From the Chairman

VCU and the VCU Health System recently announced the appointment of Peter F. Buckley, MD as Dean of the School of Medicine and VCU Health System Executive Vice-President for Medical Affairs, effective January 17, 2017. We in the Department of Psychiatry are particularly excited about the selection of Dr. Buckley as he is a nationally recognized psychiatrist, specializing in the neurobiology and treatment of schizophrenia. Dr. Buckley’s primary clinical appointment at VCU will be in Psychiatry.

Dr. Buckley is a native of Ireland and received his medical degree from and completed his psychiatry residency and a schizophrenia research fellowship at the University College Dublin School of Medicine. He has published more than 500 original articles, book chapters and abstracts, has authored many books and has wide-ranging experience in academic medicine. He has had robust research funding.

He is joining us from Augusta University (Medical College of Georgia) where he was serving as dean after having previously served for many years as Chair of the Department of Psychiatry. He also was hospital CEO for two years. The President of Augusta University, Dr. Brooks Keel, told the Augusta Chronicle after the announcement of Dr. Buckley’s new position at VCU that, “During his tenure, MCG has continued to lead the state in educating and training the next generation of physicians and scientists. He oversaw the construction of a state of the art health sciences education facility funded by one of the largest philanthropic gifts ever to any public institution in Georgia.” I am sure he will make similar contributions at VCU.

I have personally known Dr. Buckley from psychiatry meetings and chair groups for many years and I know you will also find him to be extremely bright and talented, wickedly funny and very personable. He and his wife, Leonie, will be moving to Richmond over the next few weeks.

I am confident he will excel in his new role here at VCU. We will plan an opportunity for faculty and residents to meet him. Please be sure to give him a warm welcome upon his arrival in January!

**HOLIDAY SCHEDULE**

Virginia Commonwealth University will be closed for Winter Break from 12/23/16 — 1/2/17. VCU Health System Ambulatory Operations will be closed on Friday, 12/23/16 and 12/30/16. VCU Medical Center Inpatient operations will remain open.
Resilience considerably reduces risk for developing alcohol use disorders, according to a new study conducted by researchers at Virginia Commonwealth University’s Virginia Institute for Psychiatric and Behavioral Genetics and Lund University in Sweden. Substantial literature from the past few decades has investigated personality traits that are influential in the development of alcohol use disorders, but little attention has been paid to protective traits that guard against it.

“Studying protective factors rather than just what makes people at risk for something can inform prevention studies,” said first author Elizabeth Long, a fourth-year Ph.D. student at VIPBG. “From these results, we can focus on how we improve resilience in children to prevent them from developing alcohol use disorder later in life.” The study, “Resilience and risk for alcohol use disorders: A Swedish twin study,” was published in the journal Alcoholism: Clinical and Experimental Research in December.

In the context of the study, resilience was defined as an individual’s ability to thrive despite adversity. Resilience was assessed on a nine-point scale during personal interviews with 1,653,721 Swedish men aged 17-25 years. “Our sample size was massive, which led to increased precision,” Long said.

The nine-point scale rated individuals’ functioning in experiences at school, work, home and during leisure time. It also examined emotional stability with higher values indicating better functioning. Alcohol use disorder was identified based on Swedish medical, legal and pharmacy registries. Results of the study showed the five items that comprised the resilience assessment—social maturity, interest, psychological energy, home environment and emotional control—all reduced risk for subsequent alcohol use disorder, with social maturity showing the strongest effect.

While the study findings confirmed Long’s hypothesis that resilience would negatively correlate with alcohol use disorder, she said she was surprised by how large of an effect it had. Further, the personality trait has a quadratic effect: “Once you reach a certain point on the resilience scale, the protective effect doesn’t keep going down. That indicates you just have to function “well enough” to experience the protective benefits of resilience against alcohol use disorder development.”

