Bowlby to study the mental health of children who had been separated from their parents. His investigations led to the conclusion that a secure caring relationship with a parent or parent substitute in early childhood is an important key to mental health in later life. The development of Bowlby's idea over the next 60 years is known as attachment theory.

Judith Crowell, MD, Professor of Psychiatry and Psychology at Stony Brook University and Senior Scientist at the Judge Baker Children's Center of Harvard Medical School, has been contributing to attachment theory and research since she was a post-doctoral fellow at Stanford in the 1980s. Early in her career, she explored how maternal attachment patterns and parent-child relationships were associated with emotional and behavioral disorders in young children. After coming to Stony Brook, she studied attachment patterns and the development of young adults' marriages. Today, she is the principal investigator of a study that examines the ways in which attachment patterns are associated with adult physical and mental health. Dr. Crowell shares her insights about attachment theory.

### **First, what is attachment theory?**

Attachment theory began with the study of relationships between children and their caregivers. Babies and children are highly vulnerable. They are not well armed and not very sensible. They need the sustained protection of caregivers to survive and develop. Infants have an



*Judith Crowell, MD, Professor of Psychiatry and Psychology at Stony Brook University*

evolutionarily adaptive propensity to attach to individuals who care for them most—typically their mothers, although fathers or other caregivers also serve as important attachment figures. Parents have a corresponding propensity to respond to the needs of children for protection and support of their exploration.

Attachments are important throughout life, and in some ways, the parent-infant relationship is prototypical of all close relationships. People who have experienced secure and responsive attachments typically are able to explore the world more freely, knowing they have a secure base to return to. We are currently seeing evidence that attachment patterns affect physical and mental health.

### **How is attachment theory studied?**

The attachment “dance”—children going out to explore and coming back to parents for comfort or protection

—is easy to observe in very young children. Researchers can categorize attachment patterns as secure or insecure by observing children's behavior with their parents after they are exposed to a strange or mildly threatening situation.

Studying attachment in older children and adults is less straightforward because it is less easily observed in daily life. We have some tools—structured observational assessments, questionnaires, and structured interviews, including some we developed ourselves—to study and categorize adult attachments and understand their implications.

### **The attachment system has obvious benefits. Does it have a down side?**

Not really, because close relationships are such a valuable and vital aspect of our lives. Nevertheless, the loss of an attachment figure can be a huge blow, as we see when a parent dies. We also see disorganized patterns of attachment develop, for example, when children are abused. Such patterns can be detrimental to functioning, especially in relationships.

### **Are patterns of relationship permanent or can they change?**

With my colleagues, Everett Waters, PhD, in the Department of Psychology and Dominique Treboux, PhD, now at St. Joseph's College, we have shown that attachment classifications tend to stay stable from childhood, but can change in either direction. When we looked at adults whom Dr. Waters had studied as babies, we found that about 75 percent retained the same patterns as adults. Change was associated with either positive or negative change in their caregiving relation-



ships. We also studied young adults across the transition to marriage. Although most people did not change their classification, there were some who had been classified as insecure before marriage who were reclassified as secure after marriage. These individuals were more likely to have moved away from their families of origin, to have gone on to higher education, and to be happier in their relationships with partners.

**Early in your career, you explored the possibility that attachment theory might contribute to an understanding of psychological disorders in children. What did your research uncover?**

Attachment can play a role in the development of behavioral and emotional problems in young children. There is a correlation between insecure types of parental attachment and the risk of psychological problems in their children, both in terms of type of and severity of pathology.

This does not mean, of course, that all problem behaviors in children can be traced to problems with attachment or that all insecure attachment patterns produce psychopathology, only that a deeper understanding of how attachment works may help us prevent or treat psychiatric disorders.

**What happens to attachments during adolescence? Are childhood attachments broken off?**

Attachments in adolescence are no different from attachments in infancy and childhood. Older children and teens may rely less on their parents for day-to-day events and in coping with mild stresses because they are

more capable and they are developing closer relationships to friends and romantic partners. However, most remain close to their parents and return to them for support with important issues. A colleague, Joseph Allen, PhD, has identified autonomy and relatedness—independence and connectedness—as key concepts in attachment theory as it relates to adolescents.

