

Serving Veterans with Pride



Lavinia Bizeta, MD

For many veterans returning from Iraq and Afghanistan, the mental health clinic at the Northport VA Medical Center offers a chance to stare down the psychological demons that followed them home — PTSD, traumatic brain injury, depression, alcoholism and substance abuse. Veterans visiting the clinic walk past a poster that reads “It takes the courage and strength of a warrior to ask for help” before they arrive at the modest

but inviting office of Lavinia Bizeta, MD, a graduate of the Department of Psychiatry and Behavioral Science residency program and a member of the department’s voluntary faculty. Dr. Bizeta works as part of a team assisting men and women coming home from Operation Iraqi Freedom and Operation Enduring Freedom.

“Returning veterans often have difficulty readjusting to civilian life,” Dr. Bizeta

said. “They go from a very structured environment to being on their own. It is hard to find a job. Family and friends don’t seem to understand. Social situations make them uncomfortable. They are especially distressed by memories of friends they lost in combat.”

Unlike the post-Vietnam era, the Veterans Administration has made a concerted effort to identify the psychological effects of war and to reach out to returning veterans. Today’s Veterans Administration offers on-line information about mental health symptoms and resources, uses Facebook to link veterans with one another, operates a suicide prevention hotline and sponsors outreach events designed to facilitate access to services. “The VA has come a long way,” Dr. Bizeta said.

Once veterans take the risk of asking for help, Dr. Bizeta and the team of professionals she works with begin the long slow process of inviting them to share their stories. “It takes time to gain their trust,” Dr. Bizeta explained. “They have lived in situations where they don’t know who is the enemy. And they are not too comfortable with civilians.” Dr. Bizeta delights in the fact that her patients have

continued on page 2

LOOK INSIDE

2 Message from the Chairman

3 Tracking Down Bipolar Disorder

4 The Fun Part of Science

5 Chief Resident: Jeremy Bennett, MD

6 Meet Elsa Scheie

7 Learning to Prevent Suicide

8 Eduardo Constantino, MD Appointed



Stony Brook
Medicine

message *from the Chairman*



*Professor Ramin V.
Parsey, MD, PhD*

In this edition of *Headlines*, we salute our colleagues at the Northport VA for their dedicated service to the men and women returning from combat overseas. Several of the psychiatrists at the VA, like Dr. Lavinia Bizeta whose work is featured in the article, are members of our faculty and/or graduates of our residency program. We are proud of the work they do in service to our country.

The article about Professor Nisson Schechter illustrates the role the department plays in the education of young scientists and physicians. After a productive career as a neuroscientist, Dr. Schechter transitioned to full-time teaching, introducing undergradu-

ates and medical students to the fundamental principles of life, both biological and personal.

Our study of the biological bases of bipolar disorder and its treatment is an example of the promising lines of research that new imaging techniques make possible. We anticipate that this study will help us understand the nature of bipolar disorder at the molecular level and how the medication most commonly used to treat it actually works.

We are happy to introduce a trusted colleague — Elsa Scheie — in her new role as Development Associate for Psychiatry and Imaging. Ms. Scheie is assisting the department develop the philanthropic support we need to achieve our goals while helping our supporters make meaningful contributions to the improvement of psychiatric care.

We are delighted to announce the appointment of Eduardo Constantino, MD as the Director of Clinical Services with supervisory responsibility for all our psychiatric services. We share his enthusiasm about the levels of excellence we can achieve. We are also pleased to announce the appointment of Jeremy Bennett, MD as Chief Resident. Dr. Bennett's clinical acumen and sense of excitement about his work make him an outstanding leader and role model.

Finally, I ask that you take a few minutes to review the lessons learned from our conference on suicide prevention. Leading experts shared information about the urgent need for renewed efforts to prevent suicide, and more importantly provided practical and effective tools for preventing suicide through systematic assessment and safety planning. I urge you to view the videotape of the conference on our website and to follow up with the resources recommended by the speakers.

Ramin Parsey MD PhD

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come to accept her as “part of them,” someone who will understand what they have been through.

Nicholas Bope, a medical student at Stony Brook, who spent last August working with Dr. Bizeta during his third year clinical rotation in Psychiatry, had little trouble learning the language of his patients. He spent six years, from 2002 to 2008, as a medic — two of them in Iraq. He knows the effects of stress induced by mortar fire. He experienced first hand the “culture shock” of returning from combat to civilian life. His military experience helped make his rotation in psychiatry more meaningful. “My experience in psychiatry at the VA was fantastic,” Mr. Bope said. “I felt I was able to communicate, to make a real difference.”