The Study also included 5,765 twins pairs. It found the relationship between resilience and alcohol use disorder to be largely attributable to overlapping genetic and shared environmental factors. The twin-based findings suggest the relationship between resilience and alcohol use disorders is not casual but can be better explained by common genetic and environmental influences on drinking behavior.

“If we understand that similar genes are involved in protecting against alcohol use disorder and having increased resilience, then we have a place to look for the shared genes. That opens the door to further studies. Ultimately, the goal is to improve prevention efforts,” Long said.

Welcome New Staff—Ms. Casey Mangin

I was born and raised in Queens, NY, where my family still resides. If you were to ask me where “home” is, I would reply with either New York or North Carolina, as I recently graduated from the UNC CH, or as I like to call it, “the southern part of heaven.” At UNC I earned a BA in Peace, War, & Defense and Political Science and also participated in a federally funded scholar’s program called the Triangle Institute for Security Studies Intelligence Community Center for Academic Excellence through the consortium of UNC, Duke University and North Carolina State University. I worked as an undergraduate Teaching Assistant in Security Studies and conducted counter-terrorism research. I am also a member of Alpha Phi Omega, the nation’s largest community service fraternity. This volunteer work served to nurture my profound interest in behavioral healthcare and public health policy and advocacy. I began working as an administrator at a private psychiatry practice where each of the doctors had a different specialty. I truly enjoyed interacting with patients and their families and playing a role in the process that delivered them the personalized, professional, and compassionate care that they required.

After graduating from UNC, I went on a cross-country road trip and then traveled to Ireland to explore and visit with family for a while. Since returning, I recently moved to downtown Richmond. I love to travel and explore different cultures, cities and landscapes and I am very much a “history nerd”. So far, I am really enjoying living in the city of Richmond, as from my short time here I can already tell that it has much to offer in the way of arts, music, food, nightlife, outdoor activities, enriching academic opportunities and a rich cultural history. I love spending time outdoors and you will often find me hiking, camping, kayaking, hanging out by the James River or even taking a bike tour. I am always looking for suggestions of fun things to do or events to attend here in Richmond or even ideas for day or weekend trips into the surrounding area.

I am very excited to be joining the team here as an Assistant to Dr. Pandurangi in the Inpatient Psychiatry Division of VCU Health Systems and look forward to the learning opportunities that working here will provide. I know I will be both intrigued and challenged by working within the expansive network of a hospital environment and I hope that this experience will help me grow personally and professionally. I hope to continue my education and advance my career in the field of Public Health Administration and I know that VCU is a great place where I begin my journey.”
The new edition of Clinical Manual of Psychopharmacology in the Medically Ill continues the legacy and building on the success of the first edition by offering a thoroughly up-to-date, comprehensive and practical guide to the prescription of psychotropic medications in patients with medical illness.

The book addresses the prevalence of psychiatric illness in patients with serious medical illness, the complications that may arise and the implications for psychopharmacological treatment. There is increasing recognition that patients with medical and psychiatric comorbidity have more functional impairment, disability days, emergency department use, rehospitalization and other medical care costs than do those without such comorbidity.

As a result, health care systems have been incentivized to develop new and innovative models of population-based care that integrates medical and psychiatric care in an effort to increase quality and prevention, while decreasing use of expensive series such as emergency department visits and hospitalizations.

Congratulations to Dr. James Levenson, lead editor on both the first and second editions.

Dr. Levenson has also begun work on the third edition of the American Psychiatric Association Textbook of Psychosomatic Medicine which has contributors from six countries and the last edition was translated into Spanish and Chinese. He is also currently involved in research on psychological issues in patients with Sickle Cell Disease.

JAMA psychiatry has recognized Dr. Ken Kendler as the “Number One High Value Author” in the world in psychiatry and psychology from 2011 to 2016. The Journal of the American Medical Association is a peer-reviewed medical journal published 48 times a year by the American Medical Association. The association examined journals that were published from 2011−2016 to determine the ranking.

