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JUST A CLICK AWAY



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at Stony Brook University, visit StonyBrookMedicalCenter.org/psychiatry. There you will find detailed information about our faculty, clinical services, educational programs and scientific activities. Click on "Updates" for current information.

Helping 9/11 Workers Address Mental Health Problems

By midday on September 11, 2001, Stony Brook University Medical Center was ready to receive casualties from the attacks on the World Trade Center. By evening it was clear that no casualties were coming. But when, in the weeks that followed, first responders and clean-up workers began to appear at the Department of Medicine's Occupational Health program seeking medical care, the department, under the direction of Benjamin Luft, MD, started to lay plans for an ongoing treatment program.

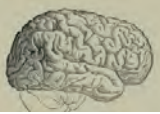
Program staff anticipated that their patients would experience mental health problems in addition to the expected respiratory and general medical problems, but they did not have a systematic plan to address them until they talked with Steven Cole, MD, Professor of Psychiatry in the Department of Psychiatry and Behavioral Science at Stony Brook.

Dr. Cole knew that anxiety, depression, and post-traumatic stress disorder (PTSD) would be major issues, and he knew that most of the responders would avoid standard psychiatric treatment. He suggested using a collaborative, stepped-care model, which improves outcomes and makes mental health care more acceptable to patients. In this model, primary care physicians address all aspects of care, including the first-line management of psychiatric

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Dr. Steven Cole counsels patients through the World Trade Center Medical Monitoring and Treatment Program.



MESSAGE FROM THE CHAIRMAN



Mark J. Sedler, MD, MPH

Welcome to *Headlines*, the newsletter of the Department of Psychiatry and Behavioral Science. In this issue, we provide you with a sampling of the exceptional work being done by the Department's faculty.

The Department of Psychiatry has been an integral part of the School of Medicine at Stony Brook University since the School's founding, and shares its mission of medical education, scientific research, and advanced clinical care. Members of our faculty play leadership roles in the training of medical students and residents; they receive major research grants from public and private funding organizations;

they publish regularly in leading journals; and they provide a comprehensive array of psychiatric services to the residents of Suffolk County.

The articles in this edition of *Headlines* illustrate how members of the Department of Psychiatry and Behavioral Science contribute to the advancement of science, medical education, and the practice of medicine. Dr. Evelyn Bromet's appointment to the rank of Distinguished Professor is a testament to a life-long body of pioneering research in mental health epidemiology, a field she helped define. In her role as Medical Editor of the *American Psychiatric Association Practice Guidelines*, Dr. Laura Fochtmann influences the practice of psychiatry and psychiatric education throughout the country. Dr. Joseph Blader's research on the treatment of children with ADHD whose aggression is not controlled with standard treatment was praised by the editors of the *American Journal of Psychiatry* as "a window into the future of child psychopharmacology." The work of Distinguished Professor Dr. Arthur Stone on the relationship between income, education, and common health problems offers new insights into the associations between socioeconomic status and everyday health. Dr. Steven Cole's role in shaping the World Trade Center Medical Monitoring and Treatment Program has helped countless 9/11 first responders receive timely intervention for the psychiatric sequelae. And the interview with Dr. Deborah Weisbrot provides insights into the evaluation of potential school shooters, as well as illustrating the important role that our Division of Child and Adolescent Psychiatry plays in the local school districts.

Our Department's success is possible only as the result of the talent, commitment, and hard work of our faculty, staff, and students. In this and in future issues of *Headlines* we will highlight their contributions as well as the events and activities of the Department.

MARK J. SEDLER, MD, MPH

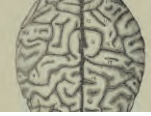
Helping 9/11 Workers Address Mental Health Problems continued from the front cover

problems. They are assisted by on-site care managers, most of whom are psychiatric social workers, who help patients deal with their physical and mental health problems. The direct caregivers are supported by consulting psychiatrists, who recommend approaches to care and provide help with complex cases, either in person or by telephone.