The relationship between the Department of Psychiatry at Stony Brook and the VA at Northport goes back to the 1970's. Before University Hospital opened, medical students and residents received their clinical training in Northport. The relationship has continued ever since. When Dr. Bizeta was a resident, she received training in Neurology at the VA and rotated through the inpatient and substance abuse services. “I enjoyed my experience,” she said. “It is one of the reasons I chose to work here.” After she joined the staff of the VA, she was appointed to the Department of Psychiatry faculty, joining seven of her colleagues with faculty appointments.

Dr. Bizeta attributes her success as a psychiatrist to two factors. “I work as part of a dedicated team that includes case managers, social workers, psychologists, and others,” Dr. Bizeta explained. “They make everything go smoothly.” The other is the training she received as a resident at Stony Brook. “When I graduated I felt ready to face anything,” she said. “There is nothing you will see in your practice that you have not seen during your residency at

Stony Brook.” Her experience as a third year resident in the department’s outpatient service “built the foundation” for her current practice. “I got to follow up with people for a year, to see how they got better. That is why I am here.”

For all their difficulties, Dr. Bizeta’s

patients do get better. “It takes months or years to form a relationship of trust,” Dr. Bizeta said, “but when you do it is very rewarding.” She helps her patients with medications and psychotherapy, using a technique called cognitive processing therapy, designed “to make

whatever they did — whatever they needed to do — more acceptable.” The payoff is a return to “where they were or close to” before they went to war. “I take great pride in what I do,” Dr. Bizeta said. “These men and women deserve everything we do for them.”

research Tracking Down the Origins of Bipolar Disorder

The Department of Psychiatry and Behavioral Science at Stony Brook University and the Brookhaven National Laboratory (BNL) have joined forces to study the underlying causes of bipolar disorder using advanced brain scanning techniques. Ramin Parsey, MD, PhD is the study’s principle investigator. He and his colleagues anticipate that learning more about the links between bipolar disorder and brain functioning will eventually lead to improved diagnosis and treatment.

Bipolar disorder affects 1 to 2% of adults in any given year. Its classic symptoms are recurrent episodes of mania interspersed with episodes of depression. Doctors prescribe lithium carbonate for the treatment of bipolar disorder because of the compound’s stabilizing effects on mood, especially the excited moods of mania. Another medication, lamotrigine, is often prescribed to prevent recurrent depressive episodes. The study aims to learn more about what happens in the brain during the depressive phase of the illness and how the most commonly prescribed medications affect levels of serotonin receptors and transporters in specific regions of the brain.

The researchers plan to recruit 38 volunteers between the ages of 18 and 65 with bipolar disorder together with 38 healthy adults who will undergo similar testing for comparison. They anticipate that it will take a few years to identify enough eligible participants to complete the study.

Previous research has uncovered a link between the depressive pole of bipolar disorder and a deficiency in serotonin function, but the precise details remain unknown. Dr. Parsey and his colleagues plan to study the role of serotonin receptors and transporters in bipolar disorder and its treatment using a compound

called DASB, which binds to serotonin transporters, and CUMI-101, which binds to the serotonin 1A receptors in the brain. Both of these molecules have been targets of psychiatric medications. By labeling DASB and CUMI-101 with a radioactive carbon isotope, they can create images of where and how serotonin functions in living human brains.

Eligible participants will have one magnetic resonance imaging (MRI) scan at Stony Brook University and two positron emission tomography (PET) scans at BNL before beginning a 2 to 3 month course of lithium treatment. At the end of treatment, they will receive two more PET scans at BNL. Participants who do not respond to lithium or who cannot tolerate it will be switched to lamotrigine for 6 to 8 weeks of treatment before the final two scans. Before being enrolled in the study volunteers will be interviewed by phone and in person and they will have a physical examination to make sure it is safe to participate. Throughout the study participants will be interviewed about their physical and emotional health. They will receive a stipend of \$450 for completing the study, up to 6 months of free outpatient treatment and one month of free medication.

“While lithium has been used for decades as an effective treatment for bipolar disorder,” Dr. Parsey said, “many people with bipolar disorder cannot tolerate it and it requires careful blood monitoring to avoid toxic side effects. The findings from this study will help us understand more about how lithium works in bipolar disorder. We hope that this will provide clues to the development of medicines that are less toxic and better tolerated, thus improving the lives of people with the disorder.”

The study is funded by a grant from the National Institute of Mental Health.