You can access the Chair Letter online at: http://psych.vcu.edu
Congratulations

- To Michael Neale, Ph.D., who, according to ResearchGate, had the most reads (473) and was the most cited researcher at the Virginia Institute for Psychiatric and Behavioral Genetics during October and November. He had 151 reads from the U.S. and 94 reads from the U.K., 31 reads from Canada and 25 reads from China.
- To Sandra Barker, Ph.D. and the Center for Human-Animal Interaction who were honored to be chosen by the Discovery Channel International for inclusion in a five part series on dogs. A United Kingdom film crew was here for four days filming our Dogs On Call teams and interviewing patients and staff. Many in the VCU Health System Administration helped in making this filming possible. Dr. Barker says “We are honored to have been selected to represent the important work of therapy dogs. The show will air on January 1st and 15th, 2017 if you get the Discovery Channel at DNA Animal Planet China and China XI.
- To Adam Rosenblatt, M.D. who has been invited to address the Virginia Neurological Society at their annual meeting in January to discuss “Conversion Disorders”.
  Dr. Rosenblatt was also appointed by the Governor to the Medical Advisory Board of the Department of Motor Vehicles for a four year term.
- To Susan Kornstein, M.D. who is once again Chair of the 25th Anniversary Congress on Women’s Health from April 28-30, 2017 in Washington, D.C.

I am pleased to report that McGuire VAMC (with me as PI and Dr. Shivan Desai as co-PI) has been accepted to be funded as one of 20 data-collection sites of the newly awarded VA PRIME Care Consortium Clinical Trial. In brief, the trial will collect saliva from Veterans slated for monotherapy of an antidepressant, and randomly assign veteran-caregiver teams to either receive info on the Veteran’s genetic propensity to metabolize psychoactive drugs fast/medium/slowly either in a day or two, or else receive the information in six months (akin to wait-list control).

This award will fund a GS-7 site coordinator for a 3.5-year term. This GS-7 individual will work with the McGuire VAMC practitioner teams of both Mental Health and Primary Care to identify and stat-consent suitable patients. Follow-up assessments of the participants would be conducted by phone from the main Philadelphia site.

Much of the coordinator’s time will also be spent advancing my cognitive neuroscience pilot projects on suicidality and addiction using computerized decision-making and behavioral measures (in addition to questionnaires), as long as accrual for the PRIME Care study was proceeding apace.

If anyone knows of a skilled and personable research coordinator with experience with IRBs, HIPAA, etc., above and beyond basic-level RA skills, please let me know soon. Behavioral research experience with a psychology or neuroscience background is preferred.

I can be contacted at james.bjork@va.gov or 675-5000.

Condolences

- To Denise Wade on the occasion of the death of her Mother.
- To Tameka Henderson on the occasion of the death of her father.

Congratulations & Welcome

- To Dr. Andrew Snyder whose poster on TMS and CBBT was accepted for presentation at the Society for Neuroscience meeting in San Diego.
- To Dr. Ananda Pandurangi whose article on Yoga—Past and Present will appear in the January issue of the American Journal of Psychiatry.
- To the Virginia Treatment Center for Children, its Administrators, staff, Advisory Council who will receive $100,000 next year from the 2017 Children’s Hospital Ball to provide an outdoor healing environment at their new Brook Road location which is scheduled to open late next year.
- Welcome to Drs. Katy Maher (page A) and Rami Zanoun (who will be featured in our next Chair Letter).
- We also welcome Ms. Casey Mangin who is an Assistant to Dr. Pandurangi in the Inpatient Division and Ms. Sharon Alexander who joins the Children’s Mental Health Resource Center and is our Staff Focus for the Chair Letter this month. Welcome all!
- To James Levenson, M.D., who was recognized recently for his participation in the 5th Annual “Practical Frontiers in Primary Care” Department of Internal Medicine Conference. His presentation was entitled “Taking Care of the Difficult Patient ... And Yourself”.