The collaborative care model that was suggested by Dr. Cole became the foundation for Stony Brook University Medical Center's participation in the federally funded World Trade Center Medical Monitoring and Treatment Program. The program provides annual assessments and free treatment for covered conditions to 9/11 responders. The Stony Brook program is currently serving about 5,000 participants.

Dr. Luft, who heads the Stony Brook program, described Dr. Cole's plan as a fantastic model that is truly patient centered. "The model helped our patients overcome their reluctance to accept treatment for mental health problems," Dr. Luft said. "It is based on a transfer of know-how from psychiatrists to primary care physicians." Janet Lavelle, CSW, who heads the care management program, said that it is "emerging as a model for any psychiatric care delivered in the future."

Working with program staff, Dr. Cole developed algorithms for treating mental health disorders and trained staff to use them. He scheduled weekly conference calls to review cases and to decide which patients needed to be referred for specialty treatment by psychiatrists. The majority of patients receive all of their care at one of the program's three clinical sites, which are located in Islandia, East Meadow, and Hicksville; only the



patients with the most complex conditions are referred to psychiatrists or psychologists.

The events of 9/11 totally changed the lives of many rescue workers, and the follow-up program has been their way back, according to Dr Luft. “We cannot eliminate the impact of 9/11,” Dr. Luft said. “But most will tell you that their resilience is much greater. They are better able to deal with their problems, and to go back to what they were doing.”

Dr. Cole recalled one rescuer with extensive combat experience who was unprepared for what happened after he found the severed body part of a little girl in the rubble, and began suffering panic attacks whenever he was around children. “You have to remember that the rescuers were crawling around underground, deep into cavities, exposed to suffocating dust, searching for the bodies of people who were buried alive,” Dr. Cole said. “The level of trauma and impact on the brain is indescribable.” Now, through the use of medications and therapy, this patient is able to be around children again.

While the effects of the program have not been studied scientifically, annual questionnaires completed by patients indicate substantial improvements in the control of mental health symptoms, and the clinical staff have seen dramatic improvements in the functioning of most patients, even those with very difficult problems. For Dr. Cole, one of the most important lessons learned is the feasibility of using the collaborative, stepped-care model to deal with the psychological effects of a disaster.

Despite the success of the model, program staff recognize that their work is ongoing. When the program began, Janet Lavelle expected the need for care to taper off, but it hasn't. “Nine years later we are still seeing new people coming in for care,” she said. ■

Laura Fochtmann:

APA Medical Editor

When Laura Fochtmann, MD, Professor of Psychiatry at Stony Brook University Medical Center, is not covering the inpatient psychiatric service at the Medical Center, or teaching a course on psychopharmacology, or completing her master's in Medical Informatics, she is busy serving as the Medical Editor of the *American Psychiatric Association Practice Guidelines*. Through this work, Dr. Fochtmann helps to shape how psychiatry is practiced throughout the country.

The American Psychiatric Association (APA), which represents about 38,000 American psychiatrists, is best known for the publication of its *Diagnostic and Statistical Manual of Mental Disorders*. It also exerts an important influence on American psychiatry through the publication of its practice guidelines, used by psychiatrists to inform their decisions about diagnosis and treatment. The guidelines are also widely used in the training of psychiatric residents and the continuing medical education of practicing psychiatrists.

Dr. Fochtmann plays a crucial role in shaping the guidelines, which derive their authority from scientific research and extensive review. She first became involved with the APA Practice Guidelines when she joined the Task Force on ECT in the late 1990s. Her talent for synthesizing information and putting it into readable form earned her a post as part-time Medical Editor, a position she has held since 2001. An ex officio member of the Steering Committee, which oversees the development of the guidelines, Dr. Fochtmann conducts the initial literature search, participates in the meetings of all of the working groups, and is instrumental in writing and editing the guidelines before they are approved by the APA Assembly and Board of Trustees. She and an APA colleague edit the final versions. Joel Yager, MD, Chairman of the Steering Committee, describes Dr. Fochtmann's role as “mission critical,” adding, “Dr. Fochtmann is involved in every stage of the process.” Her importance to the practice of psychiatry in America is greater than she herself will admit.”