*We are seeing evidence that attachment patterns affect physical and mental health.*

**You have made a special study of adult attachments. What are your findings?**

My current project is a longitudinal study started by Stuart Hauser, MD, PhD, at the Judge Baker Children's Center in Boston. When Dr. Hauser died in 2008, I took over as principal investigator. We are trying to understand how people overcome the impact of difficult childhood experiences; for example, to reduce the impact of trauma and adversity that often passes from generation to generation.

Dr. Hauser and colleagues began by looking at the psychosocial development of a cohort of adolescents. When these participants became young adults, the team contacted them again and

assessed attachment patterns and social functioning. I joined the project as participants became partners and parents, allowing us to study attachment systems across generations and adding a mental health component. Now the participants are in their 40s and we are looking at how the attachment system and relationship functioning affects vulnerability to adult-onset diabetes and heart disease in that sample and in newly recruited African American adults.

**How can attachment theory help to understand diabetes?**

We know that some people are more likely to develop diabetes and heart disease. For example, there are health disparities among ethnic groups and that the higher rate of adult-onset diabetes among African Americans is not fully explained by genetic differences or economic factors. We suspect that attachment-related factors play an important role—things like early trauma, including racism, as well as past and current close relationships.

**How can such factors affect health?**

People with attachment systems that function flexibly and adaptively may manage stress more effectively. They are better able to seek help when it is needed, which helps them achieve psychological and physiological homeostasis more readily, decreasing their risk of disease and premature aging. There is also a social aspect. People with secure close relationships have somebody helping them figure out what is going on, someone to comfort them when things go wrong.



## Mandating Treatment, Offering Hope: Marsha Karant, MD, and the AOT Program

**W**ednesday, July 20, 2011: Suffolk County District Court Judge Paul Hensley takes his seat on the bench, “In God We Trust” emblazoned on the wall behind him. A county attorney faces him from one side of the courtroom, a Mental Hygiene Legal Services attorney with her first client of the day from the other. Between them sits Marsha Tanenberg Karant, MD, JD, Clinical Associate Professor of Psychiatry at Stony Brook University. She is there as a qualified expert in psychiatry.

Seven “Kendra cases” will be heard today—petitions by the County of Suffolk to require ‘respondents’ with mental illness to receive assisted outpatient treatment (AOT). Since none of today’s cases will be contested, they will be dealt with routinely.

In response to questions from the county attorney, Dr. Karant testifies that the young man before her is over 18 and has a history of hospitalization for psychiatric disorders, that she has personally examined him and “formed an opinion with a reasonable degree of medical certainty” that he has a mental illness. She reviews the components of his treatment plan: case management, a place to live, medications, therapy, and drug and alcohol treatment. She swears that the plan is in the respondent’s best interest, that without it he is likely to harm himself or others, that he will probably not comply voluntarily, and that it is the least restrictive plan possible. The judge finds Dr. Karant’s testimony credible, accepts the



*Marsha Karant, MD, Clinical Associate Professor of Psychiatry*

petition and issues an order for six months of outpatient treatment.

The basis for these proceedings is Kendra’s Law, enacted in 1999 after Andrew Goldstein, a man with mental illness, pushed Kendra Webdale, a promising young writer, under a subway train. Mr. Goldstein’s lawyer argued that his client was legally insane and blamed the mental health system for failing to treat Mr. Goldstein’s violent impulses. In the wake of the death, advocates for individuals with mental illness joined Ms. Webdale’s family in demanding a law to prevent similar incidents.

Soon after, the Stony Brook University Department of Psychiatry and Behavioral Science contracted with the county to help implement the law and Dr. Karant was appointed consulting

psychiatrist. She was an ideal candidate for the position. After graduating with a law degree from the University of Wisconsin and practicing as a criminal defense attorney in New York City, she became fascinated with medicine and started taking courses in biology. “I fell in love with learning science,” she said. She completed medical school and a residency in psychiatry at Stony Brook University, and began treating patients in the department’s outpatient service.

In the eleven years that followed, Dr. Karant has testified in more than 2,000 AOT cases. “Most are clear cut,” Dr. Karant said, “though a few are contested. Each patient gets his or her day in court.”

While the judicial process can be formulaic, even ritualistic, Dr. Karant’s



approach is intensely personal and deliberative. Every Thursday morning she meets with the AOT Clinical Review Panel to discuss new referrals and to assess the progress of the 170 people currently in the program. The team examines each case individually. On Thursday afternoons, she interviews patients who have been newly referred for treatment or whose court order is due to expire. On Fridays, she reviews the cases and writes treatment plans.