V.A.M.C. News from Dr. James Bjork
Looking back, my love for clinical health psychology began at a young age. As the granddaughter, daughter and niece of five nurses, I was the rare ten-year-old who knew what a catheter was. Through my volunteer work at my Mom’s job at Hospice, I became passionate about helping individuals cope with life-threatening illnesses.

I was born in Long Beach, CA and moved around a lot during school years. I went to Mercer University in Macon, GA to pursue a degree in medicine. I loved the concept of helping people with medical difficulties. My junior year, I was particularly inspired by meeting with a clinical psychologist in the community. I discussed my struggle with deciding between medicine and psychology and she told me to “Close your eyes and imagine that what you have been doing for ten years you’ll be doing for the next 30 years. Is this what you want or do you wish you had taken the other path? You have to love what you do with your life!” It was from that point I decided I wanted to continue working with patients within the medical setting.

Prior to beginning graduate school, I joined Dr. Clarissa Holmes’ Diabetes Adolescent Research Team at VCU. I continued to work within the medical setting during my internship and postdoctoral fellowship at Kennedy Krieger Institute/Johns Hopkins Hospital. During this time, I first gained experience working with patients with traumatic medical injuries. My very first patient during my internship was a 22-year-old male who became quadriplegic via a diving accident and was in the rehabilitation hospital for over three months. He was angry, rarely allowed me to cross the threshold of his room and was struggling to find purpose after the injury. I would go by his room daily and discuss frivolous topics such as the best Netflix series but the buck would end there. As a motivated and excited intern, the inability to help this patient had me questioning my clinical skills. During this time, I came across a book titled “The Adversity Advantage” with a particularly poignant quote in it. I had the quote tucked away in my pocket for weeks. One day I stuck my head in his room to say a quick hello and he surprisingly told me he wanted me to come in. I sat there stunned as he thanked me for respecting his space for so long, and told me how much I did by simply giving him control to decide when he was ready to talk. As he poured his emotions out for the first time, I felt like it was the right time to read him the quote:

“I believe that inside each of us is something I can only describe as a light, which has the capacity to feed on adversity, to consume it like fuel. When we tap into that light, every frustration, every setback, every obstacle becomes a source to power our lives forward. The greater the challenge, the brighter the light burns. Through it, we become more focused, more creative, more driven and can even learn to transcend our own perceived limitations, to bring our lives more meaning.”

He began to cry and asked if he could hang the quote up in his room. In that moment, the small victory of an open door felt like the biggest celebration and I knew that this is the population with whom I wanted to work. After that day, a great therapeutic relationship was formed. The ability to work with patients who are suffering through some of life’s greatest challenges inspires me as a person, fuels me professionally and is where I am at my best clinically. After my fellowship, I moved back to Richmond and got married to my husband Scott. During my free time, my husband and I love to take long walks with our two dogs, cook, travel and paddleboard. I also enjoy home renovation and decorating.

Congratulations to Dr. Cheryl Al-Mateen who received this prestigious award on Diversity and Culture at the AACAP Annual Meeting. As an awardee, she delivered an Honors Presentation during the Meeting.

Jeanne Spurlock, M.D., was a giant in child and adolescent psychiatry and in advocacy for children, adolescents and their families from all cultures. Dr. Spurlock co-chaired the AACAP’s Work Group on Diversity and Culture from 1995 through 1999. Her commitment to recruit members from diverse cultures into child and adolescent psychiatry is legendary. The AACAP created this lecture and award in her honor to recognize her work and encourage others to follow her example. The Lecture/Award is funded by the Jeanne Spurlock Minority Fellowship Fund.
Psychologist Dr. James Wade is the senior author of a paper that will appear in the highly rated scientific journal Nature: Scientific Reports in 2017.