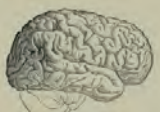
For the past several years, Dr. Fochtmann and others on the Steering Committee have worked to improve the way that practice guidelines are developed. “Our aim,” she says, “is to achieve a credible consensus process; one that involves both experts and the broader clinical community. We are looking for a



Laura Fochtmann, MD

method that is reproducible and transparent.” Keenly sensitive to the needs of physicians in practice, she and her colleagues are also striving to make the guidelines more accessible at the point of care by publishing Quick Reference Guides for each of the guidelines, and by improving the search features in the web-based versions. “I want the guidelines to be valuable and helpful to the practicing psychiatrist,” says Dr. Fochtmann. “But more important, I want them to improve the care of patients.” ■

The guidelines are available at psychiatryonline.com/pracguide/pracguidehome.aspx



When Students Threaten Violence

In April 1999, two seniors at Columbine High School opened fire on their classmates and teachers, killing 12 and injuring 21 before turning their guns on themselves. Since then, school principals, teachers, counselors, parents, and students have taken threats of school violence much more seriously.

To help them assess the degree of danger posed by students who threaten violence, local school officials often turn to Deborah Weisbrot, MD, Director of the Stony Brook Child and Adolescent Psychiatric Outpatient Clinic at Stony Brook University. Since the Columbine shootings, Dr. Weisbrot and her colleagues at the Outpatient Clinic have evaluated hundreds of students from school districts in Suffolk County. Most are in their teens, but some are as young as six. The *Journal of the American Academy of Child & Adolescent Psychiatry* published an article by Dr. Weisbrot titled, “Prelude to a School Shooting? Assessing Threatening Behaviors in Childhood and Adolescence,” in August 2008. It is one of the only articles in the medical literature to present an evidence-based approach to the evaluation of students who threaten violence in school. We interviewed Dr. Weisbrot about her article.



Deborah Weisbrot, MD

Headlines: In your article you point out that there are only a few in-depth analyses of school shootings. What can we learn from them?

Dr. Weisbrot: One of the most important findings is that school shootings rarely came out of the blue. There were warning signs. In most cases, someone—often a classmate—had information about the shooter’s plans, but failed to alert anyone. These findings reinforce the need to take all signals and threats seriously.

Headlines: What do schools do when a student threatens violence?

Dr. Weisbrot: Students are usually suspended immediately. In many situations, they are not allowed to return to school until they undergo a psychiatric evaluation, which includes an interview with their parents.

Headlines: What do you do when a student is referred to you?

Dr. Weisbrot: We begin with a thorough examination and history to see if there are any indications of psychiatric disease or developmental problems. We also look carefully at the events leading up to the suspension. We want to know as much as we can about the specific threats to determine their level of realism.

Headlines: What do you mean by “level of realism”?

Dr. Weisbrot: Low-level threats—those with a low likelihood of being acted on—are vague and not associated with any preparatory activities. Threats that are more realistic are more serious. The highest level threats—those that need to be taken most seriously—include specific and plausible plans. The level of threat is increased if the student has access to firearms. Numerous studies have shown a link between access to firearms and the risk of suicide or homicide in young people.

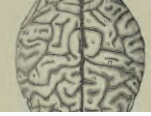
Headlines: How do you detect which students are most likely to become violent?

Dr. Weisbrot: It is not possible to predict violent acts precisely. However, there are a number of factors that need to be assessed. I become concerned when I notice that the student is emotionally isolated from family and peers or when the student is immersed in fantasy to the point of being disconnected from reality. A history of trauma or violence, either as a victim or perpetrator, also indicates a higher risk. In addition, I become concerned when students behave in a manner that suggests a dark inner rage. These students may give off a feeling of imminent danger.

To help them assess the degree of danger posed by students who threaten violence, local school officials often turn to Deborah Weisbrot, MD.

Headlines: What about violent drawings, essays, rants on social network sites, and the like? Are they warning signs?