Ann Marie Csorny, who worked with Dr. Karant as the Director of the Suffolk County AOT Program for 11 years, credits Dr. Karant with making the process as humanistic as possible. “People who receive AOT are very much people for Dr. Karant—not clients, not cases, but people,” Ms. Csorny said.

Keeping people on medications and ‘in the system’ are the mainstays of AOT. Art Flescher, LCSW, CASAC, Director of the Suffolk County Division of Community Mental Health Services, observed that one of the great advantages of the AOT Program is that it holds the mental health system accountable for coordinating care around the individual. “Dr. Karant is a key part of the team,” he said. “She is an intense patient advocate who balances her concern for individual liberties with the safety of the community. And she believes in the value of the program.”

“I think about the value of AOT all the time,” Dr. Karant said. “It may not work for everyone, but it is especially useful for young patients who are new to their illness and still in shock over what is happening to them. They are vulnerable to doing something that will ruin the rest of their lives. We try to help people make gains they can see for themselves so that when AOT is discontinued they will continue treatment on their own.”

One of the keys to success, she said, is understanding why patients resist taking medications. “It is rare that the problem is purely side effects,” she observed. “More often it is some aspect of the illness. Some deny they have a mental illness. Many don’t like to lead their lives as mentally ill persons. They simply want to be free of the illness and its treatment.”

“Dr. Karant works with people who have lost faith in themselves, people the system treats as failures,” Ms. Csorny said. “She helps them stay engaged long enough to turn their lives around. She looks for goals they can achieve and helps create structures to make them possible. She has faith that people can do more than they think they can. She gives them hope.”

## Chief Resident: *Michael Rosen, MD*



*Michael Rosen, MD*

**M**ichael Rosen, MD, the department’s Chief Resident, has already enjoyed a career that would be the envy of most physicians. He has practiced as a board-certified physician in internal medicine, been appointed to the faculty of Emory University and worked as a nationally syndicated medical journalist. Now he is completing his residency and looking forward to a new career in psychiatry.

A graduate of Duke University in psychology, Dr. Rosen completed his medical degree and residency at Emory and was board certified in internal medicine. He opened a private practice but soon became interested in broadcast medical journalism. He advanced a step at a time: a regular guest on *Good Day Atlanta*, medical editor for WPXI, the NBC affiliate in Pittsburgh, senior medical correspondent for WCBS-TV in New York, then managing editor and correspondent for a nationally syndicated nightly medical report.

After 10 years in television, he returned to medicine. “I missed the intellectual rigors of clinical practice and I missed being with other medical professionals,” he said. “I felt a need to fulfill my altruistic mission.”

A specialty practice in eating disorders brought him into contact with social workers and psychiatrists. “I became jealous of them,” Dr. Rosen said. “They were performing valuable work in psychodynamics.

Realizing how little he knew about human behavior, he came to Stony Brook for a residency in psychiatry. “Working in the outpatient department has been the most fulfilling clinical experience I’ve had in my life,” Dr. Rosen said. “For the first time I began to see the full picture.”

## PSYCHIATRIC DIAGNOSES SHIFT OVER TIME

**A** team of researchers led by Distinguished Professor Evelyn Bromet, PhD, has shown that psychiatric diagnoses involving psychosis shift significantly over time, raising concerns about the quality of patient treatment and research outcomes based solely on initial diagnoses. The study was published in June 2011 by the *American Journal of Psychiatry*.

The findings are based on four diagnostic assessments over 10 years with 470 participants in the Suffolk County Mental Health Project. Even though the assessments were made by experienced psychiatrists using all the information that accumulated over time, fewer than half the participants were given the same diagnosis at each point in time.

The authors note that while some shifts in diagnosis are to be expected, the fact that half of the study population was misclassified at baseline using strict Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria is “a very concerning finding,” especially if the initial diagnosis is used as the sole basis for treatment or research. The authors conclude that reassessing diagnoses over the long term is essential for clinical care and research.

Roman Kotov, PhD, Laura Fochtmann, MD, Gabrielle Carlson, MD, and Marsha Karant, MD, were among the article’s coauthors. Dr. Bromet notes that many colleagues, both in the department and outside it, contributed to the study.

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

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