Professor Nisson Schechter: The Fun Part of Science



Professor Nisson Schechter

It is the first Monday after spring break. Five hundred students search for seats in a Javits Center lecture hall, as Professor Nisson Schechter, PhD, in a bright yellow shirt and striped red tie, fusses on the stage. He uploads his slides, clips on the microphone, and tests the laser pointer. “Your friendly biochemist has returned,” he begins with a smile.

For the past eight years Dr. Schechter has taught “the fundamental principles of life” to aspiring health care professionals in his Molecular and Cellular Biology class.

This day’s lecture reviews the evidence that DNA is the genetic material. “You already know this,” Dr. Schechter tells his students. His aim, he says, “is not to prove what you already know, but to demonstrate how science works.” He reviews the experiments that led up to Watson and Crick’s break-through discovery: the Griffith experiment that identified a “transforming material”, Oswald’s proof that the material was DNA, the Hershey-Chase experiment which showed that DNA carries the code for inheritance.

“Hard work and good experiments — that’s the fun part of science,” Dr. Schechter roars. “Pick the right problem: something interesting, something important, something you can get done in your lifetime.”

His lectures cover topics that only serious students of science can appreciate, but they are peppered with stories, jokes and bits of practical advice. He interrupts his account of DNA replication to talk about a Japanese molecular biologist named Okazaki. “He should have gotten a Nobel Prize,” he says, “but he didn’t. He visited his parents in Hiroshima soon after the bomb was dropped and died of a terrible cancer.”

“Now this is clever,” he says, talking about how telomerase repairs the ends of DNA strands. “The great biochemist in

the sky dreamed this one up.” The discussion of DNA repair prompts him to warn students to use UV blockers when they go to the beach.

When the class ends students gather around him on the stage, looking for advice. “The young have dreams,” Dr. Schechter said later. “They dream of going to medical school.”

Dr. Schechter is in a good position to advise students who aspire to medical school. About a third of his time is spent deciding who will and who will not be accepted into Stony Brook’s School of Medicine. Dr. Jack Fuhrer, Associate Dean of Admissions, said that “Dr. Schechter is by far the most active member of our admissions program. Every year he interviews around 100 applicants, four times the average. And he is an excellent judge of character.”

Last year just shy of 5,000 students applied for 124 slots in the medical school. Once students negotiate the rigorous admissions process, the first course they encounter is Dr. Schechter’s Molecular Foundations of Medicine course, which he co-directs with Dr. Raafat El Maghrabi. “We give them the language they need to become physicians,” Dr. Schechter said.

Long the bane of medical students, the molecular biology course is an essential foundation for courses yet to come. Because of its importance, Dr. Schechter feels “a deep sense of responsibility” for ensuring that his students leave the course with the knowledge they need to succeed. He refuses, however, to “teach

by terror” — to tell his students that a failure to learn a bit of information could kill a patient. “Instead I try to make the course interesting and relevant,” he said, “I use humor. No terror. Humor!”

Dr. Schechter became a full-time teacher eight years ago after a successful career as a research scientist. He made his mark on science by describing the molecular basis of nerve regeneration in the optic nerve of goldfish. “It was clear that you could cut the goldfish optic nerve and it would regenerate.” Dr. Schechter said. “No one had looked at that from a molecular biology standpoint. I had the tools to do the

*“Nisson Schechter
is the most
approachable
professor in the
school,” Dr.
Fuhrer said.*

chief resident: *Jeremy Bennett, MD*

analysis, plus access to graduate students. About 12 PhD students got their degrees on this goldfish.”

Even in the sober realm of molecular biology, Dr. Schechter found ways to inject bits of wry humor. He recalled a time when he and a student isolated an intermediate filament in the optic nerve of the goldfish which they named “gefiltin.” When they submitted their findings for publication, the editor — a prominent scientist named Werner Franke — asked him to change the name, telling him: “Nisson, jokes are jokes, but life is serious.” But Dr. Schechter prevailed and gefiltin entered the vocabulary of biological science.

Dr. Schechter’s love for students is apparent. “He is the most approachable professor in the school,” Dr. Fuhrer said. On any given day he can be found advising students in his office (“I give straight advice”), talking to students in a hallway (“I like young people; I like to be around them”), or eating lunch with students in the hospital cafeteria (“I’m an arrested adolescent”). He is especially proud of his students who go on to academic medicine. One of them is Professor Andrew Francis, MD, PhD who worked in Dr. Schechter’s lab as a graduate student. “I brought the first goldfish to Nisson Schechter’s lab,” Dr. Francis said. “He had a major influence on my life. He told me to go to medical school and to become a psychiatrist and I followed his advice. He’s always right, never wrong; occasionally misinformed, but never wrong.”