Dr. Weisbrot: You are talking about what the FBI calls “leakage,” clues to potentially violent feelings or intentions. No conclusion can be drawn from these behaviors in isolation. A fascination with violence is very common in adolescence and by itself means little. Nor is there any evidence that interest in violent games, music or videos, or an immersion in Goth culture leads to violent behavior. I become concerned, though, when a preoccupation with violence pervades the student’s life.



Although it may not be possible to predict violent acts precisely, there are a number of factors that can be assessed.

Headlines: What else do you look for?

Dr. Weisbrot: I pay close attention to the relationship between the student and his or her parents. Some of the most disturbed children I see have parents who deny that there is a problem. I am also interested in the student's interactions with peers. Children and adolescents who threaten violence are often the victims of teasing or bullying. Some become "injustice collectors," people who remember every hurtful thing that anybody ever did to them. It is important to note that at this point there is no evidence of a direct cause and effect relationship between being a victim of bullying and subsequent violent behavior. More important is the young person's emotional reaction to bullying. Finally, I always keep an eye out for signs of depression or suicide.

Headlines: What have you found in your examinations?

Dr. Weisbrot: We find that the vast majority of students who make school threats have a very low risk of acting on them. Most are young people with psychiatric problems which have not been recognized or which are not being effectively addressed. They do things they know will get them in trouble, but they do them anyway.

Headlines: What do you do with your findings?

Dr. Weisbrot: We send a detailed report of our psychiatric evaluations to the requesting school district along with our psychiatric and educational recommendations. In cases of high levels of dangerousness or other concerns, which are rare, it is

necessary to contact Child Protective Services or recommend psychiatric hospitalization. And, in those extreme cases where there is an imminent danger to others, we have a duty to warn those who may be in danger.

Headlines: Do you know what percentage of the students you see actually end up committing acts of violence?

Dr. Weisbrot: We do not have systematic follow-up studies, though I wish we did. School shootings are very rare events and highly publicized, so we can be pretty confident that none of the students we have seen have become shooters. But while the number of actual school shootings is extremely small compared to the number of threats, we must be very careful in our assessments of any child involved in making any kind of school threat. On the other hand, we want to avoid the knee-jerk reaction of removing from school for an extended period of time any student who makes a threat. Being suspended for making a threat could have unexpected consequences on a student's life, such as stigmatization by peers or negative impact on a student's record. Often our goal is to help the student successfully return to school, and to make sure that his or her psychiatric needs are being addressed.

Headlines: What do you feel are the most important points for us to learn from your study of students who make school threats?

Dr. Weisbrot: Children and adolescents who make threats in school should be thoroughly evaluated by a qualified psychiatrist to assess their level of dangerousness. The most dangerous threats include specific and plausible plans and access to firearms. Because many students who make threats have unrecognized or inadequately treated psychiatric disorders, an in-depth appreciation of their problems is needed. ■

Several comprehensive reports by U.S. government agencies on violence in schools are available online. These include:

- **Federal Bureau of Investigation The School Shooter: A Threat Assessment Perspective (2000)**
www.fbi.gov/publications/school/school2.pdf
- **Youth Violence: A Report of the Surgeon General (2001)**
<http://download.ncadi.samhsa.gov/ken/pdf/surgeon/SG.pdf>
- **U.S. Department of Education National Center for Education Statistics Indicators of School Crime and Safety (2007)**
<http://nces.ed.gov/programs/crimeindicators/crimeindicators2007/figures.asp>
- **Centers for Disease Control and Prevention School-Associated Student Homicides (2008)**
www.cdc.gov/mmwr/preview/mmwrhtml/mm5702a1.htm



Evelyn Bromet

Distinguished Professor



Evelyn Bromet, PhD

Recommendations for Dr. Evelyn Bromet's promotion to the rank of Distinguished Professor could not have been more glowing. Robert Ursano, MD, Chairman of the Department of Psychiatry at the Uniformed Services University of the Health Sciences, described her as "a world leader in the epidemiology of mental and behavioral health." Mark J. Sedler, MD, MPH, Chairman of the Department of Psychiatry at Stony Brook, calls her "one of the outstanding psychiatric epidemiologists in the world."