The rapidly aging population, with the accompanying neuro-cognitive sequelae such as dementia, is a major medical and psychosocial burden. This maturing of the population has also affected patients with cirrhosis, who, in addition to the cognitive issues related to aging itself, are also prone to hepatic encephalopathy (HE). There is emerging evidence regarding the impaired gut-brain axis in the setting of systemic inflammation in younger cirrhotics and in non-cirrhotic patients with amnestic impairment. Indeed, with the recent failure of Lilly trials targeting amyloid deposition in early Alzheimer’s disease, we need to consider alternative mechanisms underlying Alzheimer’s disease, such as an inflammatory process.

Seventy-six patients were included, 39 of whom were cirrhotic and 37 were non-cirrhotic. Based on the cognitive algorithm the neuropsychologist divided patients into unimpaired (n = 23), amnestic-type (n = 25), and amnestic/non-amnestic plus type (n = 28). In summary, this study demonstrates that elderly cirrhotic patients have significantly impaired cognitive performance and HRQOL, associated with systemic inflammation, gut dysbiosis and altered MR spectroscopic findings compared to age-matched non-cirrhotics subjects. Furthermore, this altered gut-liver-brain axis, especially from a multi-modal brain imaging perspective, is refined when the neuropsychological profile, rather than a diagnosis of cirrhosis itself, is used as a classifier. Changes in systemic inflammation and gut microbiota that track the neuropsychological classification suggest a potential biological basis for this division that transcends the diagnosis of cirrhosis. While the relatively simple classification according to underlying cirrhosis was important to define HRQOL changes, it did not readily translate into corresponding changes in fMRI or volumetric analyses.

On the other hand the neuropsychological classification determined that patients with amnestic/non-amnestic impairment required greater neuronal recruitment of the visual-spatial network to achieve the same response compared to those with amnestic impairment alone, or impaired subjects regardless of cirrhosis. Therefore, from a multi-modal MRI perspective, where changes are often subtle and may be subclinical, a division based on neuropsychological performance may help define brain dysfunction better than a simplistic cirrhosis/no-cirrhosis classification. A classification based on neuropsychological performance further refines changes in multi-modal MRI markers of functional and structural cortical connectivity. We conclude that gut-brain axis alterations may be associated with the type of neurobehavioral decline or “inflam-aging” in elderly cirrhotic subjects. Perhaps dementia treatments targeting cortical inflammatory processes, rather than amyloid plaque deposition may prove efficacious.

Staff Focus, Sharon Alexander

I started college thinking I wanted to work in public relations. By luck or fate, I took a mandatory Introduction to Sociology seminar my first semester at Rowan University, a New Jersey state university just outside of Philadelphia. I was captivated by the very real discussions about stigma and social determinants of health and the issues that many families face to access the things I had always taken for granted. I pursued a degree and chose to do my field work at The Arc of New Jersey, where I helped adults with intellectual and developmental disabilities budget, make and attend doctors’ appointments and access social services, among other things. I also spent several summers during college supporting adults with ID at group homes.

I was frustrated with the barriers my clients faced. I wanted badly to change the systems and policies that made life so hard, and frankly discouraging, for these individuals and families. I attended graduate school at the University of Delaware, where I pursued a Masters of Public Administration (MPA). Every student was required to work 20 hours a week throughout graduate school at a nonprofit or community research center in order to hone management skills like accounting and finance, grant writing, and strategic planning in class and apply them in real life settings. I worked at the Center for Disabilities Studies, a university research center that is part of a national network of disability research centers, carrying out activities for a 3-year grant from the Centers for Disease Control and Prevention.

So how did I end up at VCU as Program Manager of the Department of Psychiatry’s Children’s Mental Health Resource Center? I spent the last 5½ years working in Washington, D.C. at various national nonprofits managing federal grants focused on improving access to and the quality of healthcare for individuals with chronic conditions. I hope to inform and grow the efforts of the Children’s Mental Health Resource Center so we can continue to improve access and the journey for families seeking services for their children. I guess you could say I do a little bit of publicity for the program, helping to spread the word and raise awareness about our success and encourage continued support of our efforts. Though I never pursued public relations as a career, I ended up marrying a PR guy in July of 2015. We recently moved to Richmond. I look forward to what is to come!