WHAT ‘FANS OF THE SCHECHTER METHOD’ SAY

“He obviously likes what he does.”

“He pushes the envelope.”

“He has high standards for his students.”

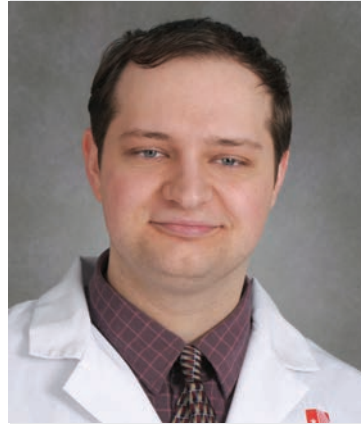
“His tests are ruthless.”

“He doesn’t coddle students.”

“He gives you straight-up information.”

“His classes feel half as long as others.”

“I never sleep in his class.”



Jeremy Bennett, MD

Jeremy Bennett, MD will serve as Chief Resident for Psychiatry from January 1 through June 30, 2013. As chief resident, he will be responsible for training residents and medical students, organizing the residents’ schedules and acting as a liaison between the residents and the department.

Michael Schwartz, MD, Director of Residency Training, said that Dr. Bennett was selected “because he is an outstanding teacher who is deeply committed to psychiatry. His intellectual, clinical and organizational skills qualify him to be an excellent chief resident.”

Dr. Bennett grew up in Danville PA on the banks of the Susquehanna River. He received his undergraduate degree from Lafayette College in Easton PA and his medical degree from Temple University School of Medicine where he received an award for excellence in behavioral science, behavioral medicine and clinical psychiatry, and for outstanding clinical, academic and interpersonal skills.

Dr. Bennett is a skilled debater with multiple championships in intercollegiate debate tournaments on the national circuit. He is a member of the hospital’s Institutional Ethics Committee and served as a member of the Bioethics Review and Advisory Committee of the Geisinger Health System while he was in medical school.

“The focus that Dr. Parsey and Dr. Constantino have put on resident education makes this an opportune time to be chief resident,” Dr. Bennett said. “The department has always had a strong clinical program, but with the greater emphasis on research in biological psychiatry, our training will be even more complete. Having access to nationally prominent scientists puts us a step ahead of the rest of the country.”

meet *Elsa Scheie*



Elsa Scheie

When Ramin Parsey, MD, PhD came to Stony Brook from Columbia University, he knew the Department of Psychiatry and Behavioral Science needed philanthropic support to achieve its full potential. And he knew it would take someone special to generate a new culture of philanthropy. He found his “someone special” in Elsa Scheie. She was the administrator of his brain imaging group at Columbia and is now the Development Associate for Psychiatry and Imaging at Stony Brook Medicine.

“Despite the prevalence of mental health disorders,” Dr. Parsey said, “psychiatric services and research are significantly underfunded. We need private gifts to offer high quality clinical programs and to conduct the kinds of research that can revolutionize psychiatric care.”

Elsa Scheie’s new job is to help realize these objectives. She describes her role as identifying the points of intersection between the needs of the department and the interests of potential donors. “I’m constantly looking for the overlap in the Venn diagram,” Ms. Scheie said. “It’s exciting to think how much potential there is to help patients locally with improved clinical care and globally with our research findings. Donors make it possible.”

Ms. Scheie will work as part of a development team which has had great success in recent years. Private gifts to Stony Brook Medicine have increased during the past five years from \$3.6 million to over \$15 million, not including a commitment of \$150 million from the Simons Foundation.

“When the idea of coming to Stony Brook first came up, I didn’t think I would go,” Ms. Scheie said. “But after learning about SUNY 2020 and the Simons gift, I came to see it as an amazing opportunity. I loved the idea that I would work with people as individuals. The most appealing part, though, was being involved in all steps of the process from envisioning a future to seeing it accomplished.”

Making a philanthropic gift, Ms. Scheie explained, usually begins with a series of conversations about what is important to the donor and how the department can assist the donor to make an impact. “We might meet with the chair or with a scientist who is doing research to discuss how a gift might be used,” Ms. Scheie said.

Donors can make gifts in many ways. “Typically, when people think about making a gift, they think about writing a check,” Ms. Scheie said, “but they have many more options. I can help them choose from among stock transfers, bequests, charitable gift annuities and more. It was eye opening to me to discover the extent of Stony Brook’s giving program.”

The relationship with the department does not end after someone makes a gift. “People want to know how their money is allocated,” Ms. Scheie explained. “If someone endows a research stipend, for example, I will make sure the donor receives information each year about the students who benefitted from it.”