It was at Yale that Dr. Bromet fell in love with epidemiology, comparing it to reading a good detective story. "An epidemiologist," she says, "is a medical detective trying to track down the causes of an illness. The clues are often elusive, easy to overlook." Her earliest papers, published while she was a graduate student, dealt with schizophrenia. She worked under the direction of Dr. Thomas Detre, who later became Senior Vice Chancellor for the Health Sciences at the University of Pittsburgh.

Dr. Bromet joined Dr. Detre at the University of Pittsburgh, where as then Chairman of the Department of

Psychiatry, he helped launch her career in epidemiology, introducing her to colleagues at the National Institute of Mental Health (NIMH) and helping her to obtain funds for a doctoral and post-doctoral training program in psychiatric epidemiology. For years, she worked to establish epidemiological standards for mental health research. "Psychiatric epidemiology was in its infancy," she says. "We were putting together the frames and the tools for a new line of research."

After the Three Mile Island disaster in 1979, the NIMH turned to Dr. Bromet to study the mental health effects among survivors. Using the *Report of the Presidential Commission on the Accident at Three Mile Island* as a springboard, she designed what would become the first epidemiologic mental health study of a disaster. With colleagues at Pittsburgh, she developed the study, focusing on the effects of the disaster on high-risk groups, including the mothers of young children who lived near the plant. The mothers were found to have significantly more depression and anxiety than the comparison groups, and their symptoms did not abate over time. The study catapulted Dr. Bromet to the top ranks of mental health epidemiologists. Unlike her predecessors, she used unbiased sampling techniques, standardized interview questions, and interviewers who were mental health professionals. "That's how all disaster studies are now done," she says, with just a hint of pride.

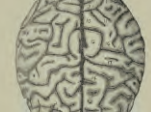
After coming to Stony Brook in 1986 at the invitation of then Chairman Fritz Henn, who wanted to establish a division of epidemiology, Dr. Bromet developed the Suffolk County Mental Health Project, which she describes as a "serious naturalistic study of the course and outcome of people

with mental health problems serious enough to require hospitalization." Then, there were few epidemiological studies of lifelong psychiatric disorders that began with people at the time of their first hospitalization, as is common in the study of other diseases. At the suggestion of Dr. Alan Miller, an expert in psychiatry and public health, and former Commissioner of Mental Health for New York State, who had joined Stony Brook, the study was conducted at every mental health program in Suffolk County, creating a broad base from which to draw conclusions. And, heeding the advice of Dr. Thomas Aronson, another Stony Brook colleague, Dr. Bromet and her co-investigators deferred diagnoses of the sample group until after six months of observation, rather than after a single interview. "As a result, our Suffolk County Mental Project has the best diagnostically defined sample in the

After the Three Mile Island disaster in 1979, the NIMH turned to Dr. Bromet to study the mental health effects among survivors.

field," she says." Dr. Bromet and her colleagues are currently seeking funding to complete a 20-year follow-up of people enrolled in the study.

As the only epidemiologist who had studied a nuclear disaster, in 1990 Dr. Bromet was invited by the World Health Organization to Kiev to discuss the mental health effects of the Chernobyl Nuclear Power Plant incident. She later participated in an NIMH-funded study on the mental



health effects of the disaster, done in collaboration with the Ukrainian Psychiatric Association, headed by Dr. Semyon Gluzman. His insights enabled Dr. Bromet and her colleagues at Stony Brook to launch a Western-style disaster study in a setting where Western notions of psychiatry and epidemiology were not in practice. She found that mothers had the same fears for their children and the same psychological reactions as those in her earlier study, namely, increased incidence of depression, post-traumatic stress disorder, and anxiety. The success of the Chernobyl research led to a grant from NIMH to make Ukraine part of the World Mental Health Survey Consortium.

When the World Trade Center was attacked on 9/11, Benjamin Luft, MD, then Chairman of the Department of Medicine, teamed up with colleagues from the Department of Psychiatry, including Dr. Bromet, to create a site for the World Trade Center Medical Monitoring and Treatment Program. “Dr. Bromet’s suggestions were extremely important to the program’s success,” says Dr. Luft. “And, while the program does not lend itself to classic epidemiological study because of its clinical focus, Dr. Bromet is examining how various factors such as age, degree of exposure, and professional status influence outcomes for WTC responders.”



The accident at the Three Mile Island Unit 2 nuclear power plant near Middletown, PA, was the most serious in U.S. commercial nuclear power plant operating history.

“An epidemiologist is a medical detective trying to track down the causes of an illness.”

—DR. EVELYN BROMET

Throughout her career Dr. Bromet has created large, reliable, and scientifically relevant databases that can be mined for new knowledge. She helped to define the standards for conducting research in psychiatry and disaster medicine. She credits her success to an ability to organize and work with others. “Epidemiology absolutely requires an interdisciplinary team,” she explains. “It’s all done collaboratively.”

Colleagues describe Evelyn Bromet’s work as “landmark” and “pioneering.” She is more modest about her work. “I got into epidemiology because it’s something I find fascinating and that makes a basic contribution to public mental health. Much of what we find is obvious, once you see it.”

Just like the clues in a good detective novel. ■

FINDINGS SHOW THAT INCOME AND EDUCATION ARE LIKELY TO AFFECT EVERYDAY HEALTH

Arthur Stone, PhD, Distinguished Professor and Vice Chairman of Psychiatry and Behavioral Science at Stony Brook University, and colleagues at Princeton University, University College-London, and the Gallup Organization have identified the link between socioeconomic status and common symptoms of disease, prompting new questions about the causal connections between them. Their findings were reported in the March 22, 2010 issue of the *Archives of Internal Medicine*.

The study titled, “The Socioeconomic Gradient in Daily Colds and Influenza, Headaches, and Pain,” is based on a 2008 Gallup-Healthways telephone survey of more than 350,000 adults in the U.S. Dr. Stone and colleagues report that people with lower education and income levels are more likely to experience symptoms of colds and flu, headaches, and pain than those with higher levels, even when such factors as age, access to healthcare, and medical history are taken into consideration. The measurement of symptoms was based on whether they occurred “yesterday,” in order to ensure accuracy.

Although the greatest differences in symptoms occur at the lower ends of the education and income spectrums, they are seen across almost all categories. The research shows, for example, that people who did not finish high school are roughly twice as likely to catch colds, have headaches, or experience pain than those with a college degree. The survey also reveals that on any given day 23 percent of the adults in the United States report feeling physical pain, while the rate among people earning less than \$12,000 is 46.6 percent.

The *Archives of Internal Medicine* is a publication of the American Medical Association. ■

CONTROLLING AGGRESSION IN CHILDREN WITH ADHD

In December 2009 the *American Journal of Psychiatry* published an article by Joseph C. Blader, PhD, Assistant Professor of Psychiatry at Stony Brook University, titled “Adjunctive Divalproex Versus Placebo for Children with ADHD and Aggression Refractory to Stimulant Monotherapy.”

The article reports the results of a double-blind study on the use of Depakote® (divalproex) to treat aggression in children with ADHD after a course of stimulant therapy failed to control their aggression. Aggressive behavior is a common problem in children with ADHD. While it is often controlled with Ritalin™ or other stimulants, in a substantial number of cases stimulant therapy alone is not sufficient. Dr. Blader and his colleagues found that aggression was controlled in a significantly higher proportion of children receiving Depakote (57%) than in those receiving a placebo (15%), without significant side effects.

An editorial accompanying the article described the study as “a window into the future of child psychopharmacology,” calling it “one of the few systematic and well-controlled psychopharmacological trials among children and adolescents for adjunctive therapy.” Dr. Blader received a five-year grant from the National Institutes of Health to expand the study to include a comparison with Risperdal® (risperidone). ■

For more information, please call the Department of Psychiatry at (631) 444-2990 or visit StonyBrookMedicalCenter.org/psychiatry

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