She and Dr. Parsey have identified a long list of projects in need of support: meeting the basic needs of indigent families, expanding treatment options for children, establishing specialty clinics and endowing teaching and research fellowships, among others. “Giving is completely voluntary,” Dr. Parsey said. “We ask people to support only what they are passionate about.”

If you are interested in supporting the clinical, educational or research missions of the department, please contact Ms. Scheie at (631) 638-2478 or elsa.scheie@stonybrookmedicine.edu.

Learning to Prevent Suicide

On October 19, 2012 the department sponsored a conference on the prevention of suicide. It featured presentations by Barbara Stanley, PhD, Director of the Center for Suicide Risk Assessment at Columbia University; Kelly Posner, PhD, Principal Investigator at the Center for Suicide Risk Assessment at Columbia University; and Nancy Olsen, LCSW, Suicide Prevention Coordinator at the Northport VA Medical Center. These were a few of their principal points:

Every 15 minutes someone in the United States commits suicide.

- The rate of suicide in the United States has increased in each of the past 10 years.
- Men are at significantly higher risk of suicide than women.
- Half the people who kill themselves in the United States use firearms.
- At least 90% of people who commit suicide have a diagnosable psychiatric disorder. Most received no treatment or inadequate treatment.

Suicide is preventable.

- One key to preventing suicide is appropriate screening.
- The Columbia-Suicide Severity Rating Scale (C-SSRS) is an easy-to-use screening and clinical management tool.
- The C-SSRS screens for suicidal thoughts (ideation) and behaviors. It includes triggers for clinical intervention or referral.

- Suicidal ideation includes the wish to die or active thoughts of killing oneself.
- Suicidal behaviors include not only suicide attempts but preparatory behavior and interrupted or aborted attempts.
- A suicide attempt is a self-injurious act committed with some intent to die as a result. It need not result in actual harm.
- A previous suicide attempt is the number one risk factor for suicide.

Screening programs using the C-SSRS have been shown to reduce suicide rates.

- Information about the C-SSRS is available at <http://www.cssrs.columbia.edu>.
- Another component of suicide prevention is safety planning.
- Safety planning is a brief intervention targeted at people in urgent care settings who are at risk for suicide but not in need of immediate rescue.
- A safety plan is a written prioritized list of coping strategies and resources to be used during a suicidal crisis. It is written in the patient's own words.
- Safety plans are not substitutes for treatment, nor are they appropriate for patients in immediate danger.
- Safety plans include 6 steps: recognizing warning signs, employing internal coping strategies, socializing with others who may



provide support or distraction, contacting family members or friends, contacting a mental health professional or agency, and reducing the potential for use of lethal means.

Safety plans have saved the lives of people who use them.

- The Veterans' Administration has a comprehensive program for suicide prevention.
- Veterans are twice as likely as civilians to commit suicide.
- Many of today's veterans have experienced multiple deployments and been exposed to multiple forms of trauma.
- Many have physical, psychological, social and substance abuse problems.
- A thwarted sense of belongingness and a perceived sense of burden-someness increase risk. Positive social supports, religious beliefs and a sense of responsibility to family mitigate risk.
- Therapeutic rapport is key to reducing risk of suicide of patients in treatment.

Confidential help for veterans and their families is available at all times through the Veterans Crisis Line at 1-800-273-8255.

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appointed Eduardo Constantino, MD



Eduardo Constantino, MD has been appointed Director of Clinical Services by department Chair Ramin Parsey MD, PhD. Dr. Constantino assumed responsibility for managing and supervising all the department's clinical services on November 12, 2012.

Dr. Constantino, a graduate of Stony Brook University School of Medicine, has been a part-time attending psychiatrist in the department's adult outpatient service, where he supervises residents, and serves as Course Director for the Psychiatry in Medicine course. He was recognized by the Psychiatry residents as Teacher of the Year in 2005. Dr. Parsey described Dr. Constantino as "a knowledgeable, intelligent, articulate and broadly educated physician with excellent communication skills, teaching ability, and clinical work."

For his part, Dr. Constantino looks forward to playing a larger role in the department. "This is a very exciting time for me and for the department," Dr. Constantino said. "I have always wanted to give more to the department and this is my chance." Dr. Constantino hopes to expand the department's clinical services to include treatment for substance abuse and other specialty services. "As a major provider of psychiatric services in Suffolk County, we should be able to provide comprehensive care to everyone," Dr. Constantino said.

Dr. Constantino has become a full-time member of the faculty. He will continue to supervise residents in the outpatient department and teach in the School of Medicine while taking on his new responsibilities